

## **ANNUAL STATEMENT**

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

OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

		(Na	me)			
	0936 , (Prior Pe		ny Code6006	Employer's	ID Number	22-3338404
Organized under the Laws or	f Ne	ew Jersey	, State of Domi	cile or Port of Entry	Ne	w Jersey
Country of Domicile			United States			
Licensed as business type:	Life, Accident & Health [ Dental Service Corporati		Casualty [ ]			ice or Indemnity [ ]
	Other [ ]		Federally Qualified?		g	[ ]
Incorporated/Organized	04/06/19	94	Commenced Busine	ess	06/16/199	5
Statutory Home Office		Plains Road, Building Neet and Number)	Λ,		NJ, US 08512 State, Country and 2	
Main Administrative Office		2	59 Prospect Plains F			
Cranbu	ry, NJ, US 08512-3706		(Street and No	609-662-24	400	
	vn, State, Country and Zip Code)			(Area Code) (Telepho	one Number)	
Mail Address	259 Prospect Plains Ro (Street and Number or			Cranbury, NJ, (City or Town, State,		
Primary Location of Books a	nd Records		259 Prospec	ct Plains Road, Buildir	ng M	
Cranbu	ıry, NJ, US 08512-3706		(	Street and Number) 609-662-24	400	
	wn, State, Country and Zip Code)			(Area Code) (Telephone Nu		
Internet Web Site Address			www.amerihealth	n.com		
Statutory Statement Contact	Fred	erick E. Felter	,	215	-241-4397	
Fn	ed.Felter@ibx.com	(Name)		(Area Code) (Tele 215-241-2	phone Number) (Ex	tension)
	(E-Mail Address)			(Fax Number		
Name		Title	CERS	ame		Title
Susan Elizabeth Larkir	ı # Presi	dent & C.E.O.		eth Gatto, Esq. ,	S	Secretary
Juan Alfonso Lopez,	E.V.P., Chief	Financial Officer and	Wogan Enzag	out outo, Log.		oolotary
		OTHER (	OFFICERS			
Rodrigo Cerda, M.D	,Senior	Vice President		Lyn Cruz ,	Senior	Vice President
Stephen Paul Fera Michael Gerard Murp		ve Vice President		thony Munoz,		Vice President
Paul Lawrence Staudeni		e President Vice President	Richard Lama	ar Snyder, M.D. ,	Executiv	e Vice President
		DIRECTORS	OR TRUSTER	S		
Stephen Paul Fera Richard Lamar Snyder,		Elizabeth Larkin		so Lopez, Jr.	Michael	Anthony Munoz
State of	Pennsylvania					
County of		SS				
The officers of this reporting en above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional substances.  Susan Elizab President & Subscribed and sworn to be day of	ed assets were the absolute ith related exhibits, schedule ind affairs of the said reportin cordance with the NAIC Annues or regulations require differely. Furthermore, the scope to copy (except for formatting in to the enclosed statement.  Weth Larkin & C.E.O.	property of the said report is and explanations thereis and explanations thereis gentity as of the reporting all Statement Instructions is rences in reporting not rel of this attestation by the d differences due to electro	ing entity, free and clean contained, annexed of period stated above, a cand Accounting Practice ated to accounting praescribed officers also incifiling) of the enclose the Gatto, Esq. cretary	ar from any liens or claim or referred to, is a full a fund of its income and detect and Procedures manustices and procedures, a fucludes the related correct statement. The electrical manuscript of the correct statement.	ns thereon, excellent true statement ductions therefor collections therefor collections to the base of	ot as herein stated, and nt of all the assets and m for the period ended, extent that: (1) state law lest of their information, inic filing with the NAIC, he requested by various
Marla Matteo, Notary Public April 27, 2026	;	-				

Commonwealth of Pennsylvania - Notary Seal MARLA MATTEO - Notary Public Philadelphia County My Commission Expires April 27, 2026 Commission Number 1328488

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

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	24,073,159	6,985,309	.4,146,016		10 , 507 , 186	33,188,422
Group subscribers:		, ,	, ,	, ,		, ,
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	2,089,762	313,662	16,223	211,591	648,909	1,982,329
0299999 Total group	2,089,762	313,662	16,223	211,591	648,909	1,982,329
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	26,162,921	7,298,971	4,162,239	8,702,715	11,156,095	35,170,751

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

LAMBIT OF MEALITY CARL RECEIVABLES											
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
Pharmaceutical Rebate Receivables	<u> </u>			-							
OptumRx					2,164,319	27,823,273					
0199999 – Pharmaceutical Rebate Receivables	27,823,273	0	0	2,164,319	2,164,319	27,823,273					
Claim Overpayment Receivables	<u> </u>		•		<u> </u>						
Amounts not individually listed.	4,914,766				4,914,766						
0299999 – Claim Overpayment Receivables	4,914,766	0	0	0	4,914,766	0					
Other Receivables	, ,		•		, ,						
AmeriHealth Administrators, Inc.						3,144,821					
Amounts not individually listed.	115,175					115, 175					
Amounts not individually listed	3,259,996	0	0	0	0	3,259,996					
1											
			+		····						
			-								
			+								
			·								
		T									
		I	T								
0799999 Gross Health Care Receivables	35,998,035	0	0	2,164,319	7,079,085	31,083,269					

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued	2	3 On Amounts Accrued	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	29,308,078	74,258,725	928,482	29,059,110	30 , 236 , 560	28,210,222
Claim overpayment receivables	1,613,772	(6,451,196)	1,198,532	3,716,234	2,812,304	3,271,263
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
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)

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)		·		,	•	
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	7,458,119	88,227	75,431	1,519		7,623,296
0499999 Subtotals	7,458,119	88,227	75,431	1,519	0	7,623,296
0599999 Unreported claims and other claim reserves						163,503,397
0699999 Total amounts withheld						171 100 000
0799999 Total claims unpaid						171,126,693
0899999 Accrued medical incentive pool and bonus amounts						24,403,516

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

1	2	3	1	5	I 6	Admi	tted
'	_	3	<b>,</b>		· · · · · · · · · · · · · · · · · · ·	7	Q
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Independence Hospital Indemnity Plan	234,511	01 - 00 Days	01 - 30 Bays	Over so Bays	Nonadmitted	234,511	140H-Odirent
Independence Blue Cross, LLC				1		3,601,652	
ICCC Insurance Company	174,018					174,018	
Independence Hospital Indemnity Plan Independence Blue Cross, LLC.  QCC Insurance Company	16					16	
Keystone Health Plan East, Inc.	1,708,189					1,708,189	
	, , , , , ,					, , , , , , , , , , , , , , , , , , , ,	
				ļ			
				·			
				·			
				·			
				<b>†</b>			
				1	1		
0199999 Individually listed receivables	5,718,386	0	<u></u>	0	1	5,718,386	0
0299999 Receivables not individually listed	,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0399999 Total gross amounts receivable	5,718,386	0	0	0	0	5,718,386	0

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

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Independence Assurance Company. Independence Health Group, Inc. AmeriHealth, Inc. AmeriHealth HMO, Inc. Vista Health Plan, Inc.	Intercompany Settlements	253,760	253,760	
Independence Health Group, Inc.	Intercompany Settlements	528,619	528,619	
AmeriHealth, Inc	Intercompany Settlements	9,447,127	9,447,127	
AmeriHealth HMO, Inc	Intercompany Settlements	2,242,996	2,242,996	
Vista Health Plan, Inc	Intercompany Settlements.	1,553	1,553	
AmeriHealth Administrators, Inc	Intercompany Settlements.	3,116,959	3,116,959	
		45 504 044	45 504 044	^
0199999 Individually listed payables		15,591,014	15,591,014	
0299999 Payables not individually listed		45 504 044	45 504 044	0
0399999 Total gross payables		15,591,014	15,591,014	0

#### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0	3,465	2.1		
2. Intermediaries		0.0		0.0		
3. All other providers	534,565	l0 . 1		2.1		534,565
4. Total capitation payments	574,032	l0 . 1	L6,930	4 . 1	0	574,032
Other Payments:						
5. Fee-for-service		6.0	xxx	XXX		59 , 288 , 580
Contractual fee payments		85.0	xxx	XXX		842,319,353
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		1.6	xxx	XXX		15,830,159
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		7.3	xxx	XXX		72,584,945
12. Total other payments	990,023,037	99.9	xxx	XXX	0	990,023,037
13. Total (Line 4 plus Line 12)	990,597,069	100 %	XXX	XXX	0	990,597,069

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			+		
			+		
			-		
		·	· <del> </del>		<b> </b>
			· <del> </del>		<b> </b>
			-		<b></b>
9999999 Totals			XXX	XXX	XXX

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

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

15. Health Premiums Earned.

16. Property/Casualty Premiums Earned

17. Amount Paid for Provision of Health Care Services .

18. Amount Incurred for Provision of Health Care Services



60.598.219

..72,584,945

74,062,162

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

(LOCATION) **DURING THE YEAR 2024** NAIC Group Code 0936 BUSINESS IN THE STATE OF New Jersey NAIC Company Code 60061 Comprehensive 7 10 11 14 Hospital & Medical) Federal **Employees** Medicare Vision Dental Health Benefits Title XVIII Title XIX Disability Long-Term Other Other Non-Health Total Individual Medicaid Credit A&H Group Supplement Only Only Plan Medicare Income Health Total Members at end of: 160.739 95.940 45.133 .13,506 6.160 Prior Year .171,275 .106,192 .41,468 ..5,543 .14,801 ..3,271 2 First Quarter .170 .755 .40,189 .106,181 ...5,488 ...3,589 .15,308 3 Second Quarter .167,432 .107,026 .36,833 ...5,431 ...3,849 .14,293 4. Third Quarter 167.872 108,652 5,393 35,264 4,188 14,375 Current Year 466.587 65.583 43.349 6 Current Year Member Months 2.008.259 1.257.934 174.806 Total Member Ambulatory Encounters for Year: .3.745.056 .2.259.354 .1.002.181 304 458 179.063 7. Physician. 342.454 195.736 89 585 30.286 26.847 8. Non-Physician 9. Total 4.087.510 2.455.090 1.091.766 334.744 205.910 69,430 37,007 11,987 10,712 9,724 10. Hospital Patient Days Incurred 9,881 2,215 1,082 5,580 1,004 11. Number of Inpatient Admissions .133.900.942 ...369,358,905 887.164 12. Health Premiums Written (b). 638.433.180 .16,325,115 775.290 ..47,523,069 ..60,598,219 13. Life Premiums Direct. 14. Property/Casualty Premiums Written.

775.290

.308,262

308,262

887.164

...1, 124, 477

1,323,963

47.523.069

..39,941,953

46.147.151

307,165,697 (a) For health business: number of persons insured under PPO managed care products ....... ....144,620 and number of persons insured under indemnity only products.

...295,754,184

369.004.452

16.325.115

...14,705,027

14,925,421

664.933.180

...566, 178, 221

594,971,135

,160,046,489

990.597.069

1,038,903,791



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

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2

IC Group Code 0936 BUSINESS IN THE STATI	E OF Consolidate	d			DURING	G THE YEAR 20	124				(LOCATIO	ON) NAIC Compan	v Code	60061
	1	Compre	hensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 No Health
otal 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	
2 First Quarter	171,275	106 , 192	41,468	5 , 543	0	0	0	3,271	0	0	0	0	14,801	
Second Quarter	170,755	106 , 181	40 , 189	5 , 488	0	0	0	3,589	0	0	0	0	15,308	
. Third Quarter	167 ,432	107,026	36,833	5,431	0	0	0	3,849	0	0	0	0	14,293	
. Current Year	167,872	108,652	35,264	5,393	0	0	0	4,188	0	0	0	0	14,375	
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	
tal 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	
3. Non-Physician	342 , 454	195,736	89,585	30,286	0	0	0	26 , 847	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	
D. Hospital Patient Days Incurred	69,430	37,007	11,987	10,712	0	0	0	9,724	0	0	0	0	0	
Number of Inpatient Admissions	9,881	5,580	2,215	1,004	0	0	0	1,082	0	0	0	0	0	
2. 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	
3. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. 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	
6. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. 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	
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	

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
					Type Of	Type Of			Reserve Liability			
NAIC									Other Than For	Reinsurance	Modified	
Company	. ID			Domiciliary	Reinsurance			Unearned	Unearned	Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -	0.5. Utner	07/01/2014	AMEDITIEALTH TIME TAKE	I DA	04/1	CMM	224 250 1		1	1		
95044 95044	23-2314460 23-2314460	07/01/2014 07/01/2014	AMERIHEALTH HMO INC AMERIHEALTH HMO INC	PAPA	QA/IQA/G.	CMMCMM.	331,359 1,109,331					
0299999 -	Total Affiliates	- U.S. Other	/MERTIFICAL III TIMO TIVO.	/ /			1,440,690	0	0	0	0	0
0399999 -	Total Affiliates	- U.S Total					1,440,690	0	0	0	0	0
0799999 -	Affiliates - Tot	al Affiliates					1,440,690	0	0	0	0	0
Non-Affiliat	es - U.S. Non-Af	filiates					, ,		•	•		
95253	52 - 1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	10,965					
0899999 -	Total Non-Affili	ates - U.S. Non-A	ffiliates				10,965	0	0	39	0	0
1099999 -	Total Non-Affili	ates - Total Non-A	Affiliates				10,965	0	0	39	0	0
1199999 -	Total U.S. (Sum	of 0399999 and 08	99999)	1			1,451,655	0	0	39	0	0
	·····	•										
									<b>.</b>			<b>!</b>
									<b>-</b>			<b> </b>
										-		
	······	•										<b>†</b>
												<u> </u>
						<b>.</b>			ļ			ļ
									ļ			
									<b>-</b>			<b> </b>
0000000	Tatala					ļ	1 454 055	^	^	20	^	
9999999	เบเสเร						1,451,655	0	0	39	0	0

# SCHEDULE S - PART 2

4	Rei		able on Paid and Unpaid Losses Listed by Rei		Year	
1	2	3	4	5	6	7
NAIC	ID.	F#4:	Name	Daniellian.	D-:-I	l la a alal
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Affiliates	- U.S Other				203303
93688	23 - 2184623	01/01/2017	QCC_INS_CO	PA	29,593	
1399999 - Acc	ident and Health	- Affiliates - U.S. - Affiliates - U.S.	- Uther		29,593 29,593	0
		- Affiliates - Tota			29,593	0
Accident and Hea	alth – Non-Affili	ates - U.S. Non-Aff	iliates			
100000	21-6000928	01/01/2019 - Non-Affiliates - U	State of New Jersey	NJ	96,516,921 96,516,921	8,900,277 8,900,277
2199999 - Acc	ident and Health	- Non-Affiliates -	Total Non-Affiliates		96,516,921	8,900,277
2299999 - Acci	ident and Health	- Total Accident and	d Health		96,546,514	8,900,277
2399999 - Tota		399999, 0899999, 149	99999 and 1999999)	I	96,546,514	8,900,277
		•				
		•				
					<b> </b>	
	<b></b>	<b></b>			<del> </del>	
	ļ	<u></u>			<del> </del>	
		•				
					<b> </b>	
	<u> </u>					
					<b> </b>	
	ļ	ļ				
					<del> </del>	
	ļ					
					<del> </del>	
	ļ	<b>-</b>			<del> </del>	
		<b></b>			<del> </del>	
	ļ					
1	<u> </u>				†	
		ity and Accident ar			96,546,514	8,900,277

#### Ç

### **SCHEDULE S - PART 3 - SECTION 2**

Rei	insurance Ceded A	Accident and Healt	h Insurance Listed	d by Reinsuring Con	npany as of Decemb	er 31, Current Year	
	_	_	_		_		

			Re			n insurance Lister	a by Reinsuring Con						
1	2	3	4	5	6	7	8	9	10		Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count - Authorize	d - Affiliates -	U.S Other	-					-				
93688	23-2184623	01/01/2017	QCC INS CO.	PA	OTH/I	D	722						
93688	23-2184623	01/01/2017 01/01/2017	QCC INS CO	PA	OTH/G	D	303,420						
	- General Account	- Authorized - A	ffiliates - U.S Other				304,142	0	0	0	0	0	0
0399999	- General Account	- Authorized - A	ffiliates - U.S Total				304,142	0	0	0	0	0	0
0799999	- General Account	- Authorized - A	ffiliates - Total Authorized Affiliates				304,142	0	0	0	0	0	0
1199999	- General Account	- Authorized - T	otal General Account Authorized				304,142	0	0	0	0	0	0
4599999	- General Account	- Total General	Account Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		304,142	0	0	0	0	0	0
9199999	- Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3699999	, 4199999, 4899999,	5399999, 5999999, 649	99999, 7099999,							
7599999,	8199999 and 86999	999)					304,142	0	0	0	0	0	0
	· · · · · · · · · · · · · · · · · · ·												
	· · · · · · · · · · · · · · · · · · ·	•		·····	······	······							
	· · · · · · · · · · · · · · · · · · ·	•											
									-				
												•	
	· · · · · · · · · · · · · · · · · · ·	•											
	· · · · · · · · · · · · · · · · · · ·	•		·····		······							
	•	•		•		••••••		•				•	
									.				
		•											
						·····					ļ		<b></b>
		•		·····		······			-				
									·				
999999	) Totale						304 142	n	0	Λ	۸	Λ	Λ

Schedule S - Part 4

NONE

Schedule S - Part 5

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1	Omitted) 2	3	4	5
	2024	2023	2022	2021	2020
A. OPERATIONS ITEMS					
1. Premiums	304	1,164	1,469	1,657	1,107
Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance	106	387	491	552	391
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
Reinsurance recoverable on paid losses	96,547	85,020	84,126	79,603	68,256
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

				Direct Bu	siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL		-				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa							
17. Kansas	KS						[
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME		†			T	<u> </u>
21. Maryland						<b></b>	
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							ļ
30. New Hampshire							ļ
31. New Jersey							
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island						L	L
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX	•					
45. Utah							İ
46. Vermont	VT					<u> </u>	İ
47. Virginia						<u> </u>	İ
•							·
48. Washington							
49. West Virginia						ł	l
50. Wisconsin						<b>†</b>	<u> </u>
51. Wyoming							·
52. American Samoa							
53. Guam						ļ	ļ
54. Puerto Rico						ļ	ļ
55. U.S. Virgin Islands							ļ
56. Northern Mariana Islands						ļ	ļ
57. Canada	CAN						ļ
58. Aggregate Other Alien	TO						
59. Totals		0	0	0	0	0	İ

### 41

				T -				1 0	1 40	1 44	10	10	T 44	15	10
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence Other)		Entity(ies)/Person(s)		*
Code	Cloup Name		47 - 1233198	ROOD	CIIX	international)	Independence Health Group, Inc.	PA	UIP	(Ivaine of Entity/Ferson)	inilidence, Other)	0.0	Littly(les//refsort(s)	NO.	0
			47 - 1200 100				I macpendence nearth broup, me.			Independence Health Group,			Independence	1	
1 1		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Inc.	Ownership.	100.0	Health Group, Inc.	NO	0
			20 2420401	-			Trinor mourtin, mo.	1		1110			Independence		
		00000	92-0826129				AmeriHealth Franklin, LLC	.lDE	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	n
			02 0020120				Third modifies the rank time, EEO			AmeriHealth, Inc. (72.6%) /	0 milor on ip		Independence		
1 1										AmeriHealth Franklin, LLC			Health Group, Inc.		
1 1										(0.7%) / Trustees of the			/ Trustees of the		
										University of Pennsylvania			University of		
1 1		00000	46-5339475				Tandigm Health, LLC	DF	NIA	(26.7%)	Ownership	73.3	Pennsy I van i a	NO	0
		100000					1		1	(== ···/		1	Independence	1	
									1				Health Group, Inc.		
													/ Trustees of the		
													University of		
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	73.3	Pennsy I van i a	NO.	0
			02 1200210				1	1					Independence	1	
1 1													Health Group, Inc.		
1 1													/ Trustees of the		
1 1													University of		
		00000	47 - 2516811				Tandigm Scholars, Inc	.lPA	0TH	Tandigm Health, LLC	Board	0.0	Pennsy I van i a	NO	0
										1			Independence		
1 1													Health Group, Inc.		
1 1													/ Trustees of the		
1 1													University of		
		00000	85-0672015				Tandigm HVN, LLC.	PA	NIA	Tandigm Health, LLC	Ownership	73.3	Pennsy I van i a	NO	0
1									1		'		Independence		
1									1				Health Group, Inc.		
1									1				/ Trustees of the		
									1				University of		
		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	.Ownership		Pennsy I van i a	N0	0
									1				Independence		
									1				Health Group, Inc.		
									1				/ Trustees of the		
							Tandigm Specialist Alliances,		1				University of		
		00000	85-0682780				LLC	PA	NIA	Tandigm HVN, LLC	Ownership		Pennsy I van i a	N0	00
1									1				Independence		
1									1				Health Group, Inc.		
									1				/ Doylestown		
									1				Hospital /		
1									1				Trustees of the		
						1			1				University of		
1		00000	88-3900008	.]		l	Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	0wnership	44.0	Pennsy I van i a	. <b>I</b> N0	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	1	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
						<i>'</i>			,		, - ,	,	Independence		
													Health Group, Inc.		
													/ Trustees of the		
							Penn Medicine Healthcare						University of		
		00000	88-3890709				Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	73.3	Pennsy I van i a	NO	0
													Independence		
													Health Group, Inc.		
													/ Trustees of the		
		00000	05 0000774				TDO II I I O	D.		T 1: 10/41 11.0		70.0	University of	l No	
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	/3.3	Pennsy I van i a	NU	0
													Independence		
													Health Group, Inc. / Trustees of the		
													University of		
		00000	85-2543447				Tandigm Physician Services, LLC.	DE	NIA	TPS Hold Co., LLC	Ownership	27 /	Pennsylvania	NO.	٥
		00000	00-2040441				Tranurgii Filysteran Services, ELG.	كالا	N 1 A	IF3   HOTO GO., ELG	. Ownerstrip		Independence		
													Health Group, Inc.		
										AmeriHealth, Inc. (55.2%) /			/ Comcast		
										Comcast Connected Health, LLC			Connected Health,		
		00000	82-5264307				1819 LLC	DE	NIA	(44 . 8%)	Ownership	55.2	LLC	NO.	0
										[		İ	Independence	1	
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Health Group, Inc.	NO	0
											· '		Independence		
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	NO	0
													Independence		
		00000	90-0799945				. 3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	.Ownership	40.5	Health Group, Inc.	. N0	0
								<b>.</b>					Independence		
		00000	23-2800586				.The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	.Ownership	100.0	Health Group, Inc.	NU	J0
										Independence Blue Cross, LLC			Independence Health Group, Inc.		
										/ Anthem Partnership Holding			/ Elevance Health.		
		00000	84-4672692				GR Health Solutions. LLC	PA	NIA	Company, LLC	Ownership	50.0		NO	1
		00000	04-4072032				Tok hearth solutions, ELC	^	N17	Company, LLo	. Owner strip		Independence		
													Health Group, Inc.		
							Group Retiree Health Solutions,						/ Elevance Health,		
00671	Elevance Health, Inc.	12812	30-0326654				Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Inc.	NO.	0
	Independence Health Group,												Independence		
00936	Inc.	95794	51-0296135				Healthcare Delaware, Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N0	0
	Independence Health Group,				1						· ·		Independence		
00936	Inc.	60254	23-2865349				Independence Insurance, Inc	DE	IA	Independence Blue Cross, LLC.	Ownership	100.0	Health Group, Inc.	N0	0
													Independence		
		00000	98-0426648				. AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	.Ownership	100.0	Health Group, Inc.	. N0	0
													Independence		
		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	. Uwnership	100.0	Health Group, Inc.	. N0	0
		00000	22 2024200				NS Assisted Living Communities,	D.A	NI LA	Amorilloolth Commisse Iss	Ownersh:	400.0	Independence	NO.	
		00000	23-2824200				Inc.	PA	NIA	AmeriHealth Services, Inc	unersnip	1	Health Group, Inc.	. <b>.</b>	JU

							_	_							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s		*
						,				(			Independence	, ( , - , - , - , - , - , - , - ,	
		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N0	0
													Independence		
													Health Group, Inc.		
													/ Mercy Health		
		00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	. Independence Holdings, Inc	Ownership	50.0	Plan	N0	0
00000	Independence Health Group,	00000	00 0404000				000 1	D.	1	L		400.0	Independence		
00936	Inc	93688	23-2184623				QCC Insurance Company	PA	I A	Independence Blue Cross, LLC	Ownersnip	100.0	Health Group, Inc.		J
		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership.	100.0	Health Group, Inc.	NO.	٥
			01-0001001				International Plan Solutions.	A	N 1 //	. Que misurance company	Owner Sirrp	100.0	Independence		
		00000	27 - 0204996				III C	DE	NIA	QCC Insurance Company	Ownership	38.2	Health Group, Inc.	NO	٥
			21 0204000							International Plan Solutions.	0 W1101 3111 p		Independence		
		00000	23-2903313				Highway to Health, Inc	DE	NIA	LLC	Ownership	13.0	Health Group, Inc.	NO.	0
											,		Independence		
		00000	98-0408753				HTH Re, Ltd	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc.	N0	0
							Worldwide Insurance Services,				-		Independence		
		00000	54 - 1867679				LLC	VA	N I A	Highway to Health, Inc	Ownership	13.0	Health Group, Inc.	NO	0
							AmeriHealth Administrators,			1			Independence		
	1	00000	23-2521508				Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	NO	0
00000	Independence Health Group,	16053	81-3078234				Ladanardana Assurana Camana	PA	I A	Independence Plus Crees IIC	O	100 0	Independence	NO.	
00936	IncIndependence Health Group.	10033	01-30/0234				Independence Assurance Company	PA		Independence Blue Cross, LLC	ownership	100.0	Health Group, Inc.	INU	
00936	Inc.	95044	23-2314460				AmeriHealth HMO, Inc	PA	I A	Independence Blue Cross, LLC	Ownershin	100 0	Health Group, Inc.	NO.	٥
00000	Independence Health Group,		20 2014400				Trinor mourth rimo, mo.	1		Thidopondonoo Brao orooo, EEo	о жилот эттр	1	Independence	1	
00936	Inc.	95056	23-2405376				Keystone Health Plan East, Inc	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	NO.	0
							1 .,			Independence Blue Cross, LLC	,				
										(54%) / QCC Insurance Company					
										(23%) / Keystone Health Plan,			Independence		
		00000	85-1427898				. 1901 Market Holdco, LLC	DE	NIA	Inc. (23%)	Ownership	100.0	Health Group, Inc.	N0	0
		00000	05 4400004				4004 Marilat 110	DE	NII A	4004 Marilat Halder IIIO	O	400.0	Independence	NO.	
	Independence Health Crous	00000	85-1428394				1901 Market, LLC	DE	NIA	. 1901 Market Holdco, LLC	Ownership	100.0	Health Group, Inc.	NU	<sup>0</sup>
00936	Independence Health Group,	54704	23-0370270				Independence Hospital Indemnity	PA	I IA	Independence Blue Cross. LLC	Board	0.0	Health Group. Inc.	NO	ا ۱
00330	. 1110	347 04	23-03/02/0				Independence Blue Cross	· · · · · · · · · · · · · · · · · · ·		Independence Brue cross, ELG	D0a1 u	1	Independence		
		00000	36-4685801				Foundation	PA	0TH	Indemnity Plan. Inc	Board	0.0	Health Group. Inc.	NO	n l
			1000001							Independence Hospital	200. 0	1	Independence	1	
	Independence Health Group,						Inter-County Hospitalization		1	Indemnity Plan, Inc. (50%) /			Health Group, Inc.	1	
00936	Inc.	54763	23-0724427				Plan, Inc.	PA	IA	Highmark, Inc. (50%)	Board	0.0	/ Highmark Health.	N0	0
									1	Independence Hospital			Independence	1	
	Independence Health Group,						[ <u>.</u>		1	Indemnity Plan, Inc. (50%) /	<u>.</u> .		Health Group, Inc.		
00936	Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA		Highmark, Inc. (50%)	Board	0.0	/ Highmark Health.		0
		00000	40 0070000				AmeriHealth Casualty Holdings,	D.4	NI A	Amanillanith in	Owner mele i :-	400.0	Independence	NO.	
		00000	46 - 3878323				LLU	PA	NIA	AmeriHealth, Inc.	Ownership		Health Group, Inc.	NU	0
		00000	25 - 1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Health Group, Inc.	NO	ا ۱
		00000	20-1000000				AmeriHealth New Jersey	M	[N   M	.	Owner 9111h	100.0	Independence	INU	
		00000	46-3893959				. Holdings, LLC	PA	UDP	AmeriHealth, Inc	Ownership	100 0	Health Group, Inc.	NO	ا ۱
L			TU - JUJJJJJJJ				411010111193, LLU	. J //	וטע		Omition 3111 p		Theatth oroup, Inc.	INU	U

Name of Securities Exchange if Publiship Code   Name of Securities Exchange if Code   Name of Securities Exchange if Code   Name of Securities   Name of Securit	1	2														1 40
Securities  Group Arme Code Group Number Code Group Number Code Group Number Code Number NSSD Cit Federal Fede		_	3	4	5	6	7 Name of	8	9	10	11	12	13	14	15	16
Relationship   Code   Company   ID   Federal																
Group Code Group Name Company ND Code Number RSSD CIK Trade (U.S. or International) Parent, Subsidiaries Domiciliary Code Independence Heal Ith Group, 100001. 22-3338404										Relationship			If Control is		ls an SCA	
Company   Code   Code   Code   Company   Company   Code			NAIC					Names of			1					
Code   Grup Name   Code   Number   RSSD   CIK   International)   Oxfaffiliates   Location   Entity (Response)   Number   Code   Response   City (Response)   Number   City (Response)	Group			ID	Fodoral				Domicilian		Directly Controlled by			Liltimate Controlling		
Independence Health Group,   60061   22-338404   of New Jersey   NJ   RE   Holdings, LC   Amerikealth New Jersey   Holdings, LC   Amerikealth Group, Inc.   NO   Independence   Health Group, Inc.   Health Group, Inc		Group Namo				CIK							Porcentage	Entity/ice\/Porcon/c\	(Voc/No)	*
100   100	Code		Code	Number	KOOD	CIK	international)		Location	Entity		inilidence, Other)	reiceillage		(Tes/NO)	
Name	00026		60061	22 2220404					N. I	DE		Ownerchin	100.0		NO	٥
Merchange   March   Merchange   Merchang	00930	1116	. 00001	22-3330404				Of New Jersey		NE	Amori Hoolth Inc. (05%) /	Townership	100.0	nearth Group, mc.	INU	<sup>U</sup>
BC MH LLC.   DE   N1A   (5%)   Ownership   .100.0   Heal th Group, Inc.   N0   Independence   Heal th Group, Inc.   Jilue Cross Blue   Shield of Michigan   Nutual Insurance   Michigan   Nutual Insurance   Heal th Group, Inc.   Jilue Cross Blue   Shield of Michigan   Nutual Insurance   Nutual Ins														Indopondopoo		
Independence Health Group, Inc. 9660. 23-2408039. Vista Health Plan, Inc. PA JA. Vista Holdco, LLC. Ownership			00000	45 0070040				IDC MILLIC	NE.	NII A	Keystone nearth Fran East	O	100.0		NO.	١
Health Group, Inc.   Health			. 00000	45-36/2640	-			IBC MH LLC	. DE	N I A	(5%)	.luwnersnip		Health Group, Inc		
Independence Health Group,   1/2														Independence		
Independence Health Group, Inc.  9660. 23-2408039. Vista Health Plan, Inc														Health Group, Inc.		
Independence Health Group, Inc. 9660. 23-2408039. Vista Health Plan, Inc. PA. IA. Vista Holdco, LLC. Ownership61.3 Company. Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.														/ Blue Cross Blue		
00936   Inc.   9660   23-2408039   Vista Health Plan, Inc.   PA   JA   Vista Holdco, LLC   Ownership   61.3   Company   NO   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   No   Independence   Health Group, Inc.   No   Independence   Health Group, Inc.   Health Group, Inc.   No   Independence   Health Group, Inc.   Health G		l												Shield of Michigan		
Independence   Health Group, Inc.   Blue Cross Blue   Shield of Michigan   Mutual Insurance   Mutual Insur																
Vista Holdco, LLC. DE NIA IBC MH LLC. Ownership. 61.3  Outlier Torup, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Michigan Mutual Insurance Undependence Health Group Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Undependence Health	00936	Inc	96660	23-2408039				Vista Health Plan, Inc	. PA	I A	Vista Holdco, LLC	.[Ownership	. 61.3	Company	. N0	0
Vista Holdco, LLCDENIA. IBC MH LLC																
Vista Holdco, LLC.  DE NIA IBC MH LLC.  Ownership.  Ownership.  Ownership.  Shield of Michigan Mutual Insurance Company.  Company.  Company.  DE NIA IBC MH LLC.  Ownership.  Ownership.  Ownership.  AmeriHealth Caritas Services.																
Vista Holdco, LLC.  DE NIA IBC MH LLC.  Ownership 61.3 Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company NO Independence Health Group NO Independence Health Group NO Independence Health Group NO Independence Health Group NO Independence Health Group NO Independence Health Group NO Independence Health Group NO Independence H																
Ownership. G1.3 Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.																
Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company																
Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company			. 00000	92-3644953				Vista Holdco, LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Company	NO	0
BMH LLC														Independence		
BMH LLC														Health Group, Inc.		
BMH LLC														/ Blue Cross Blue		
Mutual Insurance Company														Shield of Michigan		
DE NIA IBC MH LLC. Ownership 6.1.3 Company No Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance																
Independence Health Group, Inc. / Blue Cross Blue Shuld of Michigan Mutual Insurance			00000	30-0703311				BMH LLC	DF	NIA	IBC MH LLC	Ownership	61.3	Company	NO.	0
Health Group, Inc. / Blue Cross Blue Shield of Michigan AmeriHealth Caritas Services.  Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance				00 07 000 11					1		100 1111 220			Independence	1	
/ Blue Cross Blue Shield of Michigan AmeriHealth Caritas Services.																
Shield of Michigan   AmeriHealth Caritas Services.   Mutual Insurance														/ Blue Cross Blue		
AmeriHealth Caritas Services.																
								AmoriHoalth Caritas Sarvisas								
			00000	AE EA1E70E				III C	DF	NIA	BMH LLC.	Ownership.	61.2		NO	٥
				40-04 107 20	-			LLU	µ⊑	N I A	DIMIT LLU	. Ownersinp			1NU	0
Health Group, Inc.									1							
Hearth Group, Inc.									1							
									1					I Dide Cross Bide		
Shield of Michigan								Ossial Determinants of Life	1					Silield of Michigan		
Social Determinants of Life, Mutual Insurance			00000	05 4004000						ļ "	DMIL LLO					_
				85-4321302	-			Inc	DE	N I A	BMH LLC	. Uwnership	. 61.3	Company	. NO	
Independence Independence									1							
Health Group, Inc.									1					Health Group, Inc.		
/ Blue Cross Blue									1					/ Blue Cross Blue		
Shield of Michigan									1							
Social Determinants of Life Mutual Insurance											Social Determinants of Life,			Mutual Insurance		
	l		. 00000	47 - 5496220	.			Wider Circle, Inc	DE	NIA	Inc	.Ownership	16.6	Company	N0	0

				-		T -	1 0		1 40	14	10	1 40	1 44	1 45 1	40
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
		. 00000 3	38-3946080				BMH SUBCO   LLC	DE	N I A	BMH LLC.	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							DWL OURGO LL LLO	5-		B.W			Mutual Insurance		
		00000	30 <b>-</b> 0768643	-			BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership		Company	NU	0
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBC0 II LLC (50%)	Ownership	61.3	Company	NO	0
							, , , , , , , , , , , , , , , , , , , ,			(11.)			Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										DMIL OUDOO I LLO (FOW) / DMIL			Shield of Michigan		
		00000 2	23-2859523				  AmeriHealth Caritas Health Plan	l PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.2	Mutual Insurance Company	NO	0
		. 00000	23-2009023	-			i Allier i neartir Carritas neartir Fran <u>.</u> I	FA	N I A	SUBCO 11 LLC (50%)	. Ownerstrip	01.3	Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas Louisiana,						Mutual Insurance		
00936	. Inc.	14143 2	27 - 3575066				Inc	LA		AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	Independence Health Group,												Shield of Michigan Mutual Insurance		
00936	Inc	151044	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	Ownership	61 2	Company	NIO	ا ۱
00000		10104	+0-0300033				Initial init		1	I Horarigo corp	. O #1161 9111 p		Independence	INO	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						Select Health of South						Mutual Insurance		
00936	. Inc	95458 5	57 <b>-</b> 1032456	.			Carolina, Inc	SC	A	AMHP Holdings Corp	Ownership	61.3	Company	N0	0

						_					1 40	1 40		1 4- 1	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc.	15088	46-1480213				Columbia, Inc.	DC	IA	AMHP Holdings Corp	Ownership.	61.3	Company	NO	0
							,			]			Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
		00000	07 0000070				DanfannDy II C	PA	N I A	AmeriHealth Caritas Health	O	C4 0	Mutual Insurance	NO	0
		. 00000	27 - 0863878				PerformRx, LLC	PA	N I A	Pran	Ownership		CompanyIndependence	NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
		. 00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	IPIan	Ownership		Company	NO	0
			20 1000211				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		. o		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
			00 4444000				LINE II I I I	<u> </u>		AmeriHealth Caritas Health			Mutual Insurance		
		. 00000	26-1144363				AMHP Holdings Corp	PA	NIA	PTan	Ownership		Company	. N0	0
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
							Community Behavioral						Shield of Michigan		
							Healthcare Network of						Mutual Insurance		
		. 00000	25-1765391				Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
							· .						Independence		
													Health Group, Inc.		
										Community Bahavianal			/ Blue Cross Blue		
	Independence Health Craus									Community Behavioral Healthcare Network of			Shield of Michigan Mutual Insurance		
00936	Independence Health Group,	13630	26-0885397				CBHNP Services, Inc	PA	1.4	Pennsylvania, Inc	Ownership		Company	NO	0
00930		. 13030	ZU-U0000391				TODIIME SELVICES, IIIC	.	I A	[FUIIISYIVAIIIA, IIIU	Towner2111h	J	vuiiipai iy	. N∪	U

							T			1	T				
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
	•					,			1		, ,	J	Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas Florida,			AmeriHealth Caritas Health			Mutual Insurance		
00936	Inc	. 14378	45-4088232				Inc	FL		Plan	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										IBC MH LLC (30.6%), Michigan			Shield of Michigan		
	Blue Cross Blue Shield of	11557	47 0500040				Blue Cross Complete of Michigan		1.4	Medicaid Holdings Company	O	20.0	Mutual Insurance	NO	0
00572	Michigan	1100/	47 - 2582248				LLU	JVI I	A	(69.4%)	Ownership	30.6	Company	NO	
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,												Mutual Insurance		
00936	Inc	16/151	82-1141687				AmeriHealth Caritas Texas, Inc	ТХ	IA	AMHP Holdings Corp	Ownership	61 3	Company	NO	0
00000	1110	. 10401	102-1141007				Amerinearth carries rexas, me	/ /		Amili Horarings corp	0 WING 1 3111 P		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Delaware,						Mutual Insurance		
		. 00000	61-1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Company	N0	2
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
00000	Independence Health Group,	40.400	04 4057700				AmeriHealth Caritas New Mexico,			AMUR III III		04.0	Mutual Insurance	NO	
00936	Inc	. 16422	61-1857768				Inc	NM	IA	AMHP Holdings Corp	Ownership		Company	N0	0
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas North						Mutual Insurance		
00936	Inc	16539	83-1481671				Carolina, Inc.	NC	I A	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
30000	1110	10000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Jan or ma, mo			Trum Horarings sorp	, o		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Minnesota,						Mutual Insurance		
		. 00000	83-3241979	l			Inc.	MN	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0

	-								1	1					
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	' ID	Federal		Traded (U.S. or			Reporting	Directly Controlled by	Attorney-in-Fact,	Provide			
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas New						Mutual Insurance		
00936	Inc	16496	83-0987716				Hampshire, Inc.	NH	IA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
00000		10100					Trainport to, the			Trimin Horaringo corp			Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
00000	Independence Health Group,	40000	04.0405074					011		AMUD II III		04.0	Mutual Insurance	NO.	
00936	Inc	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	DH	I A	AMHP Holdings Corp	.Ownership	61.3	Company	N0	0
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Oklahoma,						Mutual Insurance		
		00000	81-4458766				Inc	OK	NIA	AMHP Holdings Corp	. Ownership	61.3	Company	NO	0
											, i		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
							AmeriHealth Caritas Nevada.						Shield of Michigan Mutual Insurance		
		00000	85-3713213				Inc.	NV	NIA	AMHP Holdings Corp.	Ownership.	61.3	Company	NO	0
			. 00-07 102 10				1110.			Amili Horuriga corp	. Owner strip		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas California,						Mutual Insurance		
		. 00000	86-2442207				Inc	CA	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas VIP Next.						Mutual Insurance		
00936	Inc	17293	87 - 4065041				Inc	DE		AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
			1				Annuille dale Onitana Wast					1	Shield of Michigan		
		00000	04 2266027				AmeriHealth Caritas West	WV	NIA	AMUD Holdings Corp	Ownership	61.0	Mutual Insurance	10	
			84-2266837				Virginia, Inc	₩V	N I A	AMHP Holdings Corp	. Ownership	J	Company	NO	U

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC	15			Publicly	Names of		to	D: # 0 1 # 11	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	(Ves/No)	*
Code	Group Name	Code	Number	NOOD	CIK	international)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	inilidence, Other)		Independence		
													Health Group, Inc. / Blue Cross Blue		
													/ Blue Cross Blue		
							Annuille of the Original Wiles in the						Shield of Michigan		
		00000	36-5071692				AmeriHealth Caritas Virginia,	VA	NIA	AMHP Holdings Corp	Ownership	61 3	Mutual Insurance	NO	0
		00000	00-007 1002				1110			Third Horarings our p	Ι Ο ΨΙΙΟΙ 3ΙΙΙ Ρ		CompanyIndependence		
													Health Group, Inc. / Blue Cross Blue		
													/ Blue Cross Blue		
	Ladamandanaa Haaliib Caaya						Amenillanith Coniton Connein						Shield of Michigan Mutual Insurance		
	Independence Health Group,	17544	37 - 2065928				AmeriHealth Caritas Georgia,	GA		AMHP Holdings Corp	Ownership	61 3	Company	NO	0
00930	1116	17 544	37 -2003320				1116			Third Horalings corp	Owner 3111 p		Colliparty		
														·	
														1	
									1						

Asterisk	Explanation
1	50% owned by unaffiliated investors.
	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

		PART 2 - SUMMAR	Y OF INS	URER'S	IRANSA	CHONS	WIIH AN	NY AFFIL	IAIES		
1	2	3	4	5	Purchases, Sales or Exchanges of Loans, Securities, Real	`Incurred in Connection with Guarantees or	8	9 Income/ (Disbursements)	Any Other Material Activity Not in the	12	Reinsurance Recoverable/ (Payable) on Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under	Ordinary Course of		Reserve
NAIC Company		N CI ID LOLLE ACTIVE	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	the Insurer's	T	Credit
Code 54704	Number 23-0370270	Names of Insurers and Parent, Subsidiaries or Affiliates Independence Hosp Indemnity Plan, Inc	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts (33, 152, 581)	Agreements	* Business	Totals (33,152,581)	Taken/(Liability)
	47 - 1233198	Independence Health Group, Inc					24 704 546		<del>    </del>	34,784,546	
00000	46-3867722	Independence Blue Cross, LLC	66,480,000				34,784,546 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	(4,370,300)	l	(028,498,463)	(14,149,522
95056	23-2425461	Amerinearth, Thu.	(37,602,576)	(23,000,000)			(1 225 765 562)		······	(1,263,368,138)	
60061	22-3338404	Keystone Health Plan East, Inc	(37,002,370)				(1,225,765,562)		·····	(1,203,306,136)	
00001	23-2314460	AmeriHealth HMO, Inc					(3,906,295)		<del>    </del>	(131,000,140)	
95044 00000	23-2800586	The AmeriHealth Agency, Inc.			<del> </del>		(3,900,295)		<del>    </del>	(3,906,295)	
00000	23-2500586	Ine AmeriHealth Agency, Inc	-		<del> </del>		(ZU, 804)		<del>     </del>	(20,804)	
00000	23-2521508	Amerille of the Corvince The	-		<del> </del>		(65,107,105)		<del>     </del>	(65, 107, 105)	
00000	46-3878323	AmeriHealth Services, Inc	(1,500,000)				(913,340)		<del>   </del>	(913,340)	
00000	25-1686685	AmeriHealth Casualty Holdings, LLC	(1,500,000)				(4,875,769)		<del>   </del>	(1,500,000)	
00000	25-1765486	ICSI Services, Inc.					(4,675,769)		<del>     </del>	(4,675,769)	
95794	51-0296135		-		ļ		(1,305)		<del>    </del>	(1,300)	
95794	01-0290130	Healthcare Delaware, Inc.	-		<del> </del>		(13,578)		<del>    </del>	(13,578)	
60254	23-2865349	Independence Insurance, Inc			ļ		(12,773)		<del>    </del>	(12,773)	
00000	23-2982367	Independence Holdings, Inc.	-		<b></b>		3,630		<del>     </del>	3,630	
96660	23-2408039	Vista Health Plan, Inc.					(13,754,610,455)		ļļ.	(13,754,610,455)	
00000	98-0426648	AmeriHealth Assurance, Ltd.	(000 740 400)				(1,956,713)		ļļ.	(1,956,713)	
00000	45-3672640	IBC MH LLC.	(392,748,490)				050 040 040			(392,748,490)	
00000 16053	46-5339475	Tandigm Health, LLC					859,946,819		ļ	859,946,819	
16053	81-3078234	Independence Assurance Company.		25,000,000			(18,501,542)		ļļ.	6,498,458	
00000	85-1428394	1901 Market, LLC	(12,000,000)		ļ				ļļ.	(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		ļļ.	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 27 - 3575066	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.			<b></b>		(79,869,165)		ļļ.	(79,869,165)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.	(15,000,000)		ļ		(51,530,180)		ļļ.	(66,530,180)	
17544	37 - 2065928	AmeriHealth Caritas Georgia, Inc		25,000,000			<u> </u>			25,000,000	
15104	46-0906893	AmeriHealth Michigan, Inc.		20,000,000			(15,682,181)			4,317,819	
00000	23-2850523	AmeriHealth Caritas Health Plan			<u> </u>		` ·			0	
00000	45-5415725	AmeriHealth Caritas Services, LLC			<u> </u>		525,480,756			525,480,756	
16451	82-1141687	lAmeriHealth Caritas Texas. Inc.					17,063			17,063	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc					14.403		ļ	14.403	
16498	83-0987718	AmeriHealth Caritas New Hampshire, Inc.		10,000,000			(30,421,109)		<u> </u>	(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)		<u> </u>	(35,677,723)	
00000	27-0863878	PerformRx, LLC					44 289 194			44, 289, 194	
00000		PerformSpecialty, LLC								98,391,570	
17293	87 - 4065041	AmeriHealth Caritas VIP Next, Inc.		14,000,000			(13,599,848)			400 . 152	
00000		AMHP Holdings Corp.	59,000,000	(104,000,000)						(45,000,000)	
		1 0 1		( - , , )							
9999999 Cd	ontrol Totals		0	0	0	0	0	0	xxx	0	(

### **SCHEDULE Y**

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

		Ownership Percentage	Granted Disclaimer of Control\Affiliation of Column 2 Over			Ownership Percentage	Granted Disclaimer of Control\Affiliation of Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Georgia, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas Louisiana, Inc	AMHP Holdings Corp	100 . 000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas District of Columbia, Inc	AMHP Holdings Corp	100 . 000 %	NONO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
	· ·			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas New Hampshire, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
·				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas New Mexico, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas North Carolina, Inc	AMHP Holdings Corp	100 . 000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas Ohio, Inc.	AMHP Holdings Corp	100 . 000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas Texas, Inc.	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Caritas VIP Next, Inc	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
meriHealth HMO. Inc.	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
meriHealth Insurance Company of New Jersey	AmeriHealth New Jersey Holdings, LLC	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO.
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
meriHealth Michigan, Inc.	AMHP Holdings Corp	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO.
<del></del>				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
lue Cross Complete of Michigan LLC	IBC MH LLC / Michigan Medicaid Holdings Company	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
	Community Behavioral Healthcare Network of			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
BHNP Services, Inc	Pennsylvania, Inc	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
2.11				Elevance Health. Inc.	Elevance Health, Inc. (See Anthem Sch Y)		
roup Retiree Health Solutions, Inc	GR Health Solutions, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
ealthcare Delaware, Inc.	Independence Blue Cross, LLC	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
ndependence Assurance Company	Independence Blue Cross, LLC	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
ndependence Hospital Indemnity Plan, Inc	Independence Blue Cross, LLC	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
ndependence Insurance. Inc	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
naoponaonoo moaranoo, mo	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)	100.000 %	
nter-County Health Plan, Inc	Highmark. Inc.	0.000 %	NO.	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO NO
Journal House, months	Independence Hospital Indemnity Plan, Inc. /	70		Highmark Health	Highmark Health (See Highmark Health Sch Y)	100.000 //	
nter-County Hospitalization Plan, Inc.	Highmark. Inc.	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group. Inc.	100.000 %	NO
eystone Health Plan East, Inc.	Independence Blue Cross, LLC.	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
CC Insurance Company	Independence Blue Cross, LLC.	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
oo moaranoo oompany	madpondono brad drood, EEd			BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
Select Health of South Carolina, Inc.	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	N0
orost nourth or south surstinu, ins	norumgo oorp	100.000 /0		BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	
	I I	1			Independence Health Group, Inc.	1 400 000 0	NO
ista Health Plan. Inc.	Vista Holdco, LLC	100.000 %	NO.	Independence Health Group, Inc.	Independence Health Group Inc	100.000 %	IXII I

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### REQUIRED FILINGS

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
Howe interr	SUPPLEMENTAL FILINGS  bllowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of ogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your componer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.		N0
14.		N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
16.	filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	electronically with the NAIC by March 1?	SEE EXPLANATION
18.	electronically with the NAIC by March 1?	SEE EXPLANATION
19.		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?	N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
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	YES
	NAIC by April 1?  AUGUST FILING	ILO
24.		YES
Expla	nation:	
11. Bu	usiness not written	
12. Bu	usiness not written	
13. Bu	usiness not written	
14. Bı	usiness not written	
15. Bi	usiness not written	
16. TI	he Company did not file for approval	
17. TI	he Company did not file for approval	

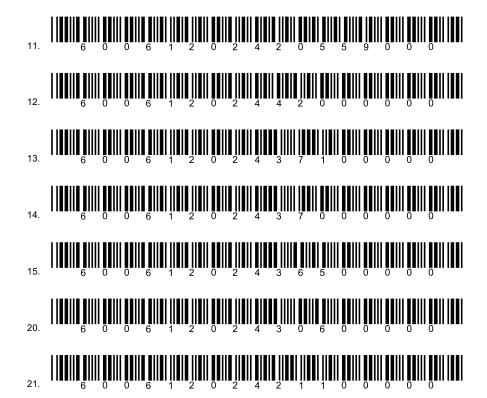
20. Business not written

18. The Company did not file for approval

21. Business not written

#### Bar code:

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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

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

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



NAIC Company Code 60061

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

#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Jersey

		Person Title	Director, Actu			rth						Т	elephone Numbe	er 215-241-3633			
1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2021			Policies Issued in	2022, 2023, 2024	ļ
										11	Incurred	l Claims	14	15	Incurred	Claims	18
		Standardized Medicare		Plan		Date	Date				12	13 Percent of	Number of		16	17 Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
									AmeriHealth_Medicare								
Yes	16877	. A	No	0234000	01/01/2015				Supplement Plan A AmeriHealth Medicare	45,670	40,787	89.3	24	11,755	2,612	22.2	
Yes	16866		No	0204060	01/01/2015				Supplement Plan C	744,355	1,278,611	171.8	290	29,652	38,587	130 . 1	12
Yes	16867	F	No	0234000	01/01/2015				AmeriHealth Medicare Supplement Plan F	12,092,511	10,482,188	86.7	3,555	218,087	186,094	85.3	65
Yes	16868	N	No	0234000	01/01/2015				AmeriHealth Medicare Supplement Plan N	1,405,076	1,233,389	87.8	586	168,653	131,064	77 .7	87
Yes	18796	n	No	0204060	01/01/2020				AmeriHealth Medicare Supplement Plan D	30,523	70,358	230.5	1/	25,643	92.539	360.9	19
	107 00							• • • • • • • • • • • • • • • • • • • •	AmeriHealth Medicare Supplement Plan G and Plan			200.0		20,040			
Yes	18797		No	0234000	01/01/2020				G High Deductible	810,974	684,740	84.4	351	742,216	684,452	92.2	388
0199999 7	OTAL EXPERIEN	<u>ICE ON INDIVI</u>	DUAL POLICIES	3						15, 129, 109	13,790,073	91.1	4,820	1,196,006	1,135,348	94.9	573
								•									
					<b>†</b>	<b>+</b>											
0200000 7	OTAL EXPERIEN	ICE ON GROU	P POI ICIES			<b></b>					0	0.0		0	0	0.0	

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).

NAIC Group Code 0936

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

- 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"



**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
	Health	
3.	Homeowners	N0
4.	Individual annuity	NO
5.	Individual life	NO
	Lender-placed home and auto	
7.	Long-term care	N0
8.	Other health	N0
9.	Private flood	NO
10.	Private passenger auto	N0
11.	Short-term limited duration health plans	NO
	Travel	NO NO