



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

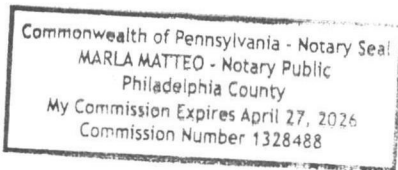


EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	29,308,078	74,258,725	928,482	29,059,110	30,236,560	28,210,222
2. Claim overpayment receivables	1,613,772	(6,451,196)	1,198,532	3,716,234	2,812,304	3,271,263
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables		(369,168)	459,229	2,800,767	459,229	
7. Totals (Lines 1 through 6)	30,921,850	67,438,361	2,586,243	35,576,111	33,508,093	31,481,485

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

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

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	332,164		193,941	138,223	138,223	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	332,164	0	193,941	138,223	138,223	0

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Insurance Company of New Jersey 2. (LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey			DURING THE YEAR 2024							NAIC Company Code		60061
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	160,739	95,940	45,133	6,160				0					13,506	
2 First Quarter	171,275	106,192	41,468	5,543				3,271					14,801	
3 Second Quarter	170,755	106,181	40,189	5,488				3,589					15,308	
4 Third Quarter	167,432	107,026	36,833	5,431				3,849					14,293	
5 Current Year	167,872	108,652	35,264	5,393				4,188					14,375	
6 Current Year Member Months	2,008,259	1,257,934	466,587	65,583				43,349					174,806	
Total Member Ambulatory Encounters for Year:														
7. Physician	3,745,056	2,259,354	1,002,181	304,458				179,063						
8. Non-Physician	342,454	195,736	89,585	30,286				26,847						
9. Total	4,087,510	2,455,090	1,091,766	334,744	0	0	0	205,910	0	0	0	0	0	0
10. Hospital Patient Days Incurred	69,430	37,007	11,987	10,712				9,724						
11. Number of Inpatient Admissions	9,881	5,580	2,215	1,004				1,082						
12. Health Premiums Written (b).....	1,133,900,942	638,433,180	369,358,905	16,325,115	775,290	887,164		47,523,069					60,598,219	
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,160,046,489	664,933,180	369,004,452	16,325,115	775,290	887,164		47,523,069					60,598,219	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	990,597,069	566,178,221	295,754,184	14,705,027	308,262	1,124,477		39,941,953					72,584,945	
18. Amount Incurred for Provision of Health Care Services	1,038,903,791	594,971,135	307,165,697	14,925,421	308,262	1,323,963		46,147,151					74,062,162	

(a) For health business: number of persons insured under PPO managed care products144,620 and number of persons insured under indemnity only products19

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$47,523,069

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Insurance Company of New Jersey 2. (LOCATION)

NAIC Group Code 0936		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2024						NAIC Company Code 60061			
		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
Total Members at end of:															
1. Prior Year		160,739	95,940	45,133	6,160	.0	.0	.0	.0	.0	.0	.0	.0	13,506	.0
2 First Quarter		171,275	106,192	41,468	5,543	.0	.0	.0	3,271	.0	.0	.0	.0	14,801	.0
3 Second Quarter		170,755	106,181	40,189	5,488	.0	.0	.0	3,589	.0	.0	.0	.0	15,308	.0
4. Third Quarter		167,432	107,026	36,833	5,431	.0	.0	.0	3,849	.0	.0	.0	.0	14,293	.0
5. Current Year		167,872	108,652	35,264	5,393	0	0	0	4,188	0	0	0	0	14,375	0
6 Current Year Member Months		2,008,259	1,257,934	466,587	65,583	0	0	0	43,349	0	0	0	0	174,806	0
Total Member Ambulatory Encounters for Year:															
7. Physician		3,745,056	2,259,354	1,002,181	304,458	.0	.0	.0	179,063	.0	.0	.0	.0	.0	.0
8. Non-Physician		342,454	195,736	89,585	30,286	.0	.0	.0	26,847	.0	.0	.0	.0	.0	.0
9. Total		4,087,510	2,455,090	1,091,766	334,744	0	0	0	205,910	0	0	0	0	0	0
10. Hospital Patient Days Incurred		69,430	37,007	11,987	10,712	0	0	0	9,724	0	0	0	0	0	0
11. Number of Inpatient Admissions		9,881	5,580	2,215	1,004	0	0	0	1,082	0	0	0	0	0	0
12. Health Premiums Written (b).....		1,133,900,942	638,433,180	369,358,905	16,325,115	775,290	887,164	.0	47,523,069	.0	.0	.0	.0	60,598,219	.0
13. Life Premiums Direct.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....		1,160,046,489	664,933,180	369,004,452	16,325,115	775,290	887,164	.0	47,523,069	.0	.0	.0	.0	60,598,219	.0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		990,597,069	566,178,221	295,754,184	14,705,027	308,262	1,124,477	.0	39,941,953	.0	.0	.0	.0	72,584,945	.0
18. Amount Incurred for Provision of Health Care Services		1,038,903,791	594,971,135	307,165,697	14,925,421	308,262	1,323,963	0	46,147,151	0	0	0	0	74,062,162	0

(a) For health business: number of persons insured under PPO managed care products144,620 and number of persons insured under indemnity only products19

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$47,523,069

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums.....	304	1,164	1,469	1,657	1,107
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	106	387	491	552	391
5. Total hospital and medical expenses.....	106,085	91,555	90,711	85,313	77,569
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	8,900	8,248	10,406	5,867	9,942
8. Reinsurance recoverable on paid losses.....	96,547	85,020	84,126	79,603	68,256
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	112	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	477,206,756		477,206,756
2. Accident and health premiums due and unpaid (Line 15).....	36,944,730		36,944,730
3. Amounts recoverable from reinsurers (Line 16.1).....	96,546,514	(96,546,514)	0
4. Net credit for ceded reinsurance.....	XXX	105,415,175	105,415,175
5. All other admitted assets (Balance).....	46,932,645		46,932,645
6. Total assets (Line 28)	657,630,645	8,868,661	666,499,306
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	162,226,418	8,900,277	171,126,695
8. Accrued medical incentive pool and bonus payments (Line 2).....	24,403,516		24,403,516
9. Premiums received in advance (Line 8).....	20,888,598		20,888,598
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	31,616	(31,616)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	253,689,657		253,689,657
15. Total liabilities (Line 24).....	461,239,805	8,868,661	470,108,466
16. Total capital and surplus (Line 33).....	196,390,840	XXX	196,390,840
17. Total liabilities, capital and surplus (Line 34)	657,630,645	8,868,661	666,499,306
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	8,900,277		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	96,546,514		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	105,446,791		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	31,616		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	31,616		
31. Total net credit for ceded reinsurance	105,415,175		

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

Allocated By States and Territories

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

NONE

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

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	88-3890709				Penn Medicine Healthcare Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	37.4	Independence Health Group, Inc. / Trustees of the University of Pennsylvania	NO	.0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%)	Ownership	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC	NO	.0
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Independence Health Group, Inc.	NO	.0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	.0
		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	.1
00671	Elevance Health, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	.0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	23-2982367				Independence Holdings, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	23-2944969				KMHP Holding Company, Inc.....	PA.....	NIA.....	Independence Holdings, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / Mercy Health Plan.....	NO	.0
00936	Independence Health Group, Inc.....	93688	23-2184623				QCC Insurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	81-0681081				Veridign Health Solutions, LLC.....	PA.....	NIA.....	QCC Insurance Company.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	27-0204996				International Plan Solutions, LLC.....	DE.....	NIA.....	QCC Insurance Company.....	Ownership.....	38.2	Independence Health Group, Inc.....	NO	.0
		00000	23-2903313				Highway to Health, Inc.....	DE.....	NIA.....	International Plan Solutions, LLC.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	98-0408753				HTH Re, Ltd.....	BMU.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	54-1867679				Worldwide Insurance Services, LLC.....	VA.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	.0
		00000	23-2521508				AmeriHealth Administrators, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	16053	81-3078234				Independence Assurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	95044	23-2314460				AmeriHealth HMO, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	95056	23-2405376				Keystone Health Plan East, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	85-1427898				1901 Market Holdco, LLC.....	DE.....	NIA.....	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	85-1428394				1901 Market, LLC.....	DE.....	NIA.....	1901 Market Holdco, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Board.....	0.0	Independence Health Group, Inc.....	NO	.0
		00000	36-4685801				Independence Blue Cross Foundation.....	PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc.....	Board.....	0.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	54763	23-0724427				Inter-County Hospitalization Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	.0
00936	Independence Health Group, Inc.....	53252	23-2063810				Inter-County Health Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	.0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	25-1686685				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.....	PA.....	UDP.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0

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

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

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

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

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		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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

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00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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

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00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	IBC MH LLC (30.6%), Michigan Medicaid Holdings Company (69.4%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.2
00936	Independence Health Group, Inc.	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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

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

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.					(33,152,581)				(33,152,581)	
00000	47-1233198	Independence Health Group, Inc.					34,784,546				34,784,546	
00000	46-3867722	Independence Blue Cross, LLC	66,480,000				1,217,249,555				1,283,729,555	
93688	23-2184623	QCC Insurance Company	2,760,000				(626,880,179)	(4,378,306)			(628,498,485)	(14,149,522)
00000	23-2425461	AmeriHealth, Inc.	374,611,066	(25,000,000)			1,011,142				350,622,208	
95056	23-2405376	Keystone Health Plan East, Inc.	(37,602,576)				(1,225,765,562)				(1,263,368,138)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(131,888,146)				(131,888,146)	
95044	23-2314460	AmeriHealth HMO, Inc.					(3,906,295)				(3,906,295)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(20,804)				(20,804)	
00000	23-2521508	AmeriHealth Administrators, Inc.					(65,107,105)				(65,107,105)	
00000	23-2795357	AmeriHealth Services, Inc.					(913,340)				(913,340)	
00000	46-3878323	AmeriHealth Casualty Holdings, LLC	(1,500,000)								(1,500,000)	
00000	25-1686685	CompServices, Inc.					(4,875,769)				(4,875,769)	
00000	25-1765486	CSI Services, Inc.					(1,305)				(1,305)	
95794	51-0296135	Healthcare Delaware, Inc.					(13,578)				(13,578)	
60254	23-2865349	Independence Insurance, Inc.					(12,773)				(12,773)	
00000	23-2982367	Independence Holdings, Inc.					3,630				3,630	
96660	23-2408039	Vista Health Plan, Inc.					(13,754,610,455)				(13,754,610,455)	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(1,956,713)				(1,956,713)	
00000	45-3672640	IBC MH LLC	(392,748,490)								(392,748,490)	
00000	46-5339475	Tandigm Health, LLC					859,946,819				859,946,819	
16053	81-3078234	Independence Assurance Company		25,000,000			(18,501,542)				6,498,458	
00000	85-1428394	1901 Market, LLC	(12,000,000)								(12,000,000)	
12812	30-0326654	Group Retiree Health Solutions, Inc.						4,378,306			4,378,306	14,149,522
00000	23-2842344	Keystone Family Health Plan					8,982,973,202				8,982,973,202	
00000	23-2859523	AmeriHealth Caritas Health Plan					4,771,637,253				4,771,637,253	
95458	57-1032456	Select Health of South Carolina, Inc.	(25,000,000)				(204,893,376)				(229,893,376)	
13630	26-0885397	CBHNP Services, Inc.									0	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.	(19,000,000)				(86,316,173)				(105,316,173)	
14378	45-4088232	Florida True Health, Inc.					(79,869,165)				(79,869,165)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.	(15,000,000)				(51,530,180)				(66,530,180)	
17544	37-2065928	AmeriHealth Caritas Georgia, Inc.		25,000,000							25,000,000	
15104	46-0906893	AmeriHealth Michigan, Inc.		20,000,000			(15,682,181)				4,317,819	
00000	23-2859523	AmeriHealth Caritas Health Plan									0	
00000	45-5415725	AmeriHealth Caritas Services, LLC					525,480,756				525,480,756	
16451	82-1141687	AmeriHealth Caritas Texas, Inc.					17,063				17,063	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc.					14,403				14,403	
16498	83-0987718	AmeriHealth Caritas New Hampshire, Inc.		10,000,000			(30,421,109)				(20,421,109)	
16539	83-1481671	AmeriHealth Caritas North Carolina, Inc.					(115,203,231)				(115,203,231)	
16980	84-2435374	AmeriHealth Caritas Ohio, Inc.		35,000,000			(70,677,723)				(35,677,723)	
00000	27-0863878	PerformRx, LLC					44,289,194				44,289,194	
00000	61-1729412	PerformSpecialty, LLC					98,391,570				98,391,570	
17293	87-4065041	AmeriHealth Caritas VIP Next, Inc.		14,000,000			(13,599,848)				400,152	
00000	26-1144363	AMHP Holdings Corp.	59,000,000	(104,000,000)							(45,000,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

SUPPLEMENTAL FILINGS

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

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?

.....YES.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

24.

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

.....YES.....

Explanation:

11.

Business not written
12.

Business not written
13.

Business not written
14.

Business not written
15.

Business not written
16.

The Company did not file for approval
17.

The Company did not file for approval
18.

The Company did not file for approval
20.

Business not written
21.

Business not written

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

11.	 6 0 0 6 1 2 0 2 4 2 0 5 5 9 0 0 0
12.	 6 0 0 6 1 2 0 2 4 4 2 0 0 0 0 0 0
13.	 6 0 0 6 1 2 0 2 4 3 7 1 0 0 0 0 0
14.	 6 0 0 6 1 2 0 2 4 3 7 0 0 0 0 0 0
15.	 6 0 0 6 1 2 0 2 4 3 6 5 0 0 0 0 0
20.	 6 0 0 6 1 2 0 2 4 3 0 6 0 0 0 0 0
21.	 6 0 0 6 1 2 0 2 4 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M015 Additional Aggregate Lines for Page 15 Line 9.
*EXNETINVT - Exhibit of Net Investment Income

	1 Collected During Year	2 Earned During Year
0904. Misc Interest Income.....		454,138
0997. Summary of remaining write-ins for Line 9 from page 15	0	454,138



For the Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 NAIC Company Code 60061.....

Address (City, State and Zip Code) Cranbury, NJ 08512-3706

Person Completing This Exhibit Jonathan Woodworth

Title	Director, Actuary Reserve and Planning	Telephone Number	215-241-3633.....
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0299999 TOTAL EXPERIENCE ON GROUP POLICIES

GENERAL INTERROGATORIES

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



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

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed By March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936..... NAIC Company Code 60061.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel	NO