



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

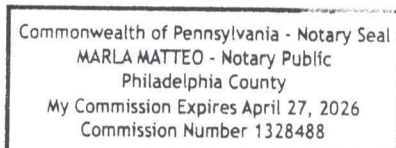
Signature of Juan Alfonso Lopez, Jr., E.V.P., Chief Financial Officer and Treasurer

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	8,222,383	4,993,854	1,006,759	5,171,958	9,073,356	10,321,598
Group subscribers:						
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0299997 Group subscriber subtotal0	.0	.0	.0	.0	.0
0299998 Premiums due and unpaid not individually listed	1,966,904	111,737	21,025	23,787	325,354	1,798,099
0299999 Total group	1,966,904	111,737	21,025	23,787	325,354	1,798,099
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	10,189,287	5,105,591	1,027,784	5,195,745	9,398,710	12,119,697

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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	43,863,286	69,032,643	0	28,210,222	43,863,286	43,829,221
2. Claim overpayment receivables	2,053,849	(2,489,332)	1,238,270	2,032,993	3,292,119	3,570,040
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	3,437				3,437	3,437
7. Totals (Lines 1 through 6)	45,920,572	66,543,311	1,238,270	30,243,215	47,158,842	47,402,698

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	6,659,466	1,359	57			6,660,882
0499999 Subtotals	6,659,466	1,359	57	0	0	6,660,882
0599999 Unreported claims and other claim reserves						112,358,213
0699999 Total amounts withheld						
0799999 Total claims unpaid						119,019,095
0899999 Accrued medical incentive pool and bonus amounts						23,126,146

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth, Inc.....	Intercompany Settlements.....	13,814,294	13,814,294	
Independence Health Group, Inc.....	Intercompany Settlements.....	289,654	289,654	
QCC Insurance Company.....	Intercompany Settlements.....	615,581	615,581	
Vista Health Plan, Inc.....	Intercompany Settlements.....	2,582	2,582	
Independence Blue Cross, LLC.....	Intercompany Settlements.....	6,965,849	6,965,849	
AmeriHealth HMO, Inc.....	Intercompany Settlements.....	379,422	379,422	
0199999 Individually listed payables.....		22,067,382	22,067,382	0
0299999 Payables not individually listed				
0399999 Total gross payables		22,067,382	22,067,382	0

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

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	62,211	.0.0	4,147	2.6		62,211
2. Intermediaries	0	.0.0		0.0		
3. All other providers	600,239	.0.1	4,147	2.6		600,239
4. Total capitation payments	662,450	.0.1	8,294	5.2	0	662,450
Other Payments:						
5. Fee-for-service	66,199,096	7.3	XXX	XXX		66,199,096
6. Contractual fee payments	830,194,177	91.3	XXX	XXX		830,194,177
7. Bonus/withhold arrangements - fee-for-service	0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	12,031,247	1.3	XXX	XXX		12,031,247
9. Non-contingent salaries	0	.0.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0.0	XXX	XXX		
11. All other payments	0	.0.0	XXX	XXX		
12. Total other payments	908,424,520	99.9	XXX	XXX	0	908,424,520
13. Total (Line 4 plus Line 12)	909,086,970	100 %	XXX	XXX	0	909,086,970

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	301,156		163,050	138,106	138,106	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	163,050	138,106	138,106	0



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2023

NAIC Company Code 60061

	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											
Total Members at end of:														
1. Prior Year	172,044	109,869	50,460	6,514									5,201	
2. First Quarter	169,088	106,842	48,566	6,263									7,417	
3. Second Quarter	162,651	99,171	47,647	6,235									9,598	
4. Third Quarter	160,095	97,331	44,661	6,206									11,897	
5. Current Year	160,739	95,940	45,133	6,160									13,506	
6. Current Year Member Months	1,932,107	1,179,245	558,342	74,480									120,040	
Total Member Ambulatory Encounters for Year:														
7. Physician	3,541,907	2,052,907	1,146,611	342,389										
8. Non-Physician	334,076	193,616	101,535	38,925										
9. Total	3,875,983	2,246,523	1,248,146	381,314	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	64,107	36,120	14,748	13,239										
11. Number of Inpatient Admissions	9,278	5,473	2,609	1,196										
12. Health Premiums Written (b)	1,050,024,907	588,003,391	406,218,656	18,319,743	886,773	1,156,734							35,439,610	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,022,046,208	561,179,806	405,063,542	18,319,743	886,773	1,156,734							35,439,610	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	909,086,969	515,729,618	334,003,537	15,329,211	375,695	665,069							42,983,839	
18. Amount Incurred for Provision of Health Care Services	899,209,353	506,215,243	330,884,731	15,086,012	375,695	665,069							45,982,603	

(a) For health business: number of persons insured under PPO managed care products136,904 and number of persons insured under indemnity only products22

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

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REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2023

NAIC Company Code 60061

	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											
Total Members at end of:														
1. Prior Year	172,044	109,869	50,460	6,514	.0	.0	.0	.0	.0	.0	.0	.0	5,201	.0
2 First Quarter	169,088	106,842	48,566	6,263	.0	.0	.0	.0	.0	.0	.0	.0	7,417	.0
3 Second Quarter	162,651	99,171	47,647	6,235	.0	.0	.0	.0	.0	.0	.0	.0	9,598	.0
4 Third Quarter	160,095	97,331	44,661	6,206	.0	.0	.0	.0	.0	.0	.0	.0	11,897	.0
5. Current Year	160,739	95,940	45,133	6,160	0	0	0	0	0	0	0	0	13,506	0
6 Current Year Member Months	1,932,107	1,179,245	558,342	74,480	0	0	0	0	0	0	0	0	120,040	0
Total Member Ambulatory Encounters for Year:														
7. Physician	3,541,907	2,052,907	1,146,611	342,389	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician	334,076	193,616	101,535	38,925	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Total	3,875,983	2,246,523	1,248,146	381,314	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	64,107	36,120	14,748	13,239	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	9,278	5,473	2,609	1,196	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	1,050,024,907	588,003,391	406,218,656	18,319,743	886,773	1,156,734	.0	.0	.0	.0	.0	.0	35,439,610	.0
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	1,022,046,208	561,179,806	405,063,542	18,319,743	886,773	1,156,734	.0	.0	.0	.0	.0	.0	35,439,610	.0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	909,086,969	515,729,618	334,003,537	15,329,211	375,695	665,069	.0	.0	.0	.0	.0	.0	42,983,839	.0
18. Amount Incurred for Provision of Health Care Services	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	0

(a) For health business: number of persons insured under PPO managed care products136,904 and number of persons insured under indemnity only products22

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Affiliates - U.S. Other												
95044	23-2314460	11/01/1996	AMER IHEALTH HMO INC.	PA	OTH/G	CMM	1					
95044	23-2314460	07/01/2014	AMER IHEALTH HMO INC.	PA	QA/I	CMM	(132,971)			247,531		
95044	23-2314460	07/01/2014	AMER IHEALTH HMO INC.	PA	QA/G	CMM	12,913,455			1,263,911		
95044	23-2314460	07/01/2014	AMER IHEALTH HMO INC.	PA	QA/G	LB	4,903			1,357		
95044	23-2314460	07/01/2014	AMER IHEALTH HMO INC.	PA	QA/I	MR				4,841		
0299999 - Total Affiliates - U.S. Other							12,785,388	0	0	1,517,640	0	0
0399999 - Total Affiliates - U.S. - Total							12,785,388	0	0	1,517,640	0	0
0799999 - Affiliates - Total Affiliates							12,785,388	0	0	1,517,640	0	0
Non-Affiliates - U.S. Non-Affiliates												
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	27,485			1,486		
0899999 - Total Non-Affiliates - U.S. Non-Affiliates							27,485	0	0	1,486	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates							27,485	0	0	1,486	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							12,812,873	0	0	1,519,126	0	0
9999999 Totals							12,812,873	0	0	1,519,126	0	0

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

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/I	D	365,187						
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/G	D	799,175						
0299999 - General Account - Authorized - Affiliates - U.S. - Other													
							1,164,362	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total													
							1,164,362	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates													
							1,164,362	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized													
							1,164,362	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
							1,164,362	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
							1,164,362	0	0	0	0	0	0
9999999 Totals													
							1,164,362	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums.....	1,164	1,469	1,657	1,107	1,227
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	387	491	552	391	398
5. Total hospital and medical expenses.....	91,555	90,711	85,313	77,569	68,633
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	8,248	10,406	5,867	9,942	8,886
8. Reinsurance recoverable on paid losses.....	85,020	84,126	79,603	68,256	58,907
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	112	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	468,116,498		468,116,498
2. Accident and health premiums due and unpaid (Line 15).....	15,070,349		15,070,349
3. Amounts recoverable from reinsurers (Line 16.1).....	85,019,821	(85,019,821)	0
4. Net credit for ceded reinsurance.....	XXX	93,092,134	93,092,134
5. All other admitted assets (Balance).....	54,752,772	(87,818)	54,664,954
6. Total assets (Line 28)	622,959,440	7,984,495	630,943,935
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	110,770,727	8,248,368	119,019,095
8. Accrued medical incentive pool and bonus payments (Line 2).....	23,126,146		23,126,146
9. Premiums received in advance (Line 8).....	22,127,385		22,127,385
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	263,873	(263,873)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	270,037,554		270,037,554
15. Total liabilities (Line 24).....	426,325,685	7,984,495	434,310,180
16. Total capital and surplus (Line 33).....	196,633,755	XXX	196,633,755
17. Total liabilities, capital and surplus (Line 34)	622,959,440	7,984,495	630,943,935
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	8,248,368		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	85,019,821		
22. Other ceded reinsurance recoverables	87,818		
23. Total ceded reinsurance recoverables	93,356,007		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	263,873		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	263,873		
31. Total net credit for ceded reinsurance	93,092,134		

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

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

Allocated By States and Territories

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

NONE

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0		NO	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	92-0826129				AmeriHealth Franklin, LLC	DE	NIA	AmeriHealth, Inc. (72.6%) / AmeriHealth Franklin, LLC (0.7%) / Trustees of the University of Pennsylvania (26.7%)	Ownership	100.0	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA		Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	62.5	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	0
		00000	88-3900008				Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	44.0	Independence Health Group, Inc. / Doylestown Hospital / Trustees of the University of Pennsylvania	NO	0

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

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

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		00000	88-3890709				Penn Medicine Healthcare Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	37.4	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%)	Ownership	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC	NO	.0
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Independence Health Group, Inc.	NO	.0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	.0
		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	.1
00671	Elevance Health, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	.0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0

41.1

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	23-2982367				Independence Holdings, Inc.....	PA	NIA	Independence Blue Cross, LLC.	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	00000	23-2944969				KMHP Holding Company, Inc.....	PA	NIA	Independence Holdings, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / Mercy Health Plan.....	NO	.0
		93688	23-2184623				QCC Insurance Company.....	PA	IA	Independence Blue Cross, LLC.	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	81-0681081				Veridign Health Solutions, LLC. International Plan Solutions, LLC.....	PA	NIA	QCC Insurance Company.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	27-0204996				Highway to Health, Inc.....	DE	NIA	QCC Insurance Company. International Plan Solutions, LLC.....	Ownership.....	38.2	Independence Health Group, Inc.....	NO	.0
		00000	23-2903313				Highway to Health, Inc.....	DE	NIA	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	98-0408753				HTH Re, Ltd.....	BMU	NIA	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	54-1867679				Worldwide Insurance Services, LLC.....	VA	NIA	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	23-2521508				AmeriHealth Administrators, Inc.....	PA	NIA	Independence Blue Cross, LLC.	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	16053	81-3078234				Independence Assurance Company.....	PA	IA	Independence Blue Cross, LLC.	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	95044	23-2314460				AmeriHealth HMO, Inc.....	PA	IA	Independence Blue Cross, LLC.	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	95056	23-2405376				Keystone Health Plan East, Inc.....	PA	IA	Independence Blue Cross, LLC. Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	85-1427898				1901 Market Holdco, LLC.....	DE	NIA	1901 Market Holdco, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	85-1428394				1901 Market, LLC.....	DE	NIA	1901 Market Holdco, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.....	PA	IA	Independence Blue Cross, LLC.	Board.....	0.0	Independence Health Group, Inc.....	NO	.0
		00000	36-4685801				Independence Blue Cross Foundation.....	PA	OTH	Independence Hospital Indemnity Plan, Inc.....	Board.....	0.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	54763	23-0724427				Inter-County Hospitalization Plan, Inc.....	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	.0
00936	Independence Health Group, Inc.....	53252	23-2063810				Inter-County Health Plan, Inc.....	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	.0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC.....	PA	NIA	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	25-1686685				CompServices, Inc.....	PA	NIA	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	25-1765486				CSI Services, Inc.....	PA	NIA	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00936	Independence Health Group, Inc.	00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	UDP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	00000	45-3672640				IBC MH LLC	DE	NIA	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	92-3644953				Vista Holdco, LLC	DE	NIA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	85-4321302				Social Determinants of Life, Inc.	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	47-5496220				Wider Circle, Inc.	DE	NIA	Social Determinants of Life, Inc.	Ownership	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

**SCHEDULE Y
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00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.2
00936	Independence Health Group, Inc.	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	84-2266837				AmeriHealth Caritas West Virginia, Inc.	WV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

**SCHEDULE Y
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		00000	36-5071692				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	17544	37-2065928				AmeriHealth Caritas Georgia, Inc.	GA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

41.8

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

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.....					(32,398,176)				(32,398,176)	
00000	47-1233198	Independence Health Group, Inc.....					74,059,148				74,059,148	
00000	46-3867722	Independence Blue Cross, LLC.....	10,000,000	(10,000,000)			985,467,813				985,467,813	
93688	23-2184623	QCC Insurance Company.....	(49,000,000)				(594,971,570)	1,188,549			(642,783,021)	(15,499,858)
00000	23-2425461	AmeriHealth, Inc.....	175,564,079	(57,000,000)			2,394,793				120,958,872	
95056	23-2405376	Keystone Health Plan East, Inc.....	(101,000,000)	(3,000,000)			(1,268,861,286)				(1,372,861,286)	
60061	22-3338404	AmeriHealth Insurance Company of NJ.....					(93,209,313)	(1,481,050)			(94,690,363)	(27,132)
95044	23-2314460	AmeriHealth HMO, Inc.....					(4,232,412)	1,481,050			(2,751,362)	27,132
00000	23-2800586	The AmeriHealth Agency, Inc.....					(20,386)				(20,386)	
00000	23-2521508	AmeriHealth Administrators, Inc.....		10,000,000			22,267,800				32,267,800	
00000	23-2795357	AmeriHealth Services, Inc.....	(10,000,000)				(879,265)				(10,879,265)	
00000	25-1686685	CompServices, Inc.....					(468,572)				(468,572)	
00000	25-1765486	CSI Services, Inc.....					(36)				(36)	
95794	51-0296135	Healthcare Delaware, Inc.....					(5,035)				(5,035)	
60254	23-2865349	Independence Insurance, Inc.....					(4,957)				(4,957)	
00000	23-2982367	Independence Holdings, Inc.....					(77,459)				(77,459)	
96660	23-2408039	Vista Health Plan, Inc.....		60,000,000			(13,591,536,812)				(13,531,536,812)	
00000	98-0426648	AmeriHealth Assurance, Ltd.....					(1,483,279)				(1,483,279)	
00000	45-3672640	IBC MH LLC.....		(100,000)							(100,000)	
00000	61-1741302	AmeriHealth New Jersey, LLC.....	(25,564,079)				34,168				(25,529,911)	
00000	46-5339475	Tandigm Health, LLC.....					912,436,929				912,436,929	
16053	81-3078234	Independence Assurance Company.....					(48,905)				(48,905)	
12812	30-0326654	Group Retiree Health Solutions, Inc.....						(1,188,549)			(1,188,549)	15,499,858
00000	92-3644953	Vista Holdco, LLC.....		100,000							100,000	
00000	23-2842344	Keystone Family Health Plan.....					8,782,067,224				8,782,067,224	
00000	23-2859523	AmeriHealth Caritas Health Plan.....					4,809,469,588				4,809,469,588	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

SUPPLEMENTAL FILINGS

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

Explanation:

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

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11. 
6 0 0 6 1 2 0 2 3 2 0 5 5 9 0 0 0

12. 
6 0 0 6 1 2 0 2 3 4 2 0 0 0 0 0 0

13. 
6 0 0 6 1 2 0 2 3 3 7 1 0 0 0 0 0

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

15. 
6 0 0 6 1 2 0 2 3 3 6 5 0 0 0 0 0

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

21. 
6 0 0 6 1 2 0 2 3 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2023 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2023 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2020: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), 15-18 (Policies Issued in 2021, 2022, 2023: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
2.2 Contact Person and Phone Number: Michael Robak 215-241-0883
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
3.2 Contact Person and Phone Number: Michael Robak 215-241-0883
4. Explain any policies identified above as policy type "O"

360.NJ



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

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023 (To Be Filed By March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936.....

NAIC Company Code 60061.....

Table with 2 columns: MCAS LINE OF BUSINESS and MCAS Reportable Premium/Considerations (YES/NO). Rows include Disability income, Health, Homeowners, Individual annuity, Individual life, Lender-placed home and auto, Long-term care, Other health, Private flood, Private passenger auto, Short-term limited duration health plans, and Travel.