



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
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

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 [X] 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

Main Administrative Office 259 Prospect Plains Road, Building M, Cranbury, NJ, US 08512-3706, 609-662-2400

Mail Address 259 Prospect Plains Road, Building M, Cranbury, NJ, US 08512-3706

Primary Location of Books and Records 259 Prospect Plains Road, Building M, Cranbury, NJ, US 08512-3706, 609-662-2400

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Frederick E. Felter, 215-241-4397, Fred.Felter@ibx.com, 215-241-2309

OFFICERS

Michael Walsh Sullivan, President & C.E.O., Megan Elizabeth Gatto, Esq. #, Secretary, Juan Alfonso Lopez, Jr., E.V.P., Chief Financial Officer and Treasurer

OTHER OFFICERS

Rodrigo Cerda, M.D., Senior Vice President, Kortney Lyn Cruz #, Senior Vice President, Stephen Paul Fera, Executive Vice President, Susan Elizabeth Larkin #, Executive Vice President, Michael Anthony Munoz, Senior Vice President, Michael Gerard Murphy, Vice President, George Kenneth Robinson, III, Vice President, Richard Lamar Snyder, M.D., Executive Vice President, Paul Lawrence Staudenmeier, Senior Vice President

DIRECTORS OR TRUSTEES

Stephen Paul Fera, Susan Elizabeth Larkin #, Juan Alfonso Lopez, Jr., Richard Lamar Snyder, M.D., Michael Walsh Sullivan

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.

Signature of Michael Walsh Sullivan, President & C.E.O.

Signature of Megan Elizabeth Gatto, Esq., Secretary

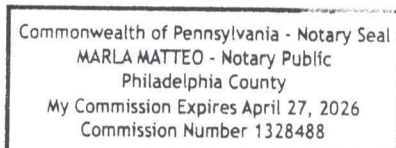
Signature of Juan Alfonso Lopez, Jr., E.V.P., Chief Financial Officer and Treasurer

Subscribed and sworn to before me this 26th day of February, 2024

Signature of Marla Matteo, Notary Public

Marla Matteo, Notary Public, April 27, 2026

a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number 0
2. Date filed
3. Number of pages attached 0



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	421,541,981		421,541,981	423,970,142
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	213,300		213,300	202,700
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....846,382 , Schedule E-Part 1), cash equivalents (\$ .....36,000,266 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	36,846,648		36,846,648	114,240,190
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	500,000	0	500,000	500,000
9. Receivables for securities .....	9,014,570		9,014,570	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	468,116,498	0	468,116,498	538,913,032
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	2,653,430		2,653,430	2,501,332
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	21,518,407	9,398,710	12,119,697	12,003,173
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ .....2,950,652 ) .....	2,950,652		2,950,652	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	85,019,821		85,019,821	84,126,105
16.2 Funds held by or deposited with reinsured companies .....	1,673,547		1,673,547	5,907,357
16.3 Other amounts receivable under reinsurance contracts .....	87,818		87,818	112,229
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	10,808,493		10,808,493	14,902,538
18.2 Net deferred tax asset.....	17,647,074	14,241,648	3,405,426	963,270
19. Guaranty funds receivable or on deposit .....			0	738,084
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	138,106	138,106	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	7,186,980		7,186,980	4,233,769
24. Health care (\$ .....27,269,664 ) and other amounts receivable.....	31,481,485	4,211,821	27,269,664	43,315,202
25. Aggregate write-ins for other-than-invested assets .....	2,875,963	1,208,549	1,667,414	10,025,807
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	652,158,274	29,198,834	622,959,440	717,741,898
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	652,158,274	29,198,834	622,959,440	717,741,898
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State and Local Taxes.....	1,667,414		1,667,414	1,248,940
2502. Reinsurance Receivable.....	0		0	8,776,867
2503. Other Assets Non-admitted.....	1,208,549	1,208,549	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,875,963	1,208,549	1,667,414	10,025,807

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 8,248,368 reinsurance ceded)	103,038,544	7,732,183	110,770,727	146,569,055
2. Accrued medical incentive pool and bonus amounts	23,126,146		23,126,146	15,134,664
3. Unpaid claims adjustment expenses	1,494,993		1,494,993	2,798,986
4. Aggregate health policy reserves, including the liability of \$ 58,600,000 for medical loss ratio rebate per the Public Health Service Act	187,535,609		187,535,609	191,888,909
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	91,713	8,287	100,000	100,000
8. Premiums received in advance	22,127,385		22,127,385	26,217,769
9. General expenses due or accrued	44,851,596		44,851,596	68,392,291
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	11,926,921		11,926,921	12,426,980
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	22,067,382		22,067,382	35,144,186
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 263,873 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	263,873		263,873	335,601
20. Reinsurance in unauthorized and certified (\$ companies)			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	2,061,053	0	2,061,053	1,791,931
24. Total liabilities (Lines 1 to 23)	418,585,215	7,740,470	426,325,685	500,800,372
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	700,000	700,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	237,672,497	237,672,497
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(41,738,742)	(21,430,971)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	196,633,755	216,941,526
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	622,959,440	717,741,898
<b>DETAILS OF WRITE-INS</b>				
2301. Reinsurance Payable	2,061,053		2,061,053	1,791,786
2302. Escheat Payable			0	145
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	2,061,053	0	2,061,053	1,791,931
2501.	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,932,107	2,127,319
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	1,061,673,418	1,139,176,208
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(26,250,737)	(10,139,263)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	1,035,422,681	1,129,036,945
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	55,885,368	697,486,255	775,210,100
10. Other professional services .....		600,239	855,510
11. Outside referrals .....			0
12. Emergency room and out-of-area .....	2,937,022	35,440,124	40,586,749
13. Prescription drugs .....		145,095,063	150,339,862
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		20,587,672	7,848,370
16. Subtotal (Lines 9 to 15) .....	58,822,390	899,209,353	974,840,591
<b>Less:</b>			
17. Net reinsurance recoveries .....	(413,283)	81,797,319	61,100,317
18. Total hospital and medical (Lines 16 minus 17) .....	59,235,673	817,412,034	913,740,274
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....19,629,941 cost containment expenses.....		29,257,560	37,361,617
21. General administrative expenses.....		200,714,286	189,088,438
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		26,000,000	600,000
23. Total underwriting deductions (Lines 18 through 22) .....	59,235,673	1,073,383,880	1,140,790,329
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(37,961,199)	(11,753,384)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		18,823,113	13,399,846
26. Net realized capital gains (losses) less capital gains tax of \$ .....(381,977) .....		(3,098,768)	(3,230,806)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	15,724,345	10,169,040
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(22,236,854)	(1,584,344)
31. Federal and foreign income taxes incurred .....	XXX	3,407,029	(12,296,486)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(25,643,883)	10,712,142
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	216,941,526	229,333,852
34. Net income or (loss) from Line 32 .....	(25,643,883)	10,712,142
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....183,968 .....	692,069	(842,116)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	7,469,107	(11,975,147)
39. Change in nonadmitted assets .....	(2,825,064)	(10,287,205)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(20,307,771)	(12,392,326)
49. Capital and surplus end of reporting year (Line 33 plus 48)	196,633,755	216,941,526
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,031,042,130	1,143,853,385
2. Net investment income .....	17,883,033	11,534,543
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	1,048,925,163	1,155,387,928
5. Benefit and loss related payments .....	847,414,517	932,394,983
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	255,683,908	201,482,698
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... (381,888) tax on capital gains (losses) .....	(1,068,993)	5,399,861
10. Total (Lines 5 through 9) .....	1,102,029,432	1,139,277,542
11. Net cash from operations (Line 4 minus Line 10) .....	(53,104,269)	16,110,385
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	67,434,365	85,909,883
12.2 Stocks .....	0	833,400
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	67,434,365	86,743,283
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	75,828,948	90,047,094
13.2 Stocks .....	10,600	875,500
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	500,000
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	75,839,548	91,422,594
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(8,405,183)	(4,679,311)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(15,884,090)	(26,190,345)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(15,884,090)	(26,190,345)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(77,393,542)	(14,759,271)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	114,240,190	128,999,461
19.2 End of year (Line 18 plus Line 19.1) .....	36,846,648	114,240,190

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

20.0001. Leasehold improvements .....	56,086	0
20.0002. Furniture and equipment .....	(30,116)	(30,116)
20.0003. Receivable for Securities .....	9,014,570	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	1,061,673,418	587,870,420	419,132,112	18,319,743	891,676	19,857	0	0	0	0	0	0	35,439,610	0
2. Change in unearned premium reserves and reserve for rate credit	(26,250,737)	(24,311,821)	(1,938,916)											
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,035,422,681	563,558,599	417,193,196	18,319,743	891,676	19,857	0	0	0	0	0	0	35,439,610	0
8. Hospital/medical benefits	697,486,255	374,820,894	255,076,688	14,519,096		665,069							52,404,508	XXX
9. Other professional services	600,239	122,335	102,209		375,695									XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	35,440,124	21,971,624	12,862,865	605,635										XXX
12. Prescription drugs	145,095,063	94,529,448	56,987,520										(6,421,905)	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	20,587,672	14,770,942	5,855,449	(38,719)										XXX
15. Subtotal (Lines 8 to 14)	899,209,353	506,215,243	330,884,731	15,086,012	375,695	665,069	0	0	0	0	0	0	45,982,603	XXX
16. Net reinsurance recoveries	81,797,319	89,221,318	(8,061,238)		(23,856)	660,957		138						XXX
17. Total hospital and medical (Lines 15 minus 16)	817,412,034	416,993,925	338,945,969	15,086,012	399,551	4,112	0	(138)	0	0	0	0	45,982,603	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 19,629,941 cost containment expenses	29,257,560	19,066,399	10,181,639	9,522										
20. General administrative expenses	200,714,286	102,056,331	85,127,227	4,251,115	41,165	(126,854)		8,626,827					738,475	
21. Increase in reserves for accident and health contracts	26,000,000			1,700,000				18,400,000					5,900,000	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,073,383,880	538,116,655	434,254,835	21,046,649	440,716	(122,742)	0	27,026,689	0	0	0	0	52,621,078	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(37,961,199)	25,441,944	(17,061,639)	(2,726,906)	450,960	142,599	0	(27,026,689)	0	0	0	0	(17,181,468)	0
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....	588,003,391	(132,971)		587,870,420
2. Comprehensive (hospital and medical) group .....	406,218,656	12,913,456		419,132,112
3. Medicare Supplement .....	18,319,743			18,319,743
4. Vision only .....	886,773	4,903		891,676
5. Dental only .....	1,156,734	27,485	1,164,362	19,857
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....				.0
8. Title XIX – Medicaid .....				.0
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....	35,439,610			35,439,610
13. Health subtotal (Lines 1 through 12) .....	1,050,024,907	12,812,873	1,164,362	1,061,673,418
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	1,050,024,907	12,812,873	1,164,362	1,061,673,418



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	897,055,724	508,753,377	327,748,658	15,311,822	375,695	665,069							44,201,103	
1.2 Reinsurance assumed	13,394,932	4,019,962	9,333,543		23,856	17,709		(138)						
1.3 Reinsurance ceded	93,713,172	93,034,505	0			678,667								
1.4 Net	816,737,484	419,738,834	337,082,201	15,311,822	399,551	4,111	0	(138)	0	0	0	0	44,201,103	0
2. Paid medical incentive pools and bonuses	12,560,186	7,230,336	5,312,460	17,390										
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	117,926,966	67,663,736	38,309,690	2,905,932	0	0	0	0	0	0	0	0	9,047,608	0
3.2 Reinsurance assumed	1,092,128	331,401	755,886	0	0	0	0	4,841	0	0	0	0	0	0
3.3 Reinsurance ceded	8,248,368	8,248,368	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	110,770,726	59,746,769	39,065,576	2,905,932	0	0	0	4,841	0	0	0	0	9,047,608	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	50,000		50,000											
4.2 Reinsurance assumed	50,000		50,000											
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	100,000	0	100,000	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	23,126,145	17,168,092	5,944,314	13,739										
6. Net healthcare receivables (a)	(15,921,213)	(11,336,035)	(11,000,034)	(7,049)									6,421,905	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	152,282,221	96,308,848	52,029,098	3,100,072	0	0	0	0	0	0	0	0	844,203	0
8.2 Reinsurance assumed	4,693,115	2,486,213	2,202,061	0	0	0	0	4,841	0	0	0	0	0	0
8.3 Reinsurance ceded	10,406,281	10,406,281	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	146,569,055	88,388,780	54,231,159	3,100,072	0	0	0	4,841	0	0	0	0	844,203	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	50,000	0	50,000	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	50,000	0	50,000	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	100,000	0	100,000	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	15,134,664	9,837,362	5,227,454	69,848	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	878,621,682	491,444,300	325,029,284	15,124,731	375,695	665,069	0	0	0	0	0	0	45,982,603	0
12.2 Reinsurance assumed	9,793,945	1,865,150	7,887,368	0	23,856	17,709	0	(138)	0	0	0	0	0	0
12.3 Reinsurance ceded	91,555,259	90,876,592	0	0	0	678,667	0	0	0	0	0	0	0	0
12.4 Net	796,860,368	402,432,858	332,916,652	15,124,731	399,551	4,111	0	(138)	0	0	0	0	45,982,603	0
13. Incurred medical incentive pools and bonuses	20,551,667	14,561,066	6,029,320	(38,719)	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	6,244,028	3,941,319	2,302,709											
1.2. Reinsurance assumed .....	51,234	39,499	11,735											
1.3. Reinsurance ceded .....	0													
1.4. Net .....	6,295,262	3,980,818	2,314,444	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct .....	111,682,938	63,722,417	36,006,981	2,905,932									9,047,608	
2.2. Reinsurance assumed .....	1,040,894	291,902	744,151	0				4,841						
2.3. Reinsurance ceded .....	8,248,368	8,248,368												
2.4. Net .....	104,475,464	55,765,951	36,751,132	2,905,932	0	0	0	4,841	0	0	0	0	9,047,608	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	0													
3.2. Reinsurance assumed .....	0													
3.3. Reinsurance ceded .....	0													
3.4. Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1. Direct .....	117,926,966	67,663,736	38,309,690	2,905,932	0	0	0	0	0	0	0	0	9,047,608	0
4.2. Reinsurance assumed .....	1,092,128	331,401	755,886	0	0	0	0	4,841	0	0	0	0	0	0
4.3. Reinsurance ceded .....	8,248,368	8,248,368	0	0	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	110,770,726	59,746,769	39,065,576	2,905,932	0	0	0	4,841	0	0	0	0	9,047,608	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	50,959,508	436,945,572	6,530,307	53,216,462	57,489,815	88,388,777
2. Comprehensive (hospital and medical) group .....	36,914,138	344,432,098	2,389,546	36,776,029	39,303,684	54,331,160
3. Medicare Supplement .....	1,874,514	13,471,064	60,702	2,845,230	1,935,216	3,100,071
4. Vision Only .....		399,551			0	0
5. Dental Only .....		4,111			0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	(293)	0	4,841		4,548	4,841
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care .....					0	0
12. Other health .....		44,201,103	844,203	8,203,405	844,203	844,206
13. Health subtotal (Lines 1 to 12) .....	89,747,867	839,453,499	9,829,599	101,041,126	99,577,466	146,669,055
14. Healthcare receivables (a) .....	45,920,572	66,543,311	1,238,270	30,243,213	47,158,842	47,402,698
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	11,596,016	964,170	3,626,491	19,499,655	15,222,507	15,134,664
17. Totals (Lines 13-14+15+16)	55,423,311	773,874,358	12,217,820	90,297,568	67,641,131	114,401,021

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	119,229	124,324	132,946	132,946	132,946
2. 2019 .....	790,636	890,442	892,874	900,503	900,503
3. 2020 .....	XXX	771,283	888,746	897,220	904,386
4. 2021 .....	XXX	XXX	919,727	1,033,548	1,037,986
5. 2022 .....	XXX	XXX	XXX	855,018	942,867
6. 2023 .....	XXX	XXX	XXX	XXX	782,342

**Section B – Incurred Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	127,234	125,654	134,030	132,946	132,946
2. 2019 .....	912,346	896,013	895,394	901,487	900,503
3. 2020 .....	XXX	922,607	896,405	898,739	905,694
4. 2021 .....	XXX	XXX	1,064,744	1,043,677	1,039,729
5. 2022 .....	XXX	XXX	XXX	1,000,171	952,359
6. 2023 .....	XXX	XXX	XXX	XXX	891,823

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	1,086,691	900,503	35,977	4.0	936,480	86.2			936,480	86.2
2. 2020 .....	1,072,034	904,386	35,929	4.0	940,315	87.7	1,309		941,624	87.8
3. 2021 .....	1,140,649	1,037,986	37,786	3.6	1,075,772	94.3	1,744		1,077,516	94.5
4. 2022 .....	1,104,698	942,867	37,036	3.9	979,903	88.7	9,492		989,395	89.6
5. 2023 .....	980,752	782,342	29,248	3.7	811,590	82.8	109,481	1,449	922,520	94.1

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A – Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,809	1,849	1,851	1,851	1,851
2. 2019 .....	12,344	14,252	14,236	14,237	14,237
3. 2020 .....	XXX	10,372	11,940	11,960	11,953
4. 2021 .....	XXX	XXX	12,122	13,881	13,915
5. 2022 .....	XXX	XXX	XXX	12,893	14,758
6. 2023 .....	XXX	XXX	XXX	XXX	13,471

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,827	1,849	1,868	1,851	1,851
2. 2019 .....	15,019	14,268	14,256	14,252	14,237
3. 2020 .....	XXX	14,069	11,981	11,978	11,964
4. 2021 .....	XXX	XXX	14,739	13,947	13,928
5. 2022 .....	XXX	XXX	XXX	15,964	14,798
6. 2023 .....	XXX	XXX	XXX	XXX	16,327

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	17,846	14,237	1,103	7.7	15,340	86.0			15,340	86.0
2. 2020 .....	17,052	11,953	248	2.1	12,201	71.6	11		12,212	71.6
3. 2021 .....	17,230	13,915	312	2.2	14,227	82.6	13		14,240	82.6
4. 2022 .....	17,824	14,758	326	2.2	15,084	84.6	40		15,124	84.9
5. 2023 .....	18,320	13,471	10	0.1	13,481	73.6	2,856	46	16,337	89.4

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A – Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.51	.51	.51	.51	.51
3. 2020 .....	XXX	.59	.59	.59	.59
4. 2021 .....	XXX	XXX	.21	.21	.21
5. 2022 .....	XXX	XXX	XXX	.23	.23
6. 2023 .....	XXX	XXX	XXX	XXX	.4

**Section B – Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.51	.51	.51	.51	.51
3. 2020 .....	XXX	.59	.59	.59	.59
4. 2021 .....	XXX	XXX	.21	.21	.21
5. 2022 .....	XXX	XXX	XXX	.23	.23
6. 2023 .....	XXX	XXX	XXX	XXX	.4

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	.66	.51	.0	0.0	.51	77.3			.51	77.3
2. 2020 .....	.33	.59	.0	0.0	.59	178.8			.59	178.8
3. 2021 .....	(.99)	.21	.0	0.0	.21	(21.2)			.21	(21.2)
4. 2022 .....	.83	.23	.0	0.0	.23	27.7			.23	27.7
5. 2023 .....	.20	.4	.0	0.0	.4	20.0			.4	20.0

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A – Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.763	.763	.763	.763	.763
3. 2020 .....	XXX	.509	.509	.509	.509
4. 2021 .....	XXX	XXX	.678	.678	.678
5. 2022 .....	XXX	XXX	XXX	.676	.676
6. 2023 .....	XXX	XXX	XXX	XXX	400

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.763	.763	.763	.763	.763
3. 2020 .....	XXX	.509	.509	.509	.509
4. 2021 .....	XXX	XXX	.678	.678	.678
5. 2022 .....	XXX	XXX	XXX	.676	.676
6. 2023 .....	XXX	XXX	XXX	XXX	400

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	1,470	.763		.0.0	.763	.51.9			.763	.51.9
2. 2020 .....	1,350	.509		.0.0	.509	.37.7			.509	.37.7
3. 2021 .....	1,116	.678		.0.0	.678	.60.8			.678	.60.8
4. 2022 .....	.954	.676		.0.0	.676	.70.9			.676	.70.9
5. 2023 .....	.892	.400		0.0	.400	44.8			.400	44.8

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A - Paid Health Claims - Medicare**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	634	672	672	672	672
2. 2019 .....	(1)	.0	(18)	(16)	(16)
3. 2020 .....	XXX	(1)	.0	.0	.0
4. 2021 .....	XXX	XXX	.0	.0	.0
5. 2022 .....	XXX	XXX	XXX	.0	.0
6. 2023 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Medicare**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,127	689	679	672	672
2. 2019 .....	.0	.0	(18)	(11)	(16)
3. 2020 .....	XXX	.0	.0	.0	.5
4. 2021 .....	XXX	XXX	.0	.0	.0
5. 2022 .....	XXX	XXX	XXX	.0	.0
6. 2023 .....	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	1,155	(16)		0.0	(16)	(1.4)			(16)	(1.4)
2. 2020 .....	28	.0		0.0	.0	0.0	.5		.5	17.9
3. 2021 .....	.0	.0		0.0	.0	0.0	.0		.0	0.0
4. 2022 .....	.0	.0		0.0	.0	0.0	.0		.0	0.0
5. 2023 .....	0	0		0.0	0	0.0	0		0	0.0



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.0	.0	.0	.0	.0
3. 2020 .....	XXX	.0	.0	.0	.0
4. 2021 .....	XXX	XXX	.0	.0	.0
5. 2022 .....	XXX	XXX	XXX	5,269	5,269
6. 2023 .....	XXX	XXX	XXX	XXX	44,201

**Section B – Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.0	.0	.0	.0	.0
2. 2019 .....	.0	.0	.0	.0	.0
3. 2020 .....	XXX	.0	.0	.0	.0
4. 2021 .....	XXX	XXX	.0	.0	.0
5. 2022 .....	XXX	XXX	XXX	6,113	6,113
6. 2023 .....	XXX	XXX	XXX	XXX	52,405

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
2. 2020 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
3. 2021 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
4. 2022 .....	5,478	5,269	.0	0.0	5,269	96.2	844		6,113	111.6
5. 2023 .....	35,440	44,201	0	0.0	44,201	124.7	8,203		52,404	147.9

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	121,672	126,845	135,469	135,469	135,469
2. 2019 .....	803,793	905,508	907,906	915,538	915,538
3. 2020 .....	XXX	782,222	901,254	909,748	916,907
4. 2021 .....	XXX	XXX	932,548	1,048,128	1,052,600
5. 2022 .....	XXX	XXX	XXX	873,879	963,593
6. 2023 .....	XXX	XXX	XXX	XXX	840,418

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	130,188	128,192	136,577	135,469	135,469
2. 2019 .....	928,179	911,095	910,446	916,542	915,538
3. 2020 .....	XXX	937,244	908,954	911,285	918,231
4. 2021 .....	XXX	XXX	1,080,182	1,058,323	1,054,356
5. 2022 .....	XXX	XXX	XXX	1,022,947	973,969
6. 2023 .....	XXX	XXX	XXX	XXX	960,959

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019 .....	1,107,228	915,538	37,080	4.1	952,618	86.0	.0	.0	952,618	86.0
2. 2020 .....	1,090,497	916,907	36,177	3.9	953,084	87.4	1,325	.0	954,409	87.5
3. 2021 .....	1,158,896	1,052,600	38,098	3.6	1,090,698	94.1	1,757	.0	1,092,455	94.3
4. 2022 .....	1,129,037	963,593	37,362	3.9	1,000,955	88.7	10,376	.0	1,011,331	89.6
5. 2023 .....	1,035,424	840,418	29,258	3.5	869,676	84.0	120,540	1,495	991,711	95.8

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	26,600,000			2,300,000				18,400,000					5,900,000
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	58,600,000	51,200,000	7,400,000										
5. Aggregate write-ins for other policy reserves .....	102,335,609	102,335,609	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	187,535,609	153,535,609	7,400,000	2,300,000	.0	.0	.0	18,400,000	.0	.0	.0	.0	5,900,000
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	187,535,609	153,535,609	7,400,000	2,300,000	0	0	0	18,400,000	0	0	0	0	5,900,000
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	100,000		100,000										
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	100,000	.0	100,000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	100,000	0	100,000	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. Permanent ACA Risk Adjustment Program.....	102,335,609	102,335,609											
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	102,335,609	102,335,609	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....26,600,000 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	1,301,496	159,791	4,460,535		5,921,822
2. Salaries, wages and other benefits .....	11,390,139	1,416,260	39,298,968		52,105,367
3. Commissions (less \$ .....ceded plus \$ .....781,998 assumed) .....			27,910,169		27,910,169
4. Legal fees and expenses .....	2,558		270,448		273,006
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	154,994	9,388	1,812,461		1,976,843
7. Traveling expenses .....	35,438	780	1,050,020		1,086,238
8. Marketing and advertising .....	36,053	323	4,610,677		4,647,053
9. Postage, express and telephone .....	8,729	2,426	597,509		608,664
10. Printing and office supplies .....	37,719	1,214	804,500		843,433
11. Occupancy, depreciation and amortization .....	36,479	4,896	605,327		646,702
12. Equipment .....	1,042,432	3,451	3,850,763		4,896,646
13. Cost or depreciation of EDP equipment and software .....	8,838	322	1,653,696		1,662,856
14. Outsourced services including EDP, claims, and other services .....	4,145,296	5,769,269	23,021,984		32,936,549
15. Boards, bureaus and association fees .....	3,273		405,372		408,645
16. Insurance, except on real estate .....			3,610,002		3,610,002
17. Collection and bank service charges .....			196,279		196,279
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	103,467	1,601	956,879		1,061,947
23.2 State premium taxes .....			6,020,558		6,020,558
23.3 Regulatory authority licenses and fees .....			2,839,338		2,839,338
23.4 Payroll taxes .....	1,323,030	163,067	1,639,895		3,125,992
23.5 Other (excluding federal income and real estate taxes) .....			49,094,366		49,094,366
24. Investment expenses not included elsewhere .....				916,420	916,420
25. Aggregate write-ins for expenses .....	0	2,094,831	26,004,540	0	28,099,371
26. Total expenses incurred (Lines 1 to 25) .....	19,629,941	9,627,619	200,714,286	916,420	(a) 230,888,266
27. Less expenses unpaid December 31, current year .....		1,494,993	44,632,456	219,140	46,346,589
28. Add expenses unpaid December 31, prior year .....	0	2,798,986	68,181,702	210,589	71,191,277
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	19,629,941	10,931,612	224,263,532	907,869	255,732,954
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Expenses .....			21,415,119		21,415,119
2502. Other Claims Adjustments .....		2,094,831	4,589,421		6,684,252
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	2,094,831	26,004,540	0	28,099,371

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

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,945,405	1,869,695
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 13,991,784	14,261,487
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	16,015	16,015
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 3,762,117	3,720,222
7. Derivative instruments	(f)	
8. Other invested assets	22,500	22,500
9. Aggregate write-ins for investment income	0	(33,983)
10. Total gross investment income	19,737,821	19,855,936
11. Investment expenses		(g) 916,420
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 116,403
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		1,032,823
17. Net investment income (Line 10 minus Line 16)		18,823,113
<b>DETAILS OF WRITE-INS</b>		
0901. Contra Investment Income		(33,983)
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	(33,983)
1501. Other Expense		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ 1,801,782 accrual of discount less \$ 1,005,249 amortization of premium and less \$ 372,052 paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.  
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.  
 (e) Includes \$ 17,684 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ amortization of premium.  
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(673,108)		(673,108)		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(1,151,853)	(1,655,784)	(2,807,637)	876,037	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(1,824,961)	(1,655,784)	(3,480,745)	876,037	0
<b>DETAILS OF WRITE-INS</b>					
0901. Other Change in Unrealized Capital Loss			0		
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	9,398,710	12,719,388	3,320,678
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	14,241,648	9,398,665	(4,842,983)
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	138,106	168,221	30,115
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	4,211,821	4,087,496	(124,325)
25. Aggregate write-ins for other-than-invested assets .....	1,208,549	.0	(1,208,549)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	29,198,834	26,373,770	(2,825,064)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	29,198,834	26,373,770	(2,825,064)
<b>DETAILS OF WRITE-INS</b>			
1101. ....		.0	.0
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other assets non-admitted.....	1,208,549	.0	(1,208,549)
2502. ....		.0	.0
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,208,549	0	(1,208,549)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	154,377	149,626	141,119	137,633	136,904	1,677,560
4. Point of Service.....	5,927	5,758	5,675	4,336	4,147	59,744
5. Indemnity Only.....	.25	.24	.24	.23	.22	283
6. Aggregate write-ins for other lines of business.....	11,715	13,680	15,833	18,103	19,666	194,520
7. Total	172,044	169,088	162,651	160,095	160,739	1,932,107
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	6,514	6,263	6,235	6,206	6,160	74,480
0602. Stop Loss.....	5,201	7,417	9,598	11,897	13,506	120,040
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	11,715	13,680	15,833	18,103	19,666	194,520

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

The Department of Banking and Insurance of the State of New Jersey recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Jersey Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual, version as of March 2023, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of New Jersey, subject to any deviations prescribed or permitted by the State of New Jersey Insurance Commissioner.

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

	SSAP #	F/S Page	F/S Line #	2023	2022
<b>NET (LOSS) INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX.....	XXX .....	XXX .....	\$ ..... (25,643,883)	\$ ..... 10,712,142
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX.....	XXX .....	XXX .....	\$ .....	\$ .....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX.....	XXX .....	XXX .....	\$ .....	\$ .....
(4) NAIC SAP (1-2-3=4)	XXX.....	XXX .....	XXX .....	<u>\$ ..... (25,643,883)</u>	<u>\$ ..... 10,712,142</u>
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX.....	XXX .....	XXX .....	\$ ..... 196,633,755	\$ ..... 216,941,526
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX.....	XXX .....	XXX .....	\$ .....	\$ .....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX.....	XXX .....	XXX .....	\$ .....	\$ .....
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ ..... 196,633,755</u>	<u>\$ ..... 216,941,526</u>

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

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

#### C. Accounting Policy

Asset values are generally stated as follows:

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

#### D. Going Concern – Not applicable

### 2. Accounting Changes and Corrections of Errors

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

### 3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill – None

### 4. Discontinued Operations – None



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**5. Investments**

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

- (1) Description of sources used to determine prepayment assumptions  
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment (“OTTI”), disclosed in the aggregate, classified on the basis for the other-than-temporary impairment:

	(1)	(2)	(3)
	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 - 2
OTTI recognized 1 <sup>st</sup> Quarter			
a. Intent to sell	\$ 0	\$ 0	\$ 0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
c. Total 1 <sup>st</sup> Quarter (a+b)	\$ 0	\$ 0	\$ 0
OTTI recognized 2 <sup>nd</sup> Quarter			
d. Intent to sell	\$ 0	\$ 0	\$ 0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
f. Total 2 <sup>nd</sup> Quarter (d+e)	\$ 0	\$ 0	\$ 0
OTTI recognized 3 <sup>rd</sup> Quarter			
g. Intent to sell	\$ 0	\$ 0	\$ 0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 0	\$ 0	\$ 0
i. Total 3 <sup>rd</sup> Quarter (g+h)	\$ 0	\$ 0	\$ 0
OTTI recognized 4 <sup>th</sup> Quarter			
j. Intent to sell	\$ 0	\$ 0	\$ 0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 7,040,372	\$ 1,655,784	\$ 5,384,588
l. Total 4 <sup>th</sup> Quarter (j+k)	\$ 7,040,372	\$ 1,655,784	\$ 5,384,588
m. Annual Aggregate Total (c+f+i+l)		\$ 1,655,784	

- (3) For each security, by CUSIP, with a recognized OTTI, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities:

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
44422P-CA-8	1,646,736	1,517,516	129,220	1,517,516	1,517,516	12/31/2023
553514-AN-0	1,641,866	1,267,748	374,118	1,267,748	1,267,748	12/31/2023
61764X-AN-5	1,146,119	926,974	219,145	926,974	926,974	12/31/2023
94989D-AG-4	509,740	296,099	213,641	296,099	296,099	12/31/2023
48244X-AB-8	2,095,911	1,376,252	719,660	1,376,252	1,376,252	12/31/2023
Total	XXX	XXX	\$ 1,655,784	XXX	XXX	XXX

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

- a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ (311,486)
2. 12 Months or Longer	\$ (14,960,786)
- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 32,253,705
2. 12 Months or Longer	\$ 150,559,006

- (5) Unrealized losses for loan-backed securities were primarily driven by the increase in market rates throughout the second half of 2021 as inflation expectations increased and the market started to price in multiple rate hikes in 2022 and 2023. The impairment review process considers a number of factors including, but not limited to: the length of time and the extent to which the fair value has been less than book value, the financial condition and credit rating of the issuer, our intent and ability to retain the investment for a period of time sufficient to allow for any anticipated recovery in fair value, our intent to sell or the likelihood that we will need to sell a loan-backed security before recovery of its amortized cost basis and general market conditions and industry or sector specific factors. In accordance with the Company’s impairment policy, the Company evaluated the unrealized losses as of December 31, 2023 and recognized \$1,655,784 of OTTI on specific loan-backed securities due to changes in credit ratings.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Repurchase agreements – None
  - (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2023.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Investments in low-income housing tax credits (“LIHTC”) - None

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0%	0.0%
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	213,300	202,700	10,600	0	213,300	0.0	0.0
j. On deposit with states	123,255	119,995	3,260	0	123,255	0.0	0.0
k. On deposit with other regulatory bodies	0	0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	71,028,740	94,725,261	(23,696,521)	0	71,028,740	10.9 %	11.4 %
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>\$ 71,365,295</b>	<b>\$ 95,047,956</b>	<b>\$ (23,682,661)</b>	<b>\$ 0</b>	<b>\$ 71,365,295</b>	<b>11.0%</b>	<b>11.5%</b>

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

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

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

- (1) Number of CUSIPs
- (2) Aggregate Amount of Investment Income

General Account  
..... 0  
..... 0

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

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

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

**7. Investment Income**

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.
- C. Gross, nonadmitted and admitted amounts for interest income due and accrued as of December 31, 2023:

Interest Income Due and Accrued	Amount
1. Gross	\$ .....2,653,430
2. Nonadmitted	\$ .....0
3. Admitted	\$ .....2,653,430

- D. The aggregate deferred interest is \$0.
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance is \$0.

**8. Derivative Instruments – None**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**9. Income Taxes**

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

1.

		12/31/2023		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 18,165,438	\$ 1,494,629	\$ 19,660,067
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 18,165,438	\$ 1,494,629	\$ 19,660,067
(d)	Deferred Tax Assets Nonadmitted	\$ 12,747,019	\$ 1,494,629	\$ 14,241,648
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 5,418,419	\$ 0	\$ 5,418,419
(f)	Deferred Tax Liabilities	\$ 2,012,993	\$ 0	\$ 2,012,993
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,405,426	\$ 0	\$ 3,405,426

		12/31/2022		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Gross Deferred Tax Assets	\$ 12,025,121	\$ 1,330,883	\$ 13,356,004
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 12,025,121	\$ 1,330,883	\$ 13,356,004
(d)	Deferred Tax Assets Nonadmitted	\$ 8,067,782	\$ 1,330,883	\$ 9,398,665
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 3,957,339	\$ 0	\$ 3,957,339
(f)	Deferred Tax Liabilities	\$ 2,994,069	\$ 0	\$ 2,994,069
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 963,270	\$ 0	\$ 963,270

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ 6,140,317	\$ 163,746	\$ 6,304,063
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 6,140,317	\$ 163,746	\$ 6,304,063
(d)	Deferred Tax Assets Nonadmitted	\$ 4,679,237	\$ 163,746	\$ 4,842,983
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 1,461,080	\$ 0	\$ 1,461,080
(f)	Deferred Tax Liabilities	\$ (981,076)	\$ 0	\$ (981,076)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 2,442,156	\$ 0	\$ 2,442,156

2.

		12/31/2023		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101				
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,405,426	\$ 0	\$ 3,405,426
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 28,984,249
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 2,012,993	\$ 0	\$ 2,012,993
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 5,418,419	\$ 0	\$ 5,418,419

		12/31/2022		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 963,270	\$ 0	\$ 963,270
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 963,270	\$ 0	\$ 963,270
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 32,396,738
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 2,994,069	\$ 0	\$ 2,994,069
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 3,957,339	\$ 0	\$ 3,957,339

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 3,405,426	\$ 0	\$ 3,405,426
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ (963,270)	\$ 0	\$ (963,270)
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ (963,270)	\$ 0	\$ (963,270)
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ (3,412,489)
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ (981,076)	\$ 0	\$ (981,076)
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,461,080	\$ 0	\$ 1,461,080

3.

		2023	2022
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	535%	558%
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 193,228,329	\$ 215,978,256

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

4.

12/31/2023	
(1)	(2)
Ordinary	Capital

Impact of Tax-Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	18,165,438	1,494,629
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	5,418,419	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

12/31/2022	
(3)	(4)
Ordinary	Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	12,025,121	1,330,883
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	3,957,339	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

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

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	6,140,317	163,746
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	1,461,080	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

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

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

(1)	(2)	(3)
12/31/2023	12/31/2022	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 3,407,029	\$ (12,296,486)	\$ 15,703,515
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal (1a+1b)	\$ 3,407,029	\$ (12,296,486)	\$ 15,703,515
(d) Federal income tax on net capital gains	\$ (381,977)	\$ (78,459)	\$ (303,518)
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 3,025,052	\$ (12,374,945)	\$ 15,399,997

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 436,127	\$ 518,991	\$ (82,864)
(2) Unearned premium reserve	\$ 929,351	\$ 1,101,146	\$ (171,795)
(3) Premium Deficiency Reserve	\$ 5,586,000	\$ 0	\$ 5,586,000
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 5,821	\$ (5,821)
(9) Other Reserves	\$ 0	\$ 492,026	\$ (492,026)
(10) Receivables - nonadmitted	\$ 3,141,009	\$ 3,564,772	\$ (423,763)
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other	\$ 8,072,951	\$ 6,342,365	\$ 1,730,586
(99) Subtotal (sum of 2a1 through 2a13)	\$ 18,165,438	\$ 12,025,121	\$ 6,140,317
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 12,747,019	\$ 8,067,782	\$ 4,679,237
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 5,418,419	\$ 3,957,339	\$ 1,461,080
(e) Capital:			
(1) Investments	\$ 1,494,629	\$ 1,330,883	\$ 163,746
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 1,494,629	\$ 1,330,883	\$ 163,746
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 1,494,629	\$ 1,330,883	\$ 163,746
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,418,419	\$ 3,957,339	\$ 1,461,080

3. Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 1,971,886	\$ 2,668,370	\$ (696,484)
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other	\$ 41,107	\$ 325,699	\$ (284,592)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 2,012,993	\$ 2,994,069	\$ (981,076)
(b) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (3b1+3b2+3b3)	\$ 0	\$ 0	\$ 0
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,012,993	\$ 2,994,069	\$ (981,076)

4. Net deferred tax assets/liabilities (2i - 3c)	\$ 3,405,426	\$ 963,270	\$ 2,442,156
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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

	12/31/2023	12/31/2022
Current income tax (benefit) expense incurred	\$ 3,025,052	\$ (12,374,945)
Change in deferred income tax (without tax on unrealized gains and losses)	(7,469,107)	11,975,147
Total income tax (benefit) expense reported	(4,444,055)	(399,798)
Income before taxes	(22,618,830)	(1,662,802)
Statutory Tax Rate	21%	21%
Expected income tax benefit at statutory tax rate	(4,749,954)	(349,188)
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	(7,867)	(8,347)
c. Nondeductible expenses for Meals and Entertainment	184,944	27,367
d. §832(b)(5)(B) Add-Back (25%)	1,967	2,087
e. Change in deferred taxes on nonadmitted assets	423,763	(301,131)
f. Change in valuation allowance adjustment	0	0
g. Health Insurer Fee	0	0
h. Nondeductible Compensation	0	226,106
i. Other - rounding	(296,908)	3,308
j. Effect of Change in Tax Law	0	0
Total income tax (benefit) expense reported	(4,444,055)	(399,798)

E. Operating loss carry-forward

- (1) As of December 31, 2023, there are no operating loss or tax carryforward available for tax purposes  
(2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	<u>Ordinary</u>	<u>Capital</u>
2023	\$ 3,405,426	\$ 0
2022	\$ 0	\$ 0

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

F. (1) From July 1, 2014 through December 31, 2022 this company was a standalone taxpayer.

As of January 1, 2023, the Company's federal income tax return is consolidated with the following entities:

AmeriHealth Administrators, Inc.  
AmeriHealth Assurance, LTD.  
AmeriHealth HMO, Inc.  
AmeriHealth Services, Inc.  
AmeriHealth, Inc.  
CompServices, Inc.  
CSI Services, Inc.  
Healthcare Delaware, Inc  
Independence Assurance Company  
Independence Health Group, Inc.  
Independence Holdings, Inc.  
Independence Hospital Indemnity Plan, Inc.  
Independence Insurance, Inc.  
Keystone Health Plan East, Inc.  
NS Assisted Living Communities, Inc.  
QCC Insurance Company  
The AmeriHealth Agency, Inc.

- (2) The written agreement approved by the Company's Board of Directors states that the total consolidated federal income tax for all entities is allocated to each entity based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled monthly.

I. Alternative Minimum Tax Credit

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

- A. The Company is a wholly-owned subsidiary of AmeriHealth New Jersey Holdings, LLC. The Company is an indirect subsidiary of Independence Health Group, Inc. ("IHG"), a nonprofit, non-member corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
- B. The Company has a reinsurance agreement with AmeriHealth HMO, Inc. which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the reinsurance agreement, AmeriHealth HMO, Inc. will cede to AHIC NJ gross premiums, claims incurred, and all other expenses related with New Jersey domiciled groups and members. Effective December 31, 2023, this reinsurance agreement was terminated. Beginning in 2024, the premiums, claims incurred, and all other expenses will be retained by the AmeriHealth HMO, Inc.

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

The Company is party to a Credit Agreement, authorizing the Company and certain affiliates to enter into short-term loans with one another in order to cover short-term operating capital requirements in lieu of liquidating long term investments. Outstanding borrowings under the intercompany Credit Agreement, if any, may be borrowed and repaid within up to 365 days. The following table shows the Company's intercompany borrowings that exceeded .5% of total admitted assets during 2023:

Borrowing Date	Borrower	Lender	Balance Borrowed
August 23, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 17,552,000
September 6, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 7,905,000
September 13, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 11,408,000
September 25, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 7,939,000
September 28, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 8,063,000
October 11, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 10,811,000
October 18, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 12,800,000
November 1, 2023	AHIC NJ	Independence Blue Cross, LLC	\$ 11,215,000

As of December 31, 2023, the Company had no outstanding intercompany loans payable or receivable.

- C. Transactions with related party who are not reported on Schedule Y – None
- D. The Company is party to a general administrative services agreement with other affiliates through which certain services, including personnel related costs and overhead costs, are provided to one another at cost. The agreement includes a cost-sharing agreement through which certain expenses are paid by Independence Health Group, Inc. ("IHG") and then allocated among participants according to each party's proportionate share.

In addition, the Company is also party to a general treasury services agreement with other affiliates through which the ultimate control person provided for the daily management and investment of cash-flows associated with their respective businesses. IHG manages the daily cash-flows of the Company and other specified affiliates that have subscribed to the First Amended Treasury Services Agreement.

As of December 31, 2023, the Company reported the following amounts due from/due to parent, subsidiaries, and affiliates:

Name of Affiliate	Due From	Due To
AmeriHealth Inc	\$ 0	\$ 13,814,294
Independence Blue Cross, LLC	\$ 0	\$ 6,965,849
AmeriHealth Administrators, Inc	\$ 6,757,306	\$ 0
Other	\$ 429,674	\$ 1,287,239
Total	\$ 7,186,980	\$ 22,067,382

The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days.

- E. The Company has a service agreement with Independence Blue Cross, LLC ("IBC LLC") and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.
- F. Parental Guarantees - None
- G. All outstanding shares of the Company are owned by AmeriHealth NJ LLC.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
- I. Investments in a Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets – None
- J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities – None
- K. Investment in foreign insurance subsidiary – N/A
- L. Investment in a downstream noninsurance holding company - None
- M. All SCA Investments
  - (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) – None
  - (2) NAIC Filing Response Information – N/A
- N. Investment in Insurance SCAs – None
- O. SCA or SSAP No. 48 Entity Loss Tracking – None

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey

## NOTES TO FINANCIAL STATEMENTS

**11. Debt**

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

(1) The Company is a member of the Federal Home Loan Bank (FHLB) of Pittsburgh. Through its membership, the Company will be conducting business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as working capital. The Company determined the Maximum Borrowing Capacity (MBC) as \$53,937,397. In accordance with the Capital Plan of FHLB of Pittsburgh, this amount was calculated by applying the Membership Asset Value Factor (MAVF) to the pledged collateral.

(2) FHLB Capital Stock

a. Aggregate Totals

		Total
1.	Current Year	
(a)	Membership Stock – Class A	0
(b)	Membership Stock – Class B	213,300
(c)	Activity Stock	0
(d)	Excess Stock	0
(e)	Aggregate Total (a+b+c+d)	213,300
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	53,937,397
2.	Prior Year-end	
(a)	Membership Stock – Class A	0
(b)	Membership Stock – Class B	202,700
(c)	Activity Stock	0
(d)	Excess Stock	0
(e)	Aggregate Total (a+b+c+d)	202,700
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	78,708,237

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

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

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0	0	0	0	0	0
2. Class B	213,300	213,300	0	0	0	0

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

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	63,286,411	71,028,740	0
2. Prior Year-end Total Collateral Pledged	85,134,943	94,725,261	0

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

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	85,843,520	94,169,337	0
2. Prior Year-end Total Maximum Collateral Pledged	93,467,404	100,159,724	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

	Total	Funding Agreements Reserves Established
1. Current Year		
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0
2. Prior Year-end		
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

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

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

c. FHLB – Prepayment Obligations

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

C. All Other Debt – None

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

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

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

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

The amount of pension expense (income) charged by IBC LLC to the Company was \$388,127 in 2023 and \$(255,961) in 2022. The postretirement benefit income allocated by IBC LLC was \$182,897 in 2023 and \$319,846 in 2022.

IHG's employees also participate in a 401(k) savings plan, which is maintained through IBC, LLC and is available to full-time employees. For employees hired prior to January 1, 2010, IBC LLC contributes an amount equal to 50% of the first 6% of salary deferral contributed by the employee. For all employees hired on or after January 1, 2010, who are not covered under the defined benefit plan, IBC LLC makes an automatic contribution equal to 3% of eligible earnings regardless of whether the employee contributes and IBC LLC will make an additional contribution equal to 50% of the first 8% of salary deferral contributed by the employee. The Company's 401(k) savings plan contribution charged by IBC LLC in 2023 and 2022 was \$2,112,900 and \$2,115,334, respectively.

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey

## NOTES TO FINANCIAL STATEMENTS

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

- A. The Company has 140,000 shares authorized, 140,000 shares issued and 140,000 shares outstanding as of December 31, 2023.
- B. Preferred stock outstanding - None
- C. Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under NAIC SSAP. These standards generally permit dividends to be paid from statutory unassigned surplus of the Company and are limited based on the regulated subsidiary's level of statutory net income and statutory capital and surplus. These dividends are referred to as "ordinary dividends." An "extraordinary dividend", which requires the direct approval of regulatory authorities, is any dividend that, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. The amount available to pay dividends in 2024, subject to unassigned funds restrictions, without the approval of the State of New Jersey Department of Banking and Insurance is \$19,663,376. In accordance with regulatory guidance, any future payment of dividends without regulatory approval is not permitted due to the Company's negative balance in unassigned funds.
- D. The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None
- E. Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The total amount of advances to surplus not repaid is \$0.
- H. The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
- A For conversion of preferred stock: 0 shares
- B For employee stock options: 0 shares
- C For stock purchase warrants: 0 shares
- I. There are no special surplus funds.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(453,420)
- K. The Company issued the following surplus debentures or similar obligations: - None
- L&M. Effective date and financial impact of a quasi-reorganization - None

### 14. Liabilities, Contingencies and Assessments

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

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

As of December 31, 2021, the Company has paid \$7,640,000 for assessments received. Because a portion of this assessment was expected to be offset in the future by premium tax credits, the Company recorded a discounted asset of \$3,220,000 (approximately \$3,800,000 undiscounted) in Guaranty funds receivable which reflected a 3.5% discount rate. The premium tax asset is expected to be used as a refund over the next five years beginning in 2019. The Company will continue to monitor this assessment for changes in the estimate of insolvency.

- (2) A portion of the Penn Treaty assessment is expected to be offset in the future by premium tax credits that will be recognized in the period received, therefore the Company recorded a discounted premium tax asset. As of December 31, 2023, the Company's total discounted asset was \$0.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	738,084
b.	Decreases current year: Amortization of Asset	\$	(763,917)
c.	Increases current year: Interest Accretion	\$	25,833
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	0

- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

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

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

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

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

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

Regulatory Matters - Centers for Medicare and Medicaid Services ("CMS") conducts an annual review of all issuers participating in the commercial risk adjustment program. CMS is performing annual Risk Adjustment Data Validation ("RADV") audits of all participating health plans to validate the accuracy of data submitted for use in transfer calculations. These audits may result in retrospective adjustments made to amounts paid by issuers with lower than average actuarial risk or amounts collected by issuers with higher than average actuarial risk. Adjustments to amounts paid and collected depend on the audit results of all carriers in a market. As of December 31, 2023, the Company has settled all RADV audits for program years 2021 and prior. The Company is not able to predict whether the outcome of future audits will have a material impact on the Company's financial position, results of operations, or cash flows.

CSR - CSR subsidies were intended to compensate insurers for reducing deductibles, copayments, and coinsurance for qualifying customers. As a result of an executive order, the U.S. government stopped funding the subsidies in 2017. Insurers reduced the eligible individuals' cost-sharing obligations and CMS would reimburse insurers for the reduction amounts through a data submission/reconciliation process. The Company initiated a process to analyze its CSR submissions for various years. The Company identified issues relating to certain types of claims in its 2017 CSR submission. The Company notified CMS of the matter and it is taking steps to further analyze its CSR submissions. The Company will continue to monitor developments.

### 15. Leases

- A. Lessee Operating Lease

- (1) The Company leases a facility from unrelated third party under a long-term lease. The facility lease requires the Company to pay a proportionate share of operating expenses for the leased property in addition to base rents. This current lease expires in June 2024. Rental expense in 2023 and 2022 was \$873,516 and \$852,537, respectively.

- (2) a. At December 31, the minimum aggregate rental commitments are as follows:

	Year Ending <u>December 31</u>		<u>Operating Leases</u>
1.	2024	\$	516,828
2.	2025	\$	0
3.	2026	\$	0
4.	2027	\$	0
5.	2028	\$	0
6.	Thereafter	\$	0
7.	Total (sum of 1 through 6)	\$	516,828

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

- B. Lessor Leases
- (1) Operating Leases - None
- (2) Leveraged Leases - None

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

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

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



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

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

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

**20. Fair Value Measurements**

- A.
  - (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at Fair Value</b>					
Exempt Money Market Mutual Funds.....	\$ 35,877,011	\$ 0	\$ 0	\$ 0	\$ 35,877,011
Other Money Market Mutual Funds .....	\$ 123,255	\$ 0	\$ 0	\$ 0	\$ 123,255
Total Cash Equivalents & Other Short Term Investments .....	\$ 36,000,266	\$ 0	\$ 0	\$ 0	\$ 36,000,266
Bonds – Industrial and Misc. ....	\$ 0	\$ 5,690,332	\$ 0	\$ 0	\$ 5,690,332
Total Bonds .....	\$ 0	\$ 5,690,332	\$ 0	\$ 0	\$ 5,690,332
Total assets at fair value/NAV .....	\$ 36,000,266	\$ 5,690,332	\$ 0	\$ 0	\$ 41,690,598
<b>b. Liabilities at Fair Value – None</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Liabilities at Fair Value .....	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
- (3) Transfers in and/or out of Level 3 are recognized at the beginning of the period – None
- (4) The Company classifies bonds, NAIC rated 3 through 6, such as certain U.S. Treasury and agency obligations, mortgage backed securities, municipal and corporate bonds, asset-backed securities and preferred stocks as Level 2. Because many fixed maturities and preferred stocks do not trade daily, fair values are determined using quoted values and other data provided by a nationally recognized independent pricing service (pricing service) as inputs into its process for determining fair values of its investments. For securities that generally do not trade on a daily basis, the pricing service prepares estimates of fair value measurements using its proprietary pricing. Typical inputs and assumptions include but are not limited to benchmark yields, reported trades, broker/dealer quotes, issuer spreads, liquidity, benchmark securities, bids, offers, reference data, and industry and economic events. For mortgage and asset-backed securities, inputs and assumptions may also include characteristics of the issuer, collateral attributes, prepayment speeds, default assumptions, and credit rating.

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds .....	\$ 394,550,247	\$ 421,541,981	\$ 322,828	\$ 394,227,419	\$ 0	\$ 0	\$ 0
Cash Equivalents & Other							
Short Term Investments .....	\$ 36,000,266	\$ 36,000,266	\$ 36,000,266	\$ 0	\$ 0	\$ 0	\$ 0
Other Invested Assets .....	\$ 397,008	\$ 500,000	\$ 0	\$ 397,008	\$ 0	\$ 0	\$ 0

**D. Not Practicable to Estimate Fair Value – Not Applicable**

**21. Other Items**

- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring: Debtors - None
- C. Other Disclosures
  - (1) The Company elected to use rounding in reporting amounts in this statement. Certain pages of this Annual Statement were prepared by a process which cannot print (+) symbols and (-) symbols, therefore, it is indicated by a bracket around the number, e.g. (45,678) and (+) symbol is intended when there is no bracket.
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure
  - (1) The Company does not engage in subprime residential mortgage lending. Subprime residential mortgage lending is the origination of residential mortgage loans to customers with weak credit profiles including using relaxed mortgage underwriting standards which provided for affordable mortgage products. The Companies exposure to subprime residential mortgage lending is through investments in Debt and Equity securities that contain securities collateralized by mortgages that have characteristics of subprime lending. These investments are in the form of primarily asset-backed securities ("ABS") supported by subprime mortgage loans or collateralized debt securities ("CDO") that contain a subprime loan component. The Company manages its subprime risk exposure by maintaining high credit quality investments, limiting the Company holdings in these types of instruments and through performing ongoing analysis of cash flows, prepayment speeds, default rates and other stress variables.
  - The Company considers the risks associated with the subprime and other residential mortgages when analyzing and directing investment strategies. The Company considers risks, utilizing outside investment experts to ensure there is adequate documentation of the subprime mortgage exposure on its overall investment portfolio. The Company gathers information to segregate the risk between the direct exposure and indirect exposure. The Company considers unrealized losses due to changes in the market values of investment assets and anticipated cash flow from the future sale of investment assets. The significant impacts of investment deterioration reflect in the accounting records through impairment of investments or realizing investment losses.
  - (2) Direct exposure through investments in subprime mortgage loans – None
  - (3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	2,388,970	2,301,317	2,098,657	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	7,137,159	7,137,573	6,851,160	0
e. Equity investment in SCAs *	0	0	0	0
f. Other assets	0	0	0	0
g. Total (a+b+c+d+e+f)	9,526,129	9,438,890	8,949,817	0

\* The Company has no such equity investments in SCAs. These investments comprise 0.0% of the Company's invested assets.

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

- G. Retained Assets – None
- H. Insurance-linked securities (ILS) Contracts – None
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – None

**22. Events Subsequent**

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2023, and through the date of this filing, which is the date the financial statements were available to be issued. There have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2023.

**23. Reinsurance**

- A. Ceded Reinsurance Report
  - Section 1 – General Interrogatories: Not Applicable
  - Section 2 – Ceded Reinsurance Report – Part A: Not Applicable
  - Section 3 – Ceded Reinsurance Report – Part B: Not Applicable
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
  - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None
  - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- E. Reinsurance Credit – None

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A. Accrued retrospective premium adjustments - None
- B. Accrued retrospective premium as an adjustment to earned premium - None
- C. The Company has no retrospectively rate contracts or contracts subject to redetermination.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	28,124,437	6,909,565	3,365,722	0	38,399,724
(2) Medical loss ratio rebates paid	13,548,022	4,481,547	3,348,853	0	21,378,422
(3) Medical loss ratio rebates unpaid	24,376,415	4,728,018	1,516,869	0	30,621,302
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	30,621,302
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	71,141,002	9,492,985	1	0	80,633,988
(8) Medical loss ratio rebates paid	44,317,417	6,821,003	1,516,870	0	52,655,290
(9) Medical loss ratio rebates unpaid	51,200,000	7,400,000	0	0	58,600,000
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	58,600,000

**E. Risk- Sharing Provisions of the Affordable Care Act (ACA)**

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No [ ]

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year **AMOUNT**

<b>a. Permanent ACA Risk Adjustment Program</b>	
<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 2,950,652
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 313,715
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ 102,335,609
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (82,064,387)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 311,742
<b>b. Transitional ACA Reinsurance Program</b>	
<b>Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ 0
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ 0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ 0
<b>Operations (Revenue &amp; Expense)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 0
9. ACA Reinsurance contributions – not reported as ceded premium	\$ 0
<b>c. Temporary ACA Risk Corridors Program</b>	
<b>Assets</b>	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 0
<b>Liabilities</b>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 0
<b>Operations (Revenue &amp; Expense)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ 0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year	Ref	Cumulative	Cumulative
					Accrued Less Payments (Col 1 – 3)	Accrued Less Payments (Col 2 – 4)					
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 0	\$ 0	\$ 5,065,151	\$ 0	\$ (5,065,151)	\$ 0	\$ 5,065,971	\$ 0	A	\$ 820	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$ 0	\$ (160,667,608)	\$ 0	\$ (148,392,109)	\$ 0	\$ (12,275,499)	\$ 0	\$ 12,230,499	B	\$ 0	\$ (45,000)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (160,667,608)	\$ 5,065,151	\$ (148,392,109)	\$ (5,065,151)	\$ (12,275,499)	\$ 5,065,971	\$ 12,230,499		\$ 820	\$ (45,000)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0
2. Amounts recoverable for claims unpaid (contra liability)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
5. Ceded reinsurance premiums payable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	G	\$ 0	\$ 0
6. Liability for amounts held under uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	H	\$ 0	\$ 0
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0
3. Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ (160,667,608)	\$ 5,065,151	\$ (148,392,109)	\$ (5,065,151)	\$ (12,275,499)	\$ 5,065,971	\$ 12,230,499		\$ 820	\$ (45,000)

Explanations of Adjustments

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

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

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year	Ref	Cumulative	Cumulative
					Accrued Less Payments (Col 1 – 3)	Accrued Less Payments (Col 2 – 4)					
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b. 2015											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	C	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c. 2016											
1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments – N/A

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

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

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

**25. Change in Incurred Claims and Claim Adjustment Expenses**

- A. Reserves as of December 31, 2022 were \$149,468,041. As of December 31, 2023, \$91,619,692 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$9,858,080 as a result of re-estimation of unpaid claims. Therefore, there has been \$47,990,269 of favorable prior year development. The decrease is generally the result of ongoing analysis of recent loss development trends.
- B. There were no significant changes in methodologies or assumptions used in calculating the liability for losses and loss adjustment expenses

**26. Intercompany Pooling Arrangements – None**

**27. Structured Settlements – None**

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2023	\$ 25,212,907	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2023	\$ 24,079,257	\$ 23,456,850	\$ 21,400,093	\$ 0	\$ 0
06/30/2023	\$ 21,965,176	\$ 23,299,458	\$ 20,586,060	\$ 2,121,755	\$ 0
03/31/2023	\$ 22,264,621	\$ 22,118,855	\$ 20,797,748	\$ 793,864	\$ 745,563
12/31/2022	\$ 21,641,967	\$ 21,705,557	\$ 0	\$ 20,714,033	\$ (380,566)
09/30/2022	\$ 24,333,936	\$ 21,674,295	\$ 4,497	\$ 21,068,855	\$ (357,892)
06/30/2022	\$ 25,165,724	\$ 23,889,704	\$ 463,691	\$ 22,012,941	\$ 31,861
03/31/2022	\$ 25,314,960	\$ 23,822,440	\$ 311,292	\$ 21,380,442	\$ 38,814
12/31/2021	\$ 18,477,687	\$ 18,569,639	\$ 482,433	\$ 16,781,184	\$ 2,639,727
09/30/2021	\$ 17,179,036	\$ 17,195,667	\$ 283,164	\$ 16,328,738	\$ 2,297,879
06/30/2021	\$ 15,260,311	\$ 16,899,739	\$ 634,124	\$ 15,639,433	\$ 1,908,338
03/31/2021	\$ 15,273,189	\$ 15,239,097	\$ 518,241	\$ 12,758,646	\$ 3,370,284

B. Risk Sharing Receivables – None

**29. Participating Policies – None**

**30. Premium Deficiency Reserves**

- Liability carried for premium deficiency reserves \$ 26,600,000
- Date of the most recent evaluation of this liability 12/31/2023
- Was anticipated investment income utilized in the calculation? Yes [ ] No [X]

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? New Jersey.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2021
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2021
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....06/20/2023
- 3.4 By what department or departments? New Jersey Department of Banking and Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes, .....0.0 %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Deloitte & Touche LLP, 1700 Market Street, Philadelphia, PA 19103-3984.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes  No  N/A
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Stephen Tenaglio, FSA, MAAA. Senior Actuary, Capital and Planning, Independence Blue Cross, 40th Floor, 1901 Market Street, Philadelphia PA 19103-1480.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes  No
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes  No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes  No  N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 See Attachment on page 27.5.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

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

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
- 20.12 To stockholders not officers \$.....0
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
- 20.22 To stockholders not officers \$.....0
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
- 21.22 Borrowed from others \$.....0
- 21.23 Leased from others \$.....0
- 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....5,457
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes  No
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ X ] No [ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....0
- 26.22 Subject to reverse repurchase agreements \$.....0
- 26.23 Subject to dollar repurchase agreements \$.....0
- 26.24 Subject to reverse dollar repurchase agreements \$.....0
- 26.25 Placed under option agreements \$.....0
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....0
- 26.27 FHLB Capital Stock \$.....213,300
- 26.28 On deposit with states \$.....123,255
- 26.29 On deposit with other regulatory bodies \$.....0
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....0
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....71,028,740
- 26.32 Other \$.....0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	0
.....	.....	0
.....	.....	0

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

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

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

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

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

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

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

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

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]
- 29.04 If yes, give full and complete information relating thereto:

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

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

1 Name of Firm or Individual	2 Affiliation
Barksdale Investment Management.....	U.....
Allspring Global Investments.....	U.....
Wellington Management Co., LLP.....	U.....
PIMCO (Pacific Investment Management Co).....	U.....
Brown Brothers Harriman.....	U.....
CastleOak Securities.....	U.....
U.S. Bancorp Asset Management.....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105098.....	Barksdale Investment Management.....	N/A.....	SEC.....	NO.....
104973.....	Allspring Global Investments.....	549300B3H21002L85190.....	SEC.....	NO.....
106595.....	Wellington Management Co., LLP.....	549300YHP12TEZNLX41.....	SEC.....	NO.....
104559.....	PIMCO (Pacific Investment Management Co).....	549300KGPYQZXGMYYN38.....	SEC.....	NO.....
282732.....	Brown Brothers Harriman.....	5493006KMX1VFTYPW14.....	Not a Registered Investment Advisor.....	NO.....
125334.....	CastleOak Securities.....	N/A.....	SEC.....	NO.....
111912.....	U.S. Bancorp Asset Management.....	8KUMV9E1J751BFMLFD23.....	SEC.....	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	421,541,981	394,550,247	(26,991,734)
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	421,541,981	394,550,247	(26,991,734)

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

Reuters Pricing Service via Clearwater Analytics.....

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

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ X ] No [ ]

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Yes [ ] No [ X ]



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

Has the reporting entity self-designated PLGI securities?

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
  - b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
  - d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

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

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....121,241

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

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

41.1 Amount of payments for legal expenses, if any? \$ .....264,936

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

1 Name	2 Amount Paid
Morgan Lewis and Bockius.....	\$.....166,362

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....408,941

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

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

**GENINTPT1 - Attachment**

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Interrogatory, Part 1, # 14.21

The Code of Conduct has been updated based on comments provided by internal subject matter experts, Corporate Compliance and the Legal Department and a summary of key changes for 2023 are listed below.

· Fraud, Waste, and Abuse - The Elimination of Kickbacks in Recovery Act was added as a law that prohibits the payment of remuneration in return for referring a patient to a recovery home, clinical treatment facility or laboratory.

· Conflicts of Interest - The updated wording states that "associates found guilty of or plead guilty or nolo contendere (no contest) to a felony offense must report these events to their Employee Relations Partner."

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only. \$ 18,319,743
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 15,086,012
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ 2,306,753
- 1.62 Total incurred claims \$ 1,963,091
- 1.63 Number of covered lives 1,028
- All years prior to most current three years:
- 1.64 Total premium earned \$ 16,012,990
- 1.65 Total incurred claims \$ 13,122,921
- 1.66 Number of covered lives 5,132
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ 0
- 1.72 Total incurred claims \$ 0
- 1.73 Number of covered lives 0
- All years prior to most current three years:
- 1.74 Total premium earned \$ 0
- 1.75 Total incurred claims \$ 0
- 1.76 Number of covered lives 0

2. Health Test:

	1		2
	Current Year		Prior Year
2.1 Premium Numerator	\$ 1,061,673,418	\$	1,139,176,208
2.2 Premium Denominator	\$ 1,061,673,418	\$	1,139,176,208
2.3 Premium Ratio (2.1/2.2)	1.000		1.000
2.4 Reserve Numerator	\$ 321,532,480	\$	353,692,628
2.5 Reserve Denominator	\$ 321,532,482	\$	353,692,628
2.6 Reserve Ratio (2.4/2.5)	1.000		1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes  No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes  No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes  No
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes  No
- 5.2 If no, explain:  
Stop-loss reinsurance is not required and the Company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ 0
- 5.32 Medical Only \$ 0
- 5.33 Medicare Supplement \$ 0
- 5.34 Dental and Vision \$ 0
- 5.35 Other Limited Benefit Plan \$ 0
- 5.36 Other \$ 0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
To protect members against insolvency, provider contracts contain hold harmless provisions
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes  No
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 81,735
- 8.2 Number of providers at end of reporting year 87,836
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes  No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months 3,656,312
- 9.22 Business with rate guarantees over 36 months 0

## GENERAL INTERROGATORIES

### PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ X ] No [ ]
- 10.2 If yes:
- |  |   |                   |
|--|---|-------------------|
|  | 10.21 Maximum amount payable bonuses          | \$.....0          |
|  | 10.22 Amount actually paid for year bonuses   | \$.....0          |
|  | 10.23 Maximum amount payable withholds        | \$.....13,130,479 |
|  | 10.24 Amount actually paid for year withholds | \$.....8,642,944  |
- 11.1 Is the reporting entity organized as:
- |  |   |                  |
|--|---|------------------|
|  | 11.12 A Medical Group/Staff Model,                  | Yes [ ] No [ X ] |
|  | 11.13 An Individual Practice Association (IPA), or, | Yes [ ] No [ X ] |
|  | 11.14 A Mixed Model (combination of above) ?        | Yes [ ] No [ X ] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....3,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation

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

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

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

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

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

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

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

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

**FIVE - YEAR HISTORICAL DATA**

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	622,959,440	717,741,898	732,579,258	655,365,571	508,862,211
2. Total liabilities (Page 3, Line 24)	426,325,685	500,800,372	503,245,406	393,412,509	322,796,237
3. Statutory minimum capital and surplus requirement	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
4. Total capital and surplus (Page 3, Line 33)	196,633,755	216,941,526	229,333,852	261,953,062	186,065,974
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	1,035,422,681	1,129,036,945	1,158,895,879	1,090,496,999	1,107,228,226
6. Total medical and hospital expenses (Line 18)	817,412,034	913,740,274	974,109,851	858,518,139	891,906,009
7. Claims adjustment expenses (Line 20)	29,257,560	37,361,617	38,098,263	36,176,684	37,080,071
8. Total administrative expenses (Line 21)	200,714,286	189,088,438	193,893,942	189,398,507	154,869,391
9. Net underwriting gain (loss) (Line 24)	(37,961,199)	(11,753,384)	(47,206,177)	6,403,669	23,372,755
10. Net investment gain (loss) (Line 27)	15,724,345	10,169,040	6,463,025	11,335,852	11,581,877
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(25,643,883)	10,712,142	(50,050,927)	(6,456,533)	34,954,632
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	(53,104,269)	16,110,385	(19,541,897)	133,657,002	(42,306,103)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	196,633,755	216,941,526	229,333,852	261,953,062	186,065,974
15. Authorized control level risk-based capital	36,107,999	38,705,835	40,424,723	35,630,997	36,903,031
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	160,739	172,044	169,761	169,337	164,323
17. Total members months (Column 6, Line 7)	1,932,107	2,127,319	2,054,328	2,080,527	2,068,366
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	78.9	80.9	84.1	78.7	80.6
20. Cost containment expenses	1.9	2.0	2.3	2.3	1.4
21. Other claims adjustment expenses	0.9	1.3	1.0	1.0	1.9
22. Total underwriting deductions (Line 23)	103.7	101.0	104.1	99.4	97.9
23. Total underwriting gain (loss) (Line 24)	(3.7)	(1.0)	(4.1)	0.6	2.1
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	67,641,131	101,002,090	104,084,461	98,962,977	113,687,939
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	114,401,021	119,156,168	132,238,102	119,160,032	126,066,316
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

Not Applicable.....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	.N								0	.0
2. Alaska	AK	.N								0	.0
3. Arizona	AZ	.N								0	.0
4. Arkansas	AR	.N								0	.0
5. California	CA	.N								0	.0
6. Colorado	CO	.N								0	.0
7. Connecticut	CT	.N								0	.0
8. Delaware	DE	.N								0	.0
9. District of Columbia	DC	.N								0	.0
10. Florida	FL	.N								0	.0
11. Georgia	GA	.N								0	.0
12. Hawaii	HI	.N								0	.0
13. Idaho	ID	.N								0	.0
14. Illinois	IL	.N								0	.0
15. Indiana	IN	.N								0	.0
16. Iowa	IA	.N								0	.0
17. Kansas	KS	.N								0	.0
18. Kentucky	KY	.N								0	.0
19. Louisiana	LA	.N								0	.0
20. Maine	ME	.N								0	.0
21. Maryland	MD	.N								0	.0
22. Massachusetts	MA	.N								0	.0
23. Michigan	MI	.N								0	.0
24. Minnesota	MN	.N								0	.0
25. Mississippi	MS	.N								0	.0
26. Missouri	MO	.N								0	.0
27. Montana	MT	.N								0	.0
28. Nebraska	NE	.N								0	.0
29. Nevada	NV	.N								0	.0
30. New Hampshire	NH	.N								0	.0
31. New Jersey	NJ	L	1,050,024,907							1,050,024,907	.0
32. New Mexico	NM	.N								0	.0
33. New York	NY	.N								0	.0
34. North Carolina	NC	.N								0	.0
35. North Dakota	ND	.N								0	.0
36. Ohio	OH	.N								0	.0
37. Oklahoma	OK	.N								0	.0
38. Oregon	OR	.N								0	.0
39. Pennsylvania	PA	.N								0	.0
40. Rhode Island	RI	.N								0	.0
41. South Carolina	SC	.N								0	.0
42. South Dakota	SD	.N								0	.0
43. Tennessee	TN	.N								0	.0
44. Texas	TX	.N								0	.0
45. Utah	UT	.N								0	.0
46. Vermont	VT	.N								0	.0
47. Virginia	VA	.N								0	.0
48. Washington	WA	.N								0	.0
49. West Virginia	WV	.N								0	.0
50. Wisconsin	WI	.N								0	.0
51. Wyoming	WY	.N								0	.0
52. American Samoa	AS	.N								0	.0
53. Guam	GU	.N								0	.0
54. Puerto Rico	PR	.N								0	.0
55. U.S. Virgin Islands	VI	.N								0	.0
56. Northern Mariana Islands	MP	.N								0	.0
57. Canada	CAN	.N								0	.0
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	0	.0
59. Subtotal	.XXX	1,050,024,907	.0	.0	.0	.0	.0	.0	1,050,024,907	0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX								0		
61. Total (Direct Business)	.XXX	1,050,024,907	0	0	0	0	0	0	1,050,024,907	0	0
<b>DETAILS OF WRITE-INS</b>											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	.0

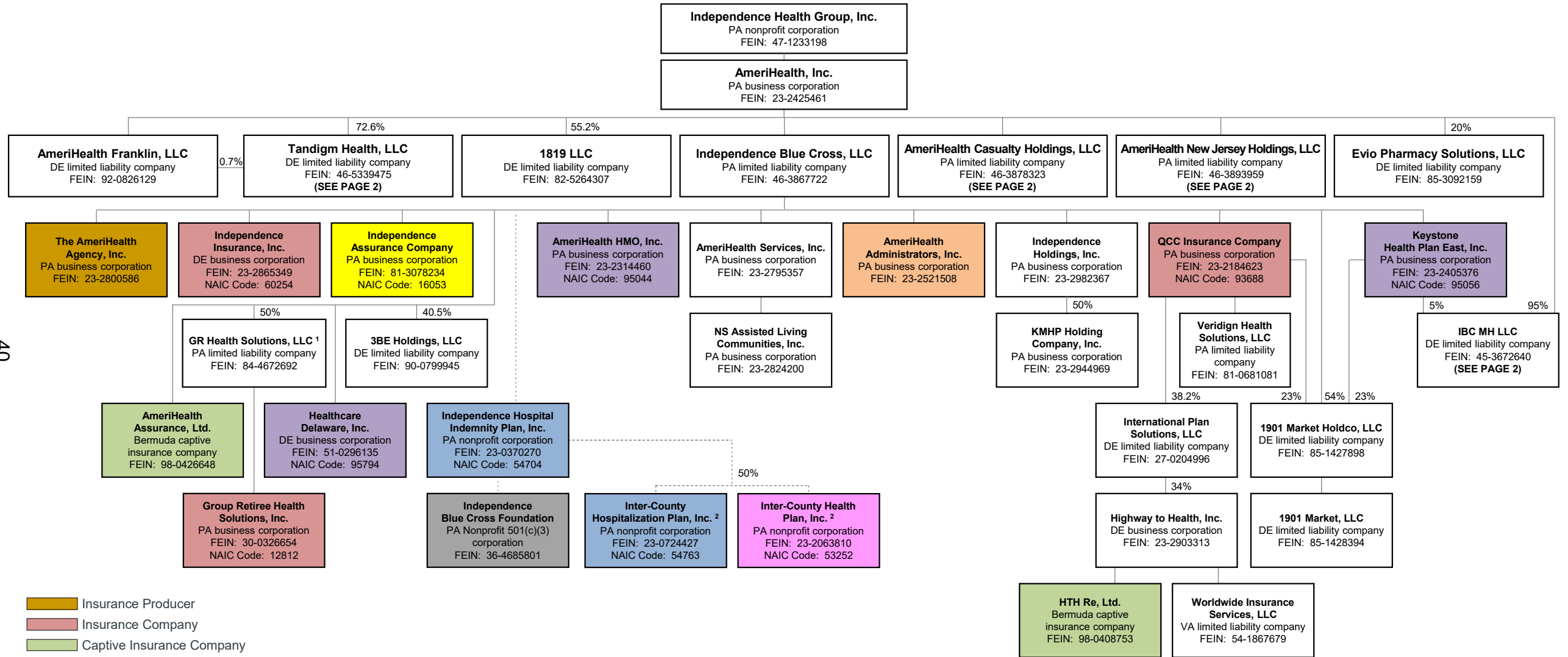
(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.

Customers are assigned State codes when they are set up in our billing system. Company only does business in New Jersey.

**STATEMENT AS OF DECEMBER 31, 2023 OF THE AmeriHealth Insurance Company of New Jersey  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

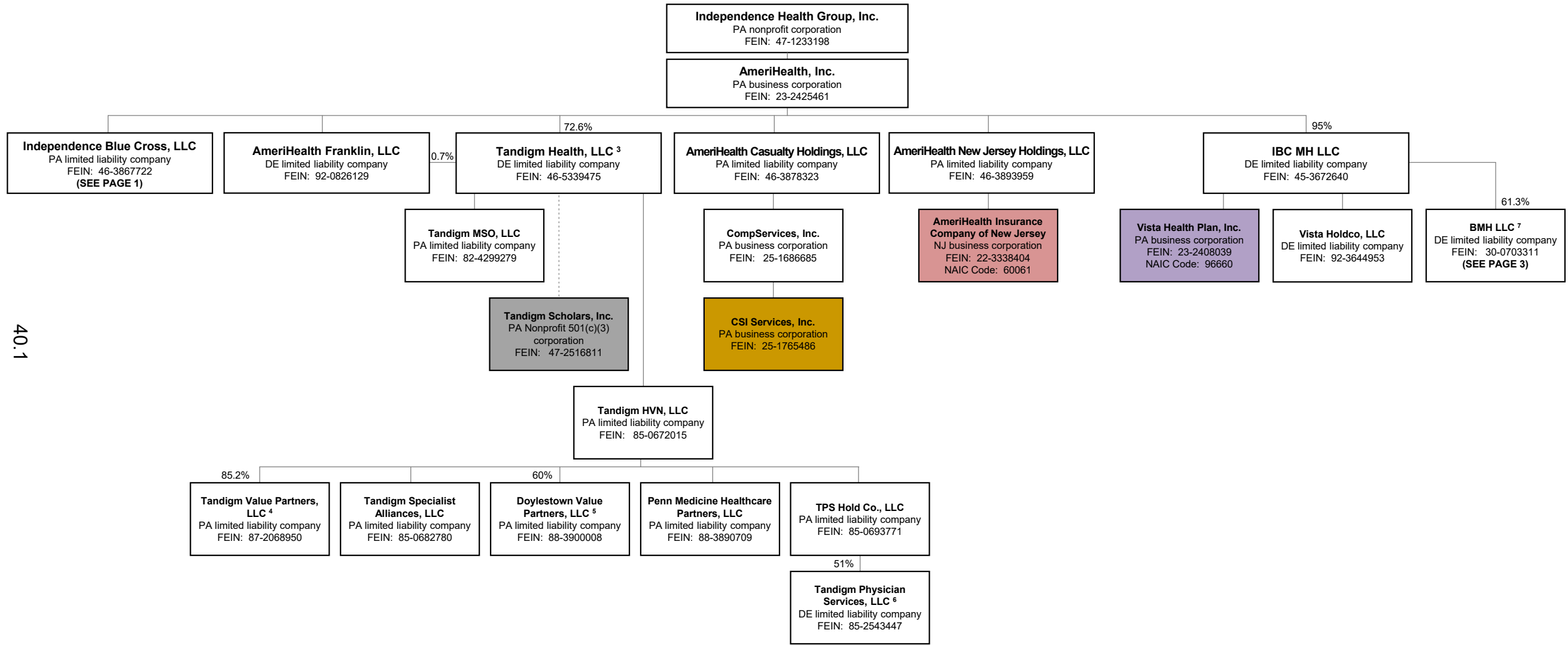


40

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

1 – The remaining 50% is owned by Anthem Partnership Holding Company, LLC (non-affiliate)  
 2 - Companies are equally controlled by Independence Hospital Indemnity Plan, Inc. and Highmark, Inc. (non-affiliate), each having equal number of members elected to board of directors.

**STATEMENT AS OF DECEMBER 31, 2023 OF THE AmeriHealth Insurance Company of New Jersey**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATIONAL CHART**



40.1

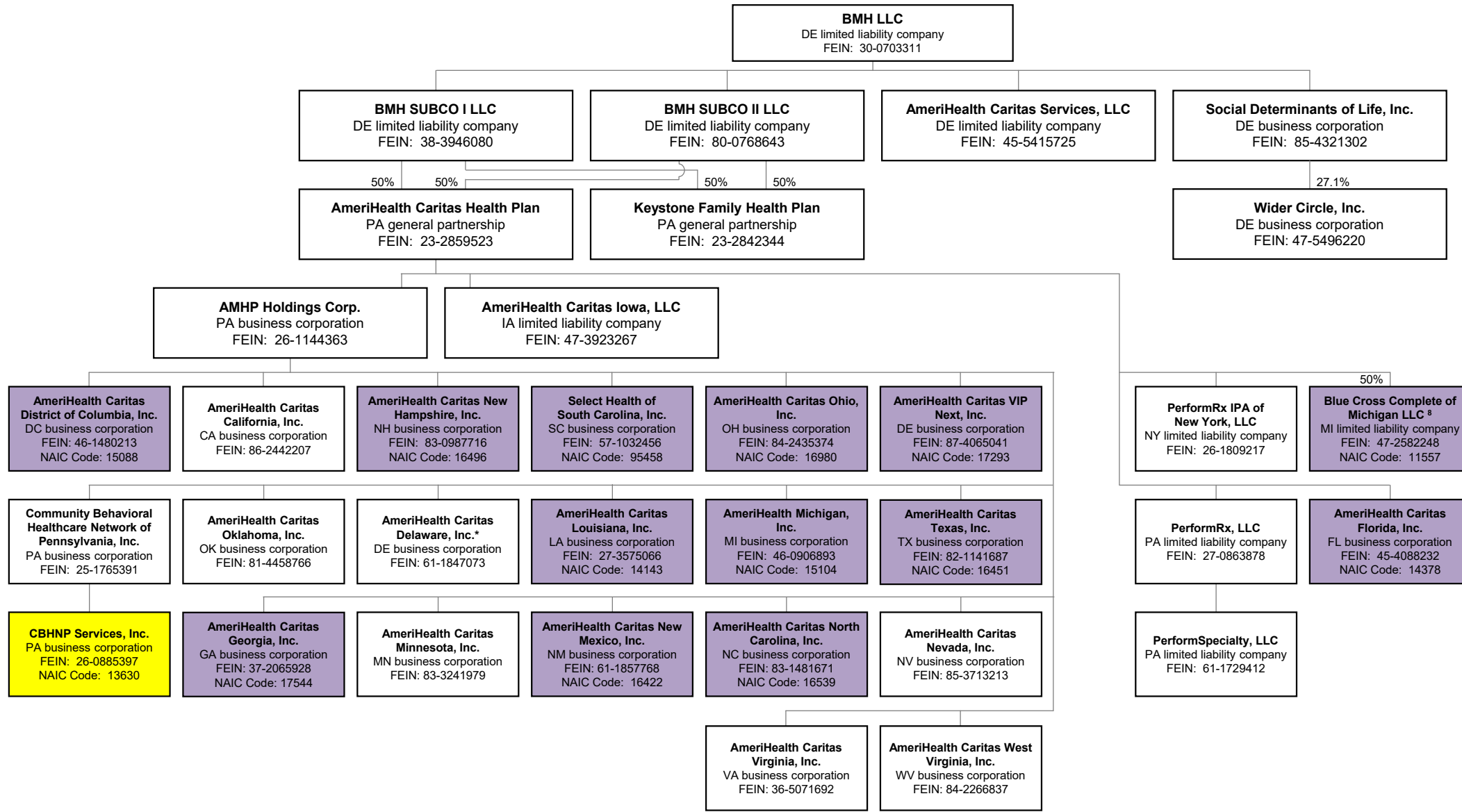
- Insurance Producer
- Insurance Company
- Charitable Foundation
- Health Maintenance Organization (HMO)

3 – The remaining 26.7% is owned by Trustees of the University of Pennsylvania (non-affiliate)  
 4 – The remaining 14.8% is owned by primary care physician practices (non-affiliates)  
 5 – The remaining 40% is owned by Doylestown Hospital (non-affiliate)  
 6 – The remaining 49% is owned either directly or indirectly by individual physicians (non-affiliate)  
 7 – The remaining 38.7% is owned by Blue Cross and Blue Shield of Michigan Mutual Insurance Company (non-affiliate)



**STATEMENT AS OF DECEMBER 31, 2023 OF THE AmeriHealth Insurance Company of New Jersey  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**

40.2



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

\* 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.

<sup>8</sup> – The remaining 50% is owned by Michigan Medicaid Holdings Company (non-affiliate)