



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

(Name)

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ 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 (Street and Number) , Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address www.amerihealth.com

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

OFFICERS

Name	Title	Name	Title
Susan Elizabeth Larkin #	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	Michael Anthony Munoz	Senior Vice President
Michael Gerard Murphy	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.	Michael Anthony Munoz
Richard Lamar Snyder, M.D.			

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.

Susan Elizabeth Larkin  
President & C.E.O.

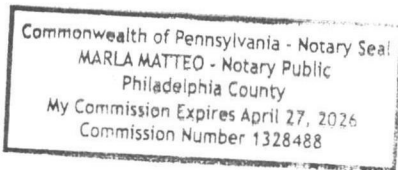
Megan Elizabeth Gatto, Esq.  
Secretary

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

Subscribed and sworn to before me this 20th day of February, 2025

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



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	430,863,536		430,863,536	421,541,981
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	195,200		195,200	213,300
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 (\$ .....3,642,499 , Schedule E-Part 1), cash equivalents (\$ .....42,005,521 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	45,648,020		45,648,020	36,846,648
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 .....			0	9,014,570
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) .....	477,206,756	0	477,206,756	468,116,498
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	2,641,419		2,641,419	2,653,430
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	46,326,846	11,156,095	35,170,751	12,119,697
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 (\$ .....1,773,979 ) .....	1,773,979		1,773,979	2,950,652
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	96,546,514		96,546,514	85,019,821
16.2 Funds held by or deposited with reinsured companies .....			0	1,673,547
16.3 Other amounts receivable under reinsurance contracts .....	10,949		10,949	87,818
17. Amounts receivable relating to uninsured plans .....	398,328		398,328	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,754,781		1,754,781	10,808,493
18.2 Net deferred tax asset.....	19,298,003	14,560,777	4,737,226	3,405,426
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	138,223	138,223	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	5,718,386		5,718,386	7,186,980
24. Health care (\$ .....31,083,269 ) and other amounts receivable.....	38,164,712	7,079,085	31,085,627	27,269,664
25. Aggregate write-ins for other-than-invested assets .....	2,814,881	2,228,952	585,929	1,667,414
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	692,793,777	35,163,132	657,630,645	622,959,440
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	692,793,777	35,163,132	657,630,645	622,959,440
DETAILS OF WRITE-INS				
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.....	585,929		585,929	1,667,414
2502. Other Assets Non-admitted.....	2,228,952	2,228,952	0	0
2503. ....			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)	2,814,881	2,228,952	585,929	1,667,414

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....8,900,277 reinsurance ceded)	.....149,955,930	.....12,270,488	.....162,226,418	.....110,770,727
2. Accrued medical incentive pool and bonus amounts .....	.....24,403,516		.....24,403,516	.....23,126,146
3. Unpaid claims adjustment expenses .....	.....2,286,657		.....2,286,657	.....1,494,993
4. Aggregate health policy reserves, including the liability of \$ .....32,454,453 for medical loss ratio rebate per the Public Health Service Act .....	.....178,810,313		.....178,810,313	.....187,535,609
5. Aggregate life policy reserves .....			.....0	.....0
6. Property/casualty unearned premium reserves .....			.....0	.....0
7. Aggregate health claim reserves .....	.....46,218	.....3,782	.....50,000	.....100,000
8. Premiums received in advance .....	.....20,888,598		.....20,888,598	.....22,127,385
9. General expenses due or accrued .....	.....40,049,496		.....40,049,496	.....44,851,596
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 .....	.....16,450,477		.....16,450,477	.....11,926,921
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 .....	.....15,591,014		.....15,591,014	.....22,067,382
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 \$ .....31,616 authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....	.....31,616		.....31,616	.....263,873
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 .....	.....451,700		.....451,700	.....0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	.....0	.....0	.....0	.....2,061,053
24. Total liabilities (Lines 1 to 23) .....	.....448,965,535	.....12,274,270	.....461,239,805	.....426,325,685
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	.....(41,981,657)	.....(41,738,742)
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	.....196,390,840	.....196,633,755
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	.....657,630,645	.....622,959,440
DETAILS OF WRITE-INS				
2301. Reinsurance Payable .....			.....0	.....2,061,053
2302. ....			.....0	.....0
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)	.....0	.....0	.....0	.....2,061,053
2501. ....	XXX	XXX		.....0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	.....0	.....0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	.....0	.....0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	.....0	.....0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	2,008,259	1,932,107
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	1,135,048,454	1,061,673,418
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	26,145,547	(26,250,737)
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	1,161,194,001	1,035,422,681
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	54,894,987	831,039,290	697,486,255
10. Other professional services .....		534,565	600,239
11. Outside referrals .....			0
12. Emergency room and out-of-area .....	2,961,518	39,153,818	35,440,124
13. Prescription drugs .....		151,068,587	145,095,063
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		17,107,531	20,587,672
16. Subtotal (Lines 9 to 15) .....	57,856,505	1,038,903,791	899,209,353
<b>Less:</b>			
17. Net reinsurance recoveries .....	57,856,505	106,073,458	81,797,319
18. Total hospital and medical (Lines 16 minus 17) .....	0	932,830,333	817,412,034
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....21,731,342 cost containment expenses.....		37,452,744	29,257,560
21. General administrative expenses.....		203,935,700	200,714,286
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....	83,202	1,100,000	26,000,000
23. Total underwriting deductions (Lines 18 through 22) .....	83,202	1,175,318,777	1,073,383,880
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(14,124,776)	(37,961,199)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		20,778,645	18,823,113
26. Net realized capital gains (losses) less capital gains tax of \$ .....(26,972) .....		(967,645)	(3,098,768)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	19,811,000	15,724,345
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	5,686,224	(22,236,854)
31. Federal and foreign income taxes incurred .....	XXX	1,740,749	3,407,029
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,945,475	(25,643,883)
<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
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	196,633,755	216,941,526
34. Net income or (loss) from Line 32 .....	3,945,475	(25,643,883)
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 \$ 26,245 .....	98,734	692,069
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	1,677,174	7,469,107
39. Change in nonadmitted assets .....	(5,964,298)	(2,825,064)
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) .....	(242,915)	(20,307,771)
49. Capital and surplus end of reporting year (Line 33 plus 48)	196,390,840	196,633,755
DETAILS OF WRITE-INS		
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	2
		Current Year	Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....		1,132,771,850	1,031,042,130
2. Net investment income .....		19,053,555	17,883,033
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		1,151,825,405	1,048,925,163
5. Benefit and loss related payments .....		898,354,834	847,414,517
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		245,310,944	255,683,908
8. Dividends paid to policyholders .....			0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... (33,674) tax on capital gains (losses)		(7,339,935)	(1,068,993)
10. Total (Lines 5 through 9) .....		1,136,325,843	1,102,029,432
11. Net cash from operations (Line 4 minus Line 10) .....		15,499,562	(53,104,269)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		91,791,824	67,434,365
12.2 Stocks .....		2,101,500	0
12.3 Mortgage loans .....		0	0
12.4 Real estate .....		0	0
12.5 Other invested assets .....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		1	0
12.7 Miscellaneous proceeds .....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		93,893,325	67,434,365
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		91,204,947	75,828,948
13.2 Stocks .....		2,083,400	10,600
13.3 Mortgage loans .....		0	0
13.4 Real estate .....		0	0
13.5 Other invested assets .....		0	0
13.6 Miscellaneous applications .....		1	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		93,288,348	75,839,548
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) .....		604,977	(8,405,183)
<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
16.5 Dividends to stockholders .....		0	0
16.6 Other cash provided (applied).....		(7,303,167)	(15,884,090)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		(7,303,167)	(15,884,090)
<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) .....		8,801,372	(77,393,542)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....		36,846,648	114,240,190
19.2 End of year (Line 18 plus Line 19.1) .....		45,648,020	36,846,648

Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Leasehold improvements .....	98,783	56,086
20.0002. Furniture and equipment .....	117	(30,116)
20.0003. Receivable for Securities .....		9,014,570

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income .....	1,135,048,454	638,764,539	370,468,236	16,325,115	775,290	593,986	0	47,523,069	0	0	0	0	60,598,219	0
2. Change in unearned premium reserves and reserve for rate credit .....	26,145,547	26,500,000	(354,453)											
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) .....	1,161,194,001	665,264,539	370,113,783	16,325,115	775,290	593,986	0	47,523,069	0	0	0	0	60,598,219	0
8. Hospital/medical benefits .....	831,039,290	464,224,605	236,280,290	14,304,108		1,323,876		40,844,249					74,062,162	XXX
9. Other professional services .....	534,565	111,310	65,395		308,262	86		49,512						XXX
10. Outside referrals .....	0													XXX
11. Emergency room and out-of-area .....	39,153,818	25,726,196	11,209,135	569,873				1,648,614						XXX
12. Prescription drugs .....	151,068,587	97,129,075	50,343,229					3,596,283						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 .....	17,107,531	7,779,951	9,267,648	51,439				8,493						XXX
15. Subtotal (Lines 8 to 14) .....	1,038,903,791	594,971,137	307,165,697	14,925,420	308,262	1,323,962	0	46,147,151	0	0	0	0	74,062,162	XXX
16. Net reinsurance recoveries .....	106,073,458	105,897,625	3,251			172,582								XXX
17. Total hospital and medical (Lines 15 minus 16) .....	932,830,333	489,073,512	307,162,446	14,925,420	308,262	1,151,380	0	46,147,151	0	0	0	0	74,062,162	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 \$ .....21,731,342 cost containment expenses.....	37,452,744	22,183,475	10,611,804	125,706	33			4,531,726					687,410	
20. General administrative expenses .....	203,935,700	116,138,796	66,896,823	4,824,706	54,565	149,212		15,184,188						
21. Increase in reserves for accident and health contracts .....	1,100,000	70,944	29,056	1,200,000				300,000					(500,000)	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) .....	1,175,318,777	627,466,727	384,700,129	21,075,832	362,860	1,300,592	0	66,163,065	0	0	0	0	74,249,572	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) (14,124,776)		37,797,812	(14,586,346)	(4,750,717)	412,430	(706,606)	0	(18,639,996)	0	0	0	0	(13,651,353)	0
DETAILS OF WRITE-INS														
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

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 .....	638,433,180	331,359		638,764,539
2. Comprehensive (hospital and medical) group .....	369,358,905	1,109,331		370,468,236
3. Medicare Supplement .....	16,325,115			16,325,115
4. Vision only .....	775,290			775,290
5. Dental only .....	887,164	10,965	304,143	593,986
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....	47,523,069			47,523,069
8. Title XIX – Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....	60,598,219			60,598,219
13. Health subtotal (Lines 1 through 12) .....	1,133,900,942	1,451,655	304,143	1,135,048,454
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	1,133,900,942	1,451,655	304,143	1,135,048,454



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	975,287,696	556,984,453	289,640,540	14,691,288	308,262	1,124,477		39,953,731					72,584,945	
1.2 Reinsurance assumed	1,143,747	331,401	802,635			4,870		4,841						
1.3 Reinsurance ceded	105,433,463	105,245,715				187,748								
1.4 Net	870,997,980	452,070,139	290,443,175	14,691,288	308,262	941,599	0	39,958,572	0	0	0	0	72,584,945	0
2. Paid medical incentive pools and bonuses	15,830,160	9,559,644	6,268,555	13,739				(11,778)						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	171,116,399	103,244,213	46,128,625	3,312,350	0	199,378	0	7,164,507	0	0	0	0	11,067,326	0
3.2 Reinsurance assumed	10,296	0	0	0	0	10,296	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	8,900,277	8,900,277	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	162,226,418	94,343,936	46,128,625	3,312,350	0	209,674	0	7,164,507	0	0	0	0	11,067,326	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	50,000		50,000											
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	50,000	0	50,000	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	24,403,517	15,388,398	8,943,408	51,440				20,271						
6. Net healthcare receivables (a)	6,680,870	5,373,746	(438,574)	223,725		(107)		979,580					542,500	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 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
8.2 Reinsurance assumed	1,092,128	331,401	755,886	0	0	0	0	4,841	0	0	0	0	0	0
8.3 Reinsurance ceded	8,248,368	8,248,368	0	0	0	0	0	0	0	0	0	0	0	0
8.4 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
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	23,126,145	17,168,092	5,944,314	13,739	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	1,021,796,259	587,191,184	297,898,049	14,873,981	308,262	1,323,962	0	46,138,658	0	0	0	0	74,062,163	0
12.2 Reinsurance assumed	11,915	0	(3,251)	0	0	15,166	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	106,085,372	105,897,624	0	0	0	187,748	0	0	0	0	0	0	0	0
12.4 Net	915,722,802	481,293,560	297,894,798	14,873,981	308,262	1,151,380	0	46,138,658	0	0	0	0	74,062,163	0
13. Incurred medical incentive pools and bonuses	17,107,532	7,779,950	9,267,649	51,440	0	0	0	8,493	0	0	0	0	0	0

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

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

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1. Direct .....	7,623,298	4,755,601	2,867,697											
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	7,623,298	4,755,601	2,867,697	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct .....	163,493,101	98,488,612	43,260,928	3,312,350		199,378		7,164,507					11,067,326	
2.2. Reinsurance assumed .....	10,296					10,296								
2.3. Reinsurance ceded .....	8,900,277	8,900,277												
2.4. Net .....	154,603,120	89,588,335	43,260,928	3,312,350	.0	209,674	.0	7,164,507	.0	.0	.0	.0	11,067,326	.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 .....	171,116,399	103,244,213	46,128,625	3,312,350	.0	199,378	.0	7,164,507	.0	.0	.0	.0	11,067,326	.0
4.2. Reinsurance assumed .....	10,296	.0	.0	.0	.0	10,296	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	8,900,277	8,900,277	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	162,226,418	94,343,936	46,128,625	3,312,350	0	209,674	0	7,164,507	0	0	0	0	11,067,326	0

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 .....	48,173,786	468,825,450	3,114,958	91,228,977	51,288,744	59,746,769
2. Comprehensive (hospital and medical) group .....	29,835,579	293,249,625	1,873,739	44,304,885	31,709,318	39,165,575
3. Medicare Supplement .....	1,874,109	12,475,756	40,173	3,272,177	1,914,282	2,905,932
4. Vision Only .....		308,262			0	0
5. Dental Only .....		941,690		209,674	0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	14,122	41,617,368	0	7,164,506	14,122	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 .....	10,744,221	61,298,223	100,897	10,966,429	10,845,118	9,047,608
13. Health subtotal (Lines 1 to 12) .....	90,641,817	878,716,374	5,129,767	157,146,648	95,771,584	110,870,725
14. Healthcare receivables (a) .....	30,921,850	67,438,361	2,586,242	35,576,112	33,508,092	31,481,483
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	14,772,402	1,057,757	5,799,174	18,604,342	20,571,576	23,126,146
17. Totals (Lines 13-14+15+16)	74,492,369	812,335,770	8,342,699	140,174,878	82,835,068	102,515,388

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

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	104,901	115,955	123,584	123,584	123,585
2. 2020 .....	771,283	888,746	897,220	904,386	904,386
3. 2021 .....	XXX	919,727	1,033,548	1,037,986	1,041,879
4. 2022 .....	XXX	XXX	855,018	942,867	950,087
5. 2023 .....	XXX	XXX	XXX	782,342	863,996
6. 2024 .....	XXX	XXX	XXX	XXX	763,145

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	111,802	119,559	124,568	123,584	123,585
2. 2020 .....	922,607	896,405	898,739	905,694	904,386
3. 2021 .....	XXX	1,064,744	1,043,677	1,039,729	1,043,087
4. 2022 .....	XXX	XXX	1,000,171	952,359	951,382
5. 2023 .....	XXX	XXX	XXX	891,823	872,270
6. 2024 .....	XXX	XXX	XXX	XXX	917,223

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. 2020 .....	1,072,034	904,386	35,929	4.0	940,315	87.7			940,315	87.7
2. 2021 .....	1,140,649	1,041,879	37,786	3.6	1,079,665	94.7	1,207		1,080,872	94.8
3. 2022 .....	1,104,698	950,087	37,036	3.9	987,123	89.4	1,295		988,418	89.5
4. 2023 .....	980,752	863,996	29,248	3.4	893,244	91.1	8,274	13	901,531	91.9
5. 2024 .....	1,035,379	763,145	32,795	4.3	795,940	76.9	154,078	2,080	952,098	92.0

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	1,948	1,934	1,935	1,935	1,934
2. 2020 .....	10,372	11,940	11,960	11,953	11,953
3. 2021 .....	XXX	12,122	13,881	13,915	13,915
4. 2022 .....	XXX	XXX	12,893	14,758	14,776
5. 2023 .....	XXX	XXX	XXX	13,471	15,342
6. 2024 .....	XXX	XXX	XXX	XXX	12,476

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	1,964	1,971	1,950	1,935	1,934
2. 2020 .....	14,069	11,981	11,978	11,964	11,953
3. 2021 .....	XXX	14,739	13,947	13,928	13,927
4. 2022 .....	XXX	XXX	15,964	14,798	14,789
5. 2023 .....	XXX	XXX	XXX	16,327	15,368
6. 2024 .....	XXX	XXX	XXX	XXX	15,788

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. 2020.....	17,052	11,953	248	2.1	12,201	71.6			12,201	71.6
2. 2021.....	17,230	13,915	312	2.2	14,227	82.6	13		14,240	82.6
3. 2022.....	17,824	14,776	326	2.2	15,102	84.7	13		15,115	84.8
4. 2023.....	18,320	15,342	10	0.1	15,352	83.8	26		15,378	83.9
5. 2024 .....	16,325	12,476	126	1.0	12,602	77.2	3,312	58	15,972	97.8

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.59	.59	.59	.59	.59
3. 2021 .....	XXX	.21	.21	.21	.21
4. 2022 .....	XXX	XXX	.23	.23	.23
5. 2023 .....	XXX	XXX	XXX	.4	.4
6. 2024 .....	XXX	XXX	XXX	XXX	942

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.59	.59	.59	.59	.59
3. 2021 .....	XXX	.21	.21	.21	.21
4. 2022 .....	XXX	XXX	.23	.23	.23
5. 2023 .....	XXX	XXX	XXX	.4	.4
6. 2024 .....	XXX	XXX	XXX	XXX	1,151

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. 2020.....	.33	.59		.0.0	.59	178.8			.59	178.8
2. 2021.....	(.99)	.21		.0.0	.21	(21.2)			.21	(21.2)
3. 2022.....	.83	.23		.0.0	.23	27.7			.23	27.7
4. 2023.....	.20	.4		.0.0	.4	20.0			.4	20.0
5. 2024 .....	594	942		0.0	942	158.6	210		1,152	193.9

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.509	.509	.509	.509	.509
3. 2021 .....	XXX	.678	.678	.678	.678
4. 2022 .....	XXX	XXX	.676	.676	.676
5. 2023 .....	XXX	XXX	XXX	.400	.400
6. 2024 .....	XXX	XXX	XXX	XXX	.308

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.509	.509	.509	.509	.509
3. 2021 .....	XXX	.678	.678	.678	.678
4. 2022 .....	XXX	XXX	.676	.676	.676
5. 2023 .....	XXX	XXX	XXX	.400	.400
6. 2024 .....	XXX	XXX	XXX	XXX	.308

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. 2020.....	1,350	.509		.0.0	.509	.37.7			.509	.37.7
2. 2021.....	1,116	.678		.0.0	.678	.60.8			.678	.60.8
3. 2022.....	.954	.676		.0.0	.676	.70.9			.676	.70.9
4. 2023.....	.892	.400		.0.0	.400	.44.8			.400	.44.8
5. 2024 .....	.775	.308		0.0	.308	39.7			.308	39.7

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	39	21	23	23	23
2. 2020 .....	(1)	0	0	0	
3. 2021 .....	XXX	0	0	0	
4. 2022 .....	XXX	XXX	0	0	
5. 2023 .....	XXX	XXX	XXX	0	14
6. 2024 .....	XXX	XXX	XXX	XXX	41,606

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	56	28	28	23	23
2. 2020 .....	0	0	0	5	
3. 2021 .....	XXX	0	0	0	
4. 2022 .....	XXX	XXX	0	0	
5. 2023 .....	XXX	XXX	XXX	0	14
6. 2024 .....	XXX	XXX	XXX	XXX	48,790

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. 2020.....	28	0		0.0	0	0.0			0	0.0
2. 2021.....	0	0		0.0	0	0.0			0	0.0
3. 2022.....	0	0		0.0	0	0.0			0	0.0
4. 2023.....	0	14		0.0	14	0.0			14	0.0
5. 2024 .....	47,523	41,606	4,532	10.9	46,138	97.1	7,185	136	53,459	112.5



ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.0	.0	.0	.0	
3. 2021 .....	XXX	.0	.0		
4. 2022 .....	XXX	XXX	5,269	5,269	6,712
5. 2023 .....	XXX	XXX	XXX	44,201	53,503
6. 2024 .....	XXX	XXX	XXX	XXX	61,298

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.0	.0	.0	.0	
2. 2020 .....	.0	.0	.0	.0	
3. 2021 .....	XXX	.0	.0		
4. 2022 .....	XXX	XXX	6,113	6,113	6,635
5. 2023 .....	XXX	XXX	XXX	52,405	53,681
6. 2024 .....	XXX	XXX	XXX	XXX	72,265

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. 2020.....	.0	.0		.0	.0	.0			.0	.0
2. 2021.....	.0	.0		.0	.0	.0			.0	.0
3. 2022.....	5,478	6,712		.0	6,712	122.5	(77)		6,635	121.1
4. 2023.....	35,440	53,503		.0	53,503	151.0	178		53,681	151.5
5. 2024 .....	60,598	61,298		0.0	61,298	101.2	10,966		72,264	119.3

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	106,888	117,910	125,542	125,542	125,542
2. 2020 .....	782,222	901,254	909,748	916,907	916,907
3. 2021 .....	XXX	932,548	1,048,128	1,052,600	1,056,493
4. 2022 .....	XXX	XXX	873,879	963,593	972,274
5. 2023 .....	XXX	XXX	XXX	840,418	933,259
6. 2024 .....	XXX	XXX	XXX	XXX	879,775

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	113,822	121,558	126,546	125,542	125,542
2. 2020 .....	937,244	908,954	911,285	918,231	916,907
3. 2021 .....	XXX	1,080,182	1,058,323	1,054,356	1,057,713
4. 2022 .....	XXX	XXX	1,022,947	973,969	973,505
5. 2023 .....	XXX	XXX	XXX	960,959	941,737
6. 2024 .....	XXX	XXX	XXX	XXX	1,055,525

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. 2020 .....	1,090,497	916,907	36,177	3.9	953,084	87.4	.0	.0	953,084	87.4
2. 2021 .....	1,158,896	1,056,493	38,098	3.6	1,094,591	94.5	1,220	.0	1,095,811	94.6
3. 2022 .....	1,129,037	972,274	37,362	3.8	1,009,636	89.4	1,231	.0	1,010,867	89.5
4. 2023 .....	1,035,424	933,259	29,258	3.1	962,517	93.0	8,478	13	971,008	93.8
5. 2024 .....	1,161,194	879,775	37,453	4.3	917,228	79.0	175,751	2,274	1,095,253	94.3

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	27,700,000	70,944	29,056	3,500,000				18,700,000					5,400,000
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	32,454,453	24,700,000	7,754,453										
5. Aggregate write-ins for other policy reserves .....	118,655,860	118,655,860	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	178,810,313	143,426,804	7,783,509	3,500,000	.0	.0	.0	18,700,000	.0	.0	.0	.0	5,400,000
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	178,810,313	143,426,804	7,783,509	3,500,000	0	0	0	18,700,000	0	0	0	0	5,400,000
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	50,000		50,000										
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	50,000	.0	50,000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	50,000	0	50,000	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Permanent ACA Risk Adjustment Program.....	118,655,860	118,655,860											
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)	118,655,860	118,655,860	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 \$ .....27,700,000 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) .....	1,220,131	203,353	3,977,807		5,401,291
2. Salaries, wages and other benefits .....	12,248,241	2,073,897	43,564,987		57,887,125
3. Commissions (less \$ .....ceded plus \$ .....1,256 assumed) .....			29,532,913		29,532,913
4. Legal fees and expenses .....	(1,589)		460,329		458,740
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	194,415	26,087	4,610,691		4,831,193
7. Traveling expenses .....	30,998	27,050	1,439,591		1,497,639
8. Marketing and advertising .....	21,470	3,304	6,809,090		6,833,864
9. Postage, express and telephone .....	36,333	3,653	1,105,422		1,145,408
10. Printing and office supplies .....	47,398	5,292	857,701		910,391
11. Occupancy, depreciation and amortization .....	46,589	7,397	573,391		627,377
12. Equipment .....	4,048	864	658,700		663,612
13. Cost or depreciation of EDP equipment and software .....	1,009,967	1,214,518	8,483,703		10,708,188
14. Outsourced services including EDP, claims, and other services .....	5,353,854	6,463,810	21,830,615		33,648,279
15. Boards, bureaus and association fees .....	4,195		354,350		358,545
16. Insurance, except on real estate .....			3,339,701		3,339,701
17. Collection and bank service charges .....			171,774		171,774
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 .....	110,164	2,875	2,253,339		2,366,378
23.2 State premium taxes .....			5,900,087		5,900,087
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	1,405,128	238,128	1,548,868		3,192,124
23.5 Other (excluding federal income and real estate taxes) .....			49,752,744		49,752,744
24. Investment expenses not included elsewhere .....				912,745	912,745
25. Aggregate write-ins for expenses .....	0	5,451,174	16,709,897	0	22,161,071
26. Total expenses incurred (Lines 1 to 25) .....	21,731,342	15,721,402	203,935,700	912,745	(a) .....242,301,189
27. Less expenses unpaid December 31, current year .....	1,326,795	959,862	39,803,955	245,541	42,336,153
28. Add expenses unpaid December 31, prior year .....	0	1,494,993	44,632,456	219,140	46,346,589
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)	20,404,547	16,256,533	208,764,201	886,344	246,311,625
DETAILS OF WRITE-INS					
2501. Miscellaneous Expenses.....			12,852,816		12,852,816
2502. Other Claims Adjustments.....		5,451,174	3,857,081		9,308,255
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	5,451,174	16,709,897	0	22,161,071

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....2,014,565	.....1,938,213
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....16,175,114	.....16,301,509
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) .....	.....18,234	.....18,234
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....0
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....3,271,047	.....3,208,993
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....22,500	.....22,500
9.	Aggregate write-ins for investment income .....	.....0	.....454,138
10.	Total gross investment income .....	21,501,459	21,943,587
11.	Investment expenses .....		(g).....912,745
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13.	Interest expense .....		(h).....252,196
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) .....		.....1,164,941
17.	Net investment income (Line 10 minus Line 16) .....		20,778,645
DETAILS OF WRITE-INS			
0901.	Contra Investment Income.....		.....0
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....454,138
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	454,138
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 \$ .....2,614,087 accrual of discount less \$ .....850,586 amortization of premium and less \$ .....390,081 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 \$ .....2,560 accrual of discount less \$ .....0 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	126,303		126,303		
1.1	Bonds exempt from U.S. tax .....			0		
1.2	Other bonds (unaffiliated) .....	(255,477)	(865,444)	(1,120,921)	124,978	
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
5.	Contract loans .....			0		
6.	Cash, cash equivalents and short-term investments .....	1		1	0	0
7.	Derivative instruments .....			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) .....	(129,172)	(865,444)	(994,616)	124,978	0
DETAILS OF WRITE-INS						
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.....	11,156,095	9,398,710	(1,757,385)
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.....	14,560,777	14,241,648	(319,129)
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.....	138,223	138,106	(117)
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.....	7,079,085	4,211,821	(2,867,264)
25. Aggregate write-ins for other-than-invested assets .....	2,228,952	1,208,549	(1,020,403)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	35,163,132	29,198,834	(5,964,298)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	35,163,132	29,198,834	(5,964,298)
DETAILS OF WRITE-INS			
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.....	2,228,952	1,208,549	(1,020,403)
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)	2,228,952	1,208,549	(1,020,403)

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.....	136,904	146,779	145,775	144,104	144,620	1,721,662
4. Point of Service.....	4,147	4,131	4,163	3,585	3,465	45,967
5. Indemnity Only.....	.22	.21	.21	.19	.19	241
6. Aggregate write-ins for other lines of business.....	19,666	20,344	20,796	19,724	19,768	240,389
7. Total	160,739	171,275	170,755	167,432	167,872	2,008,259
DETAILS OF WRITE-INS						
0601. Medicare Supplement.....	6,160	5,543	5,488	5,431	5,393	65,583
0602. Stop Loss.....	13,506	14,801	15,308	14,293	14,375	174,806
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)	19,666	20,344	20,796	19,724	19,768	240,389

ANNUAL STATEMENT FOR THE YEAR 2024 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 2024, (“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 income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
<u>NET INCOME (LOSS)</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX.....	XXX .....	XXX .....	\$ .....3,945,475	\$ .....(25,643,883)
(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>\$ .....3,945,475</u>	<u>\$ .....(25,643,883)</u>
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX.....	XXX .....	XXX .....	\$ .....196,390,840	\$ .....196,633,755
(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>\$ .....196,390,840</u>	<u>\$ .....196,633,755</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 2024 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	\$	4,701,512	\$	865,444	\$ 3,836,068
l. Total 4 <sup>th</sup> Quarter (j+k)	\$	4,701,512	\$	865,444	\$ 3,836,068
m. Annual Aggregate Total (c+f+i+l)			\$	865,444	

- (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	1,863,403	1,659,179	204,224	1,659,179	1,659,179	12/31/2024
94989D-AG-4	516,614	319,484	197,130	319,484	319,484	12/31/2024
48244X-AB-8	2,321,494	1,857,404	464,090	1,857,404	1,857,404	12/31/2024
Total	XXX	XXX	\$ 865,444	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	\$ ..... (742,231)
	2. 12 Months or Longer	\$ ..... (11,107,649)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ ..... 36,745,513
	2. 12 Months or Longer	\$ ..... 106,644,686

- (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, 2024 and recognized \$865,444 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, 2024.
- 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 2024 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	195,200	213,300	(18,100)	0	195,200	0.0	0.0
j. On deposit with states	126,954	123,255	3,699	0	126,954	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)	98,982,107	71,028,740	27,953,367	0	98,982,107	14.3%	15.1%
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
o. Total Restricted Assets (Sum of a through n)	\$ 99,304,261	\$ 71,365,295	\$ 27,938,966	\$ 0	\$ 99,304,261	14.3%	15.1%

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

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

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

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

(1) Number of CUSIPs	General Account
(2) Aggregate Amount of Investment Income	.....0
R. Reporting Entity's Share of Cash Pool by Asset type – None	.....0
S. Aggregate Collateral Loans by Qualifying Investment Collateral – 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, 2024:

Interest Income Due and Accrued	Amount
1. Gross	\$ .....2,641,419
2. Nonadmitted	\$ ..... 0
3. Admitted	\$ .....2,641,419

- 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 2024 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes
- The Company is not subject to the new corporate alternative minimum tax ("CAMT").
- A. The components of the net deferred tax asset/(liability) at December 31 are as follows:
1.

		12/31/2024		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ ..... 19,821,164	\$ ..... 1,697,888	\$ ..... 21,519,052
(b)	Statutory Valuation Allowance Adjustments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ ..... 19,821,164	\$ ..... 1,697,888	\$ ..... 21,519,052
(d)	Deferred Tax Assets Nonadmitted	\$ ..... 12,862,889	\$ ..... 1,697,888	\$ ..... 14,560,777
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$ ..... 6,958,275	\$ ..... 0	\$ ..... 6,958,275
(f)	Deferred Tax Liabilities	\$ ..... 2,221,049	\$ ..... 0	\$ ..... 2,221,049
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ ..... 4,737,226	\$ ..... 0	\$ ..... 4,737,226

12/31/2023							
(4)		(5)		(6)			
Ordinary		Capital		(Col 4+5) 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

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ ..... 1,655,726	\$ ..... 203,259	\$ ..... 1,858,985
(b)	Statutory Valuation Allowance Adjustments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(c)	Adjusted Gross Deferred Tax Assets			
	(1a - 1b)	\$ ..... 1,655,726	\$ ..... 203,259	\$ ..... 1,858,985
(d)	Deferred Tax Assets Nonadmitted	\$ ..... 115,870	\$ ..... 203,259	\$ ..... 319,129
(e)	Subtotal Net Admitted Deferred Tax Asset			
	(1c -1d )	\$ ..... 1,539,856	\$ ..... 0	\$ ..... 1,539,856
(f)	Deferred Tax Liabilities	\$ ..... 208,056	\$ ..... 0	\$ ..... 208,056
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)			
	(1e - 1f)	\$ ..... 1,331,800	\$ ..... 0	\$ ..... 1,331,800

2.

12/31/2024		
(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.	\$ ..... 4,737,226	\$ ..... 0	\$ ..... 4,737,226
(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	\$ ..... 28,748,042
(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.	\$ ..... 2,221,049	\$ ..... 0	\$ ..... 2,221,049
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ ..... 6,958,275	\$ ..... 0	\$ ..... 6,958,275

12/31/2023			
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) 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)	\$ ..... 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

				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.			\$ ..... 1,331,800	\$ ..... 0	\$ ..... 1,331,800
(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	\$ ..... (236,207)
(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.			\$ ..... 208,056	\$ ..... 0	\$ ..... 208,056
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.					
	Total (2(a) + 2(b) + 2(c))			\$ ..... 1,539,856	\$ ..... 0	\$ ..... 1,539,856

3.

2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	.....452% .....535%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ ..... 191,653,614 \$ ..... 193,228,329

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

4.

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)	19,821,164
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	6,958,275
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0

12/31/2024	
(1)	(2)
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)	18,165,438
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	5,418,419
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0

12/31/2023	
(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)	1,655,726
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	1,539,856
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0

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

(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)
12/31/2024	12/31/2023	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 1,740,749	\$ 3,407,029	\$ (1,666,280)
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal (1a+1b)	\$ 1,740,749	\$ 3,407,029	\$ (1,666,280)
(d) Federal income tax on net capital gains	\$ (26,972)	\$ (381,977)	\$ 355,005
(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)	\$ 1,713,777	\$ 3,025,052	\$ (1,311,275)

2. Deferred Tax Assets:

(a)	Ordinary			
(1)	Discounting of unpaid losses	\$ ..... 599,423	\$ ..... 436,127	\$ ..... 163,296
(2)	Unearned premium reserve	\$ ..... 877,321	\$ ..... 929,351	\$ ..... (52,030)
(3)	Premium Deficiency Reserve	\$ ..... 5,817,000	\$ ..... 5,586,000	\$ ..... 231,000
(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	\$ ..... 0	\$ ..... 0
(9)	Pension accrual	\$ ..... 0	\$ ..... 0	\$ ..... 0
(10)	Receivables - nonadmitted	\$ ..... 4,326,495	\$ ..... 3,141,009	\$ ..... 1,185,486
(11)	Net operating loss carry-forward	\$ ..... 0	\$ ..... 0	\$ ..... 0
(12)	Tax credit carry-forward	\$ ..... 0	\$ ..... 0	\$ ..... 0
(13)	Other	\$ ..... 8,200,925	\$ ..... 8,072,951	\$ ..... 127,974
(99)	Subtotal (sum of 2a1 through 2a13)	\$ ..... 19,821,164	\$ ..... 18,165,438	\$ ..... 1,655,726
(b)	Statutory valuation allowance adjustment	\$ ..... 0	\$ ..... 0	\$ ..... 0
(c)	Nonadmitted	\$ ..... 12,862,889	\$ ..... 12,747,019	\$ ..... 115,870
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ ..... 6,958,275	\$ ..... 5,418,419	\$ ..... 1,539,856
(e)	Capital:			
(1)	Investments	\$ ..... 1,697,888	\$ ..... 1,494,629	\$ ..... 203,259
(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)	\$ ..... 1,697,888	\$ ..... 1,494,629	\$ ..... 203,259
(f)	Statutory valuation allowance adjustment	\$ ..... 0	\$ ..... 0	\$ ..... 0
(g)	Nonadmitted	\$ ..... 1,697,888	\$ ..... 1,494,629	\$ ..... 203,259
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ ..... 0	\$ ..... 0	\$ ..... 0
(i)	Admitted deferred tax assets (2d + 2h)	\$ ..... 6,958,275	\$ ..... 5,418,419	\$ ..... 1,539,856

3. Deferred Tax Liabilities:

(a)	Ordinary			
(1)	Investments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(2)	Fixed assets	\$ ..... 0	\$ ..... 0	\$ ..... 0
(3)	Deferred and uncollected premium	\$ ..... 2,184,928	\$ ..... 1,971,886	\$ ..... 213,042
(4)	Policyholder reserves	\$ ..... 0	\$ ..... 0	\$ ..... 0
(5)	Other	\$ ..... 36,121	\$ ..... 41,107	\$ ..... (4,986)
(99)	Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ ..... 2,221,049	\$ ..... 2,012,993	\$ ..... 208,056
(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

4. Net deferred tax assets/liabilities (2i - 3c)	\$ 4,737,226	\$ 3,405,426	\$ 1,331,800
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ANNUAL STATEMENT FOR THE YEAR 2024 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:

	12/31/2024	12/31/2023
Current income tax (benefit) expense incurred	\$ ..... 1,713,777	\$ ..... 3,025,052
Change in deferred income tax (without tax on unrealized gains and losses)	..... (1,677,174)	..... (7,469,107)
Total income tax (benefit) expense reported	..... 36,603	..... (4,444,055)
Income before taxes	..... 5,659,252	..... (22,618,830)
Statutory Tax Rate	..... 21%	..... 21%
Expected income tax benefit at statutory tax rate	..... 1,188,443	..... (4,749,954)
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	..... 0	..... 0
b. Dividends Received Deduction	..... (5,300)	..... (7,867)
c. Nondeductible expenses for Meals and Entertainment	..... 0	..... 184,944
d. §832(b)(5)(B) Add-Back (25%)	..... 1,325	..... 1,967
e. Change in deferred taxes on nonadmitted assets	..... (1,185,486)	..... 423,763
f. Change in valuation allowance adjustment	..... 0	..... 0
g. Health Insurer Fee	..... 0	..... 0
h. Nondeductible Compensation	..... 0	..... 0
i. Other - rounding	..... 37,621	..... (296,908)
j. Effect of Change in Tax Law	..... 0	..... 0
Total income tax (benefit) expense reported	..... 36,603	..... (4,444,055)

E. Operating loss carry-forward

(1) As of December 31, 2024, 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:

	Ordinary	Capital
2024	\$ ..... 1,713,777	\$ ..... 0
2023	\$ ..... 3,023,449	\$ ..... 0

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

F. (1) 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

	Amount
(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 2024 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. Prior to January 1, 2024, the Company was party to a reinsurance agreement with AmeriHealth HMO, Inc. which AHIC NJ, the assuming entity, will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts, relating to the New Jersey domiciled groups and members of AmeriHealth HMO, Inc. Per the terms of the reinsurance agreement, AmeriHealth HMO, Inc. ceded 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 are retained by the AmeriHealth HMO, Inc.

The Company 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 2024:

Borrowing Date	Borrower	Lender	Balance Borrowed
August 30, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 4,063,000
September 11, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 8,169,000
September 24, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 4,521,000
October 9, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 5,163,000
October 16, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 8,179,000
October 25, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 12,400,000
October 31, 2024	AHIC NJ	AmeriHealth, Inc	\$..... 5,600,000
October 31, 2024	AmeriHealth, Inc	AHIC NJ	\$..... 5,650,000

As of December 31, 2024, 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, 2024, the Company reported the following amounts due from/due to parent, subsidiaries, and affiliates:

Name of Affiliate	Due From	Due To
AmeriHealth, Inc.....	\$ ..... 0	...\$ .....9,447,127
Independence Blue Cross, LLC.....	\$ .....3,601,652	...\$ ..... 0
AmeriHealth Administrators, Inc.....	\$ .....0	...\$ .....3,116,959
Other .....	\$ .....2,116,734	...\$ .....3,026,928
Total .....	\$ ..... 5,718,386	...\$ .....15,591,014

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 New Jersey Holdings, 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 2024 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. As of December 31, 2024, the Company determined the Maximum Borrowing Capacity (MBC) as \$84,659,729. 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

1. Current Year

(a) Membership Stock – Class A

(b) Membership Stock – Class B

(c) Activity Stock

(d) Excess Stock

(e) Aggregate Total (a+b+c+d)

(f) Actual or estimated Borrowing Capacity as Determined by the Insurer

2. Prior Year-end

(a) Membership Stock – Class A

(b) Membership Stock – Class B

(c) Activity Stock

(d) Excess Stock

(e) Aggregate Total (a+b+c+d)

(f) Actual or estimated Borrowing Capacity as Determined by the Insurer

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)

Total
0
195,200
0
0
195,200
84,659,729

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

Membership Stock	1	2	Eligible for Redemption			
	Current Year Total (2+3+4+5+6)	Not 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	195,200	195,200	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	2	3
Fair Value	Carrying Value	Aggregate Total Borrowing
90,531,346	98,982,107	0
63,286,411	71,028,740	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	2	3
Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
95,351,274	104,884,407	0
85,843,520	94,169,337	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

Total	Funding Agreements Reserves Established
0	XXX
0	0
0	XXX
0	0

1. Current Year

(a) Debt

(b) Funding Agreements

(c) Other

(d) Aggregate Total (a+b+c)

2. Prior Year-end

(a) Debt

(b) Funding Agreements

(c) Other

(d) Aggregate Total (a+b+c)

b. Maximum Amount during Reporting Period (Current Year)

1. Debt

2. Funding Agreements

3. Other

4. Aggregate Total (Lines 1+2+3)

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

Total
26,041,700
0
0
26,041,700

c. FHLB – Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt

2. Funding Agreements

3. Other

NO

NO

NO

C. All Other Debt – None

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

IBC LLC maintains all pension and other postretirement benefit plans on behalf of the Company. IBC LLC sponsors a noncontributory defined benefit pension plan, which was designed for the benefit of substantially all IBC LLC 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. Under the current program, substantially all IBC LLC 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. Benefits are based on the employee's years of service and compensation during the years preceding retirement.

The amount of pension expense charged by IBC LLC to the Company was \$358,340 in 2024 and \$388,127 in 2023. The postretirement benefit income allocated by IBC LLC was \$250,563 in 2024 and \$182,897 in 2023.

IBC LLC's employees also participate in a 401(k) savings plan which 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 2024 and 2023 was \$2,496,398 and \$2,112,900, respectively.

ANNUAL STATEMENT FOR THE YEAR 2024 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, 2024.

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 2025, subject to unassigned funds restrictions, without the approval of the State of New Jersey Department of Banking and Insurance is \$19,639,084. 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 \$(328,442)

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.

The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.

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.

Regulatory Matters

Risk Adjustment Data Validation ("RADV") — 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 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, 2024, the Company has settled all RADV audits for program years 2022 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.

Cost Sharing Reduction ("CSR") — The Federal Health Reform Legislation established 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 relating to CSR submissions for years 2017-2020.

Separately, the Company initiated a process to analyze its CSR submissions for various years. The Company identified various issues relating to its CSR submissions. The Company notified CMS of the matter and discussions with CMS are ongoing. The Company will continue to monitor developments of these matters.

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 2029. Rental expense in 2024 and 2023 was \$788,965 and \$873,516, respectively.

(2)

a. At December 31, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2025	\$ 659,958
2.	2026	\$ 676,459
3.	2027	\$ 693,330
4.	2028	\$ 710,720
5.	2029	\$ 420,608
6.	Thereafter	\$ 0
7.	Total (sum of 1 through 6)	\$ 3,161,075

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

B. Lessor Leases

(1) Operating Leases – None

(2) Leveraged Leases – None

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

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

A. Transfers of Receivables reported as Sales - None

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales – None

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

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

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
a. Assets at Fair Value					
Exempt Money Market Mutual Funds.....	..\$.....41,878,567	..\$.....0	..\$.....0	..\$.....0	..\$.....41,878,567
Other Money Market Mutual Funds .....	..\$.....126,954	..\$.....0	..\$.....0	..\$.....0	..\$.....126,954
Total Cash Equivalents & Other Short Term Investments .....	..\$.....42,005,521	..\$.....0	..\$.....0	..\$.....0	..\$.....42,005,521
Bonds – Industrial and Misc. ....	..\$.....0	..\$.....5,396,206	..\$.....0	..\$.....0	..\$.....5,396,206
Total Bonds .....	..\$.....0	..\$.....5,396,206	..\$.....0	..\$.....0	..\$.....5,396,206
Total assets at fair value/NAV .....	..\$.....42,005,521	..\$.....5,396,206	..\$.....0	..\$.....0	..\$.....47,401,727
b. Liabilities at Fair Value – None .....	..\$.....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 .....	\$ .....407,850,074	\$ .....430,863,536	\$ .....0	\$ .....407,850,074	\$ .....0	\$ .....0	\$ .....0
Cash Equivalents & Other							
Short Term Investments .....	\$ .....42,005,521	\$ .....42,005,521	\$ .....42,005,521	\$ .....0	\$ .....0	\$ .....0	\$ .....0
Other Invested Assets .....	\$ .....414,925	\$ .....500,000	\$ .....0	\$ .....414,925	\$ .....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	1,360,907	1,359,816	1,234,972	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	7,587,845	7,518,250	7,475,868	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)	8,948,752	8,878,066	8,710,840	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, 2024, 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, 2024.

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 2024 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

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

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	71,141,002	9,492,985	1	0	80,633,988
(2) Medical loss ratio rebates paid	44,317,417	6,821,003	1,516,870	0	52,655,290
(3) Medical loss ratio rebates unpaid	51,200,000	7,400,000	0	0	58,600,000
(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	58,600,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	(4,044,814)	1,489,139	754,453	0	(1,801,222)
(8) Medical loss ratio rebates paid	22,455,186	1,889,139	0	0	24,344,325
(9) Medical loss ratio rebates unpaid	24,700,000	7,000,000	754,453	0	32,454,453
(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	32,454,453

- 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
- a. Permanent ACA Risk Adjustment Program
- Assets
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments) \$ 1,773,979
- Liabilities
2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 300,493
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) \$ 118,655,860
- Operations (Revenue & Expense)
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (124,623,478)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 295,749
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 2,950,652	\$ 0	\$ 958,153	\$ 0	\$ 1,992,499	\$ 0	\$ (1,987,993)	\$ 0	A	\$ 4,506	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$ 0	\$ (102,335,609)	\$ 0	\$ (108,084,719)	\$ 0	\$ 5,749,110	\$ 0	\$ (5,749,110)	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,950,652	\$ (102,335,609)	\$ 958,153	\$ (108,084,719)	\$ 1,992,499	\$ 5,749,110	\$ (1,987,993)	\$ (5,749,110)		\$ 4,506	\$ 0

- Explanations of Adjustments
- A. Updated for current claim information
  - B. Updated for current claim information
25. Change in Incurred Claims and Claim Adjustment Expenses
- A. Reserves as of December 31, 2023 were \$112,365,718. As of December 31, 2024, \$91,920,756 have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,142,224 as a result of re-estimation of unpaid claims. Therefore, there has been \$15,302,738 of favorable prior year development. The decrease is generally the result of ongoing analysis of recent loss development trends. In regard to premium adjustments, when any incurred claim estimates on retrospectively rated policies changed, there was a concomitant revision to premium.
- 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

NOTES TO FINANCIAL STATEMENTS

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
12/31/2024	\$ 27,778,189	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2024	\$ 26,932,726	\$ 26,956,222	\$ 26,032,294	\$ 0	\$ 0
06/30/2024	\$ 23,875,377	\$ 25,739,899	\$ 25,731,649	\$ 28,696	\$ 0
03/31/2024	\$ 23,970,499	\$ 24,007,701	\$ 23,145,995	\$ 16,644	\$ 539,412
12/31/2023	\$ 25,212,907	\$ 23,211,061	\$ 21,082,996	\$ 1,716,842	\$ 1,532,426
09/30/2023	\$ 24,079,257	\$ 23,456,850	\$ 21,400,093	\$ 515,251	\$ 1,435,758
06/30/2023	\$ 21,965,176	\$ 23,299,458	\$ 20,586,060	\$ 2,121,755	\$ 211,160
03/31/2023	\$ 22,264,621	\$ 22,118,855	\$ 20,797,748	\$ 793,864	\$ 894,215
12/31/2022	\$ 21,641,967	\$ 21,705,557	\$ 0	\$ 20,714,033	\$ (317,895)
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

- B. Risk Sharing Receivables – None
29. Participating Policies – None
30. Premium Deficiency Reserves
1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was anticipated investment income utilized in the calculation?

\$ 27,700,000

12/31/2024

Yes [ ] No [X]
31. Anticipated Salvage and Subrogation – None

ANNUAL STATEMENT FOR THE YEAR 2024 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?  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [ X ] No [ ]
- 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 [ X ] No [ ]
- 2.2

If yes, date of change:

.....11/13/2024
- 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?  
4.12 renewals?

Yes [ ] No [ X ]  
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?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]
- 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,  
7.21 State the percentage of foreign control .....0.0 %  
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 theFederal 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 2024 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?  
Jonathan B. Woodworth, FSA, MAAA, Director & Actuary Reserving and Planning, Independence Health Group, Inc., 1901 Market Street  
40th Floor, 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 .....0
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ☐ No ☐
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes ☐ No ☐
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ☐ No ☐ N/A ☐
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
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. Yes ☒ No ☐
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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 \$.....

20.12 To stockholders not officers \$.....

20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....

20.22 To stockholders not officers \$.....

20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 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 \$.....

21.22 Borrowed from others \$.....

21.23 Leased from others \$.....

21.24 Other \$.....
- 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: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes ☐ No ☒
- 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	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ X ] No [ ]

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. \$.....

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

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 \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....195,200

26.28 On deposit with states \$.....126,954

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....98,982,107

26.32 Other \$.....

26.3 For category (26.26) provide the following:

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

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

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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 2024 OF THE AmeriHealth Insurance Company of New Jersey

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	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. This includes both primary and sub-advisors. 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	2
Name of Firm or Individual	Affiliation
Barksdale Investment Management.....	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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105098.....	Barksdale Investment Management.....	N/A.....	SEC.....	NO.....
106595.....	Wellington Management Co. , LLP.....	549300YHP12TEZNL CX41.....	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.....	8KUMV9EIJ751BFMLFD23.....	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	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
30.2999 TOTAL		0

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	430,863,536.....	407,850,074.....	(23,013,462).....
31.2 Preferred Stocks.....	0.....	.....	0.....
31.3 Totals	430,863,536.....	407,850,074.....	(23,013,462).....

31.4 Describe the sources or methods utilized in determining the fair values: Refinitiv Pricing Service via Clearwater Analytics.....

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.Issuer or obligor is current on all contracted interest and principal payments.

c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

a. The security was either:

i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or

ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [ ] No [ X ]

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

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

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

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ ] No [ ] 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? \$ .....193,708

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
America's Health Insurance Plans.....	\$.....69,623

41.1 Amount of payments for legal expenses, if any? \$ .....458,745

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.....	\$.....252,416

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....371,594

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
.....	\$.....
.....	\$.....
.....	\$.....



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Insurance Company of New Jersey**

**GENINTPT1 - Attachment**

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Interrogatory, Part 1, # 14.21

The Code of Conduct document has been updated for 2024 and a summary key changes are listed below.

Message to the Independence Workforce– This has been updated to include a message from Michael Zipfel, VP, Corporate Compliance.

Workplace Safety – This section has been updated to include guidelines on the use Company issued ID badges and who to report all potential threats to in the event of an emergency.

Records Management, Audit, and Investigations – This section was updated to indicate how to record all time worked in the appropriate system(s) based on an individual's role.

Leading with Integrity Resource Guide – This section was updated to include current contact information. AmeriHealth Caritas and Tandigm Health were removed to meet BCBSA brand requirements. Independence Assurance Company has been added to the scope of this document.

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.

\$ 16,325,115

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

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 14,925,421

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ 1,196,006

1.62 Total incurred claims

\$ 1,135,348

1.63 Number of covered lives

573

All years prior to most current three years:

1.64 Total premium earned

\$ 15,129,109

1.65 Total incurred claims

\$ 13,790,073

1.66 Number of covered lives

4,820

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

Current Year

2

Prior Year

2.1 Premium Numerator

\$ 1,161,194,001

\$ 1,035,422,681

2.2 Premium Denominator

\$ 1,161,194,001

\$ 1,035,422,681

2.3 Premium Ratio (2.1/2.2)

1.000

1.000

2.4 Reserve Numerator

\$ 365,490,248

\$ 321,532,480

2.5 Reserve Denominator

\$ 365,490,248

\$ 321,532,480

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

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

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

87,836

8.2 Number of providers at end of reporting year

96,773

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

9.22 Business with rate guarantees over 36 months

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\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....16,057,065

10.24 Amount actually paid for year withholds\$.....12,230,681
- 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 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	657,630,645	622,959,440	717,741,898	732,579,258	655,365,571
2. Total liabilities (Page 3, Line 24) .....	461,239,805	426,325,685	500,800,372	503,245,406	393,412,509
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) .....	196,390,840	196,633,755	216,941,526	229,333,852	261,953,062
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	1,161,194,001	1,035,422,681	1,129,036,945	1,158,895,879	1,090,496,999
6. Total medical and hospital expenses (Line 18) .....	932,830,333	817,412,034	913,740,274	974,109,851	858,518,139
7. Claims adjustment expenses (Line 20) .....	37,452,744	29,257,560	37,361,617	38,098,263	36,176,684
8. Total administrative expenses (Line 21) .....	203,935,700	200,714,286	189,088,438	193,893,942	189,398,507
9. Net underwriting gain (loss) (Line 24) .....	(14,124,776)	(37,961,199)	(11,753,384)	(47,206,177)	6,403,669
10. Net investment gain (loss) (Line 27) .....	19,811,000	15,724,345	10,169,040	6,463,025	11,335,852
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	3,945,475	(25,643,883)	10,712,142	(50,050,927)	(6,456,533)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	15,499,562	(53,104,269)	16,110,385	(19,541,897)	133,657,002
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	196,390,840	196,633,755	216,941,526	229,333,852	261,953,062
15. Authorized control level risk-based capital .....	42,390,279	36,107,999	38,705,835	40,424,723	35,630,997
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	167,872	160,739	172,044	169,761	169,337
17. Total members months (Column 6, Line 7) .....	2,008,259	1,932,107	2,127,319	2,054,328	2,080,527
<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) .....	80.3	78.9	80.9	84.1	78.7
20. Cost containment expenses .....	1.9	1.9	2.0	2.3	2.3
21. Other claims adjustment expenses .....	1.4	0.9	1.3	1.0	1.0
22. Total underwriting deductions (Line 23) .....	101.2	103.7	101.0	104.1	99.4
23. Total underwriting gain (loss) (Line 24) .....	(1.2)	(3.7)	(1.0)	(4.1)	0.6
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	82,835,068	67,641,131	101,002,090	104,084,461	98,962,977
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] .....	102,515,388	114,401,021	119,156,168	132,238,102	119,160,032
<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
31. All other affiliated .....		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 .....					

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

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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	1,086,377,873	47,523,069						1,133,900,942	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	1,086,377,873	47,523,069	0	0	0	0	0	1,133,900,942	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	1,086,377,873	47,523,069	0	0	0	0	0	1,133,900,942	0
DETAILS OF WRITE-INS												
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
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	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

2. R – Registered – Non-domiciled RRGs .....0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0

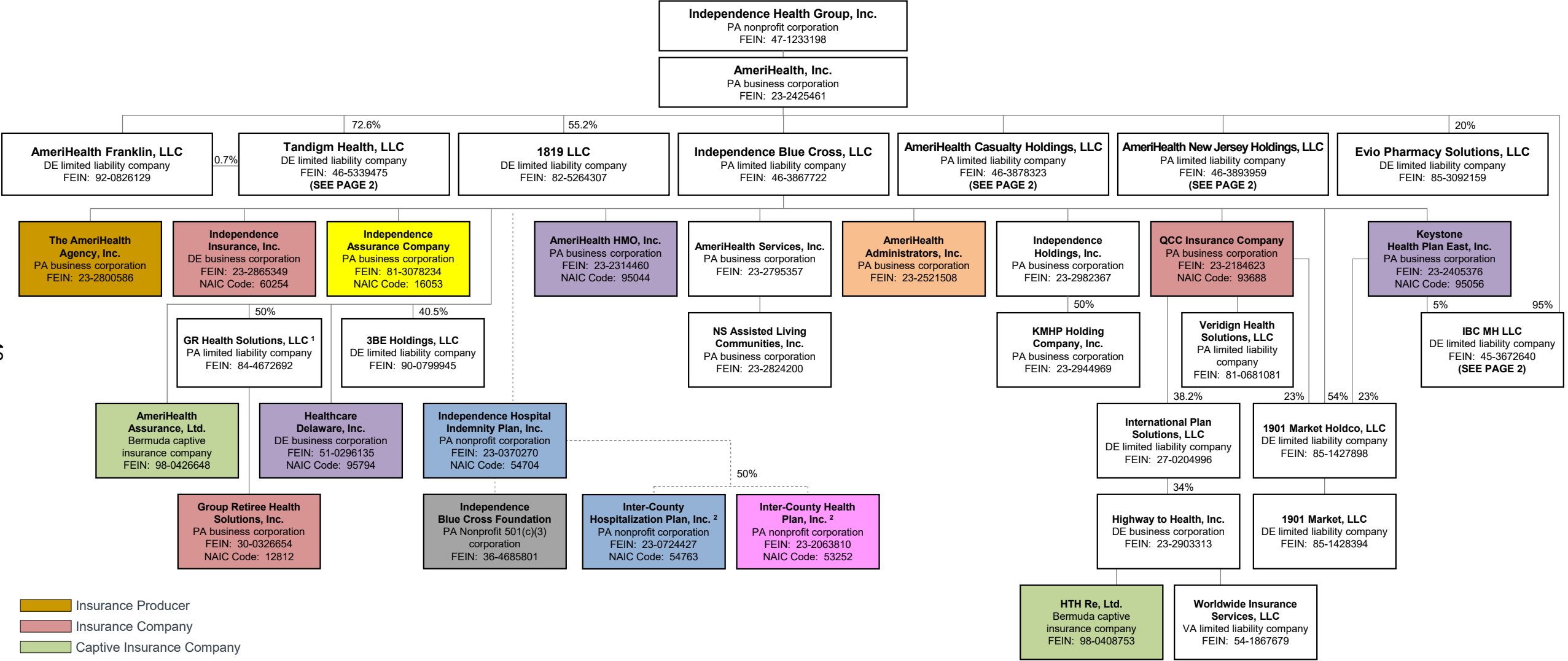
4. Q – Qualified – Qualified or accredited reinsurer .....0

5. N – None of the above – Not allowed to write business in the state.....56

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

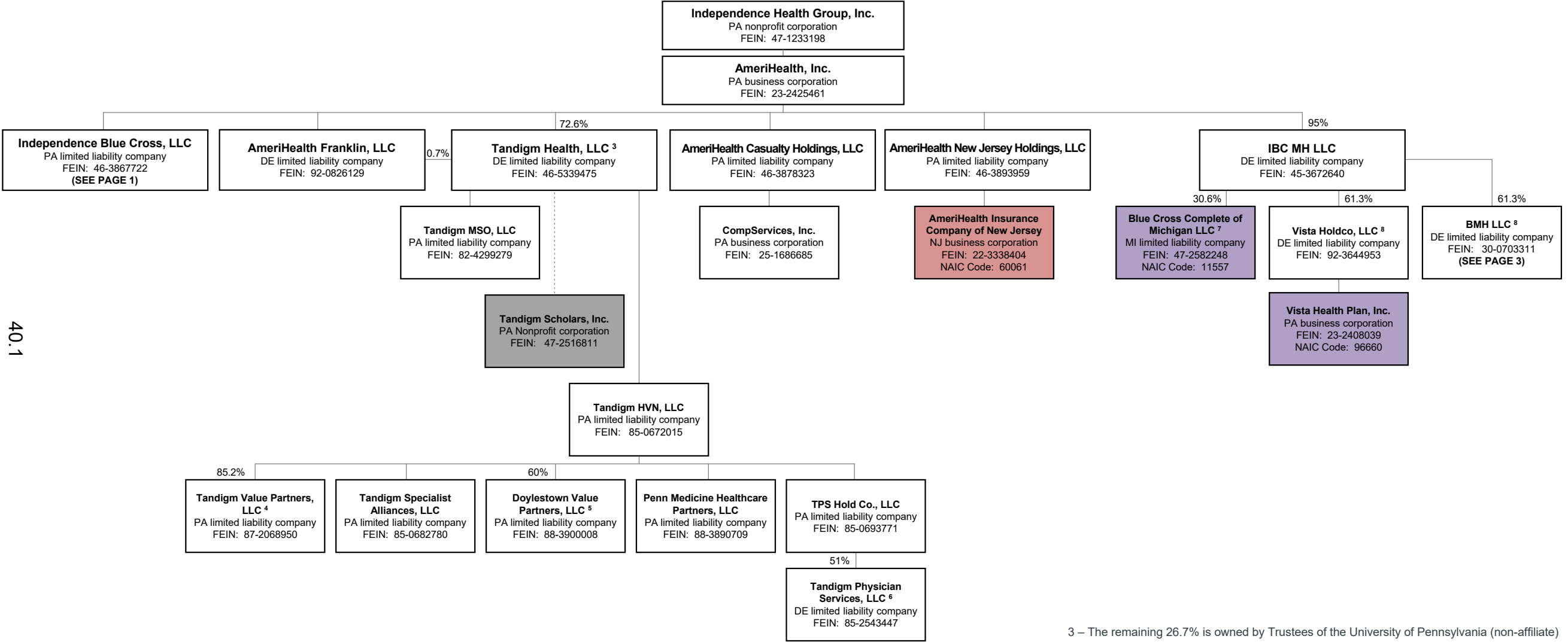
Customers are assigned State codes when they are set up in our billing system. Company only does business in New Jersey

STATEMENT AS OF DECEMBER 31, 2024 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



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.

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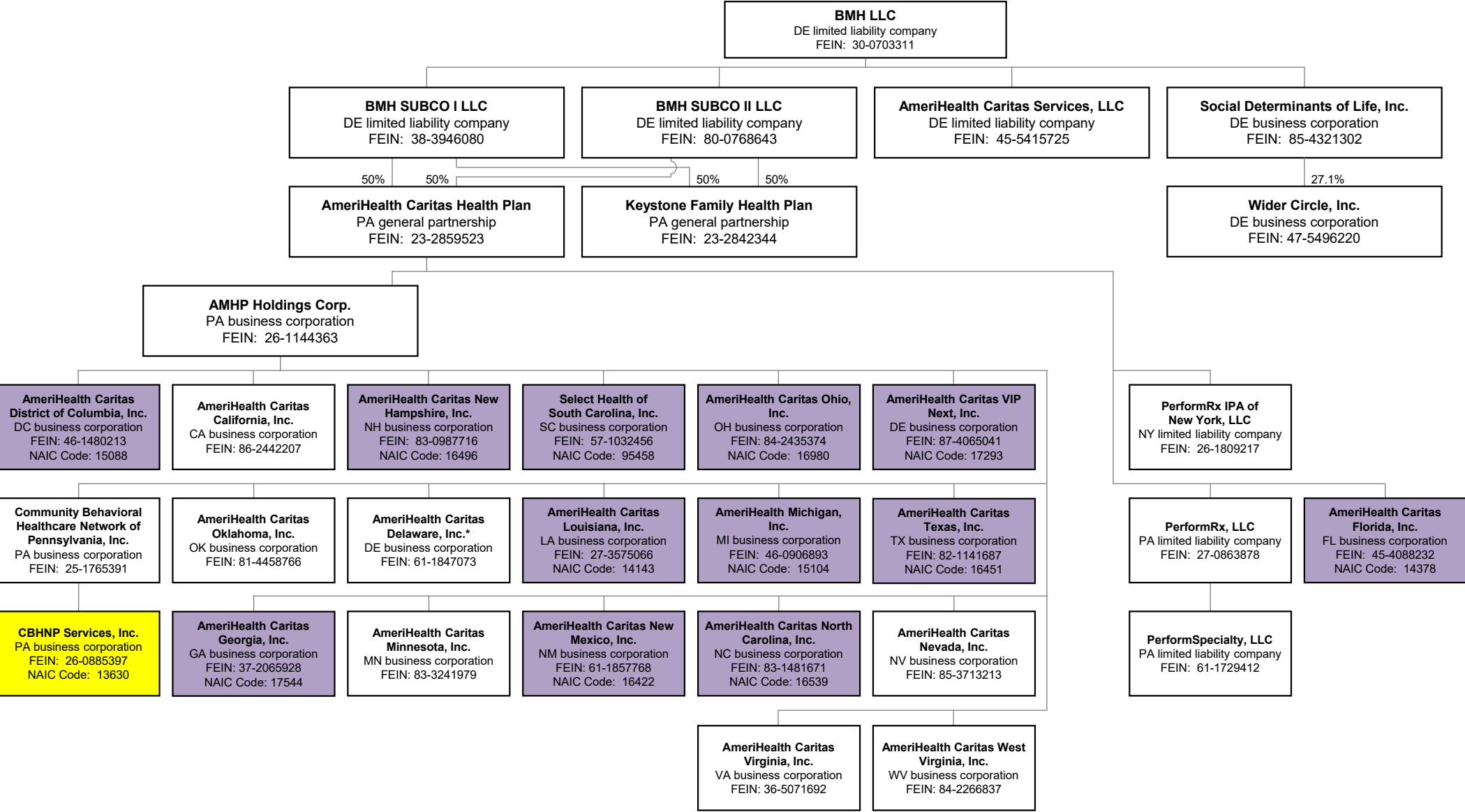
40.1

- 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 69.4% is owned by Michigan Medicaid Holdings Company (non-affiliate)  
8 – The remaining 38.7% is owned by Blue Cross and Blue Shield of Michigan Mutual Insurance Company (non-affiliate)

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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.