



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2689
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B. Haynes , 215-241-2689
(Name) (Area Code) (Telephone Number) (Extension)
Lori.Haynes@jbx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Daniel Joseph Hilferty</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Michael Walsh Sullivan #</u>	<u>Executive V.P. - President, NJ</u>
<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>	<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>
<u>Kathryn Ann Galameau</u>	<u>Senior Vice President</u>	<u>Regina Heffernan #</u>	<u>Senior Vice President</u>
<u>Thomas Aloysius Hutton</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
			<u>President, Commercial & Consumer Markets</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley #</u>	<u>Richard Joseph Neeson</u>
<u>Micheal Walsh Sullivan #</u>			

State of Pennsylvania

County of Philadelphia

SS

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.

Daniel Joseph Hilferty
President & C.E.O.

Gregory Eugene Deavens
E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
September 22, 2018

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	79,997,801		79,997,801	81,097,285
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0		0	0
2.2 Common stocks.....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances).....			0	0
4.3 Properties held for sale (less \$ encumbrances).....			0	0
5. Cash (\$1,010,456 , Schedule E-Part 1), cash equivalents (\$400,027 , Schedule E-Part 2) and short-term investments (\$3,534,018 , Schedule DA).....	4,944,500		4,944,500	2,741,043
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities.....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	84,942,302	0	84,942,302	83,838,328
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued.....	221,882		221,882	180,098
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	19,038,567	2,592,970	16,445,597	10,275,874
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$).....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	31,044,136		31,044,136	117,412,439
16.2 Funds held by or deposited with reinsured companies.....			0	0
16.3 Other amounts receivable under reinsurance contracts.....	10,275,715		10,275,715	19,549,901
17. Amounts receivable relating to uninsured plans.....	5,551,668	9,154	5,542,514	9,281,675
18.1 Current federal and foreign income tax recoverable and interest thereon.....	855,180		855,180	0
18.2 Net deferred tax asset.....	858,112		858,112	741,982
19. Guaranty funds receivable or on deposit.....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$).....	599,747	599,747	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	0
23. Receivables from parent, subsidiaries and affiliates.....	5,494,747		5,494,747	8,787,015
24. Health care (\$6,103,277) and other amounts receivable.....	9,129,728	2,802,302	6,327,427	9,410,180
25. Aggregate write-ins for other-than-invested assets.....	13,731,770	13,694,615	37,155	62,983
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	181,743,554	19,698,788	162,044,766	259,540,475
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	181,743,554	19,698,788	162,044,766	259,540,475
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other assets non-admitted.....	915,628	915,628	0	0
2502. Health Care Reform.....	12,816,142	12,778,986	37,155	62,983
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	13,731,770	13,694,615	37,155	62,983

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 47,541,217 reinsurance ceded)	1,917,192	101,760	2,018,952	2,438,406
2. Accrued medical incentive pool and bonus amounts	21,134		21,134	21,592
3. Unpaid claims adjustment expenses	28,574	1,122	29,696	32,563
4. Aggregate health policy reserves, including the liability of \$ 1,600,000 for medical loss ratio rebate per the Public Health Service Act	20,848,529		20,848,529	12,661,454
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	5,491,247		5,491,247	6,403,627
9. General expenses due or accrued	9,385,999		9,385,999	17,096,506
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	0		0	247,694
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	36,196,496		36,196,496	109,775,723
12. Amounts withheld or retained for the account of others	724,434		724,434	3,216,530
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	17,965,120		17,965,120	18,412,613
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 48,075,785 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	48,075,785		48,075,785	67,872,684
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,720,717		2,720,717	2,054,647
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	143,375,226	102,882	143,478,108	240,234,039
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	8,315,309
26. Common capital stock	XXX	XXX	400,000	400,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	272,506,359	272,506,359
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(254,339,701)	(261,915,232)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	18,566,658	19,306,436
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	162,044,766	259,540,475
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ACA Section 9010 Data Year Assessment	XXX	XXX		8,315,309
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	8,315,309
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	753,809	771,914
2. Net premium income (including \$0 non-health premium income).....	XXX	14,906,752	16,808,372
3. Change in unearned premium reserves and reserve for rate credits	XXX		418,093
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	14,906,752	17,226,465
Hospital and Medical:			
9. Hospital/medical benefits	21,734,707	314,587,627	373,941,490
10. Other professional services		3,608,710	5,681,574
11. Outside referrals			0
12. Emergency room and out-of-area	1,031,108	14,813,603	8,213,355
13. Prescription drugs		48,558,481	17,958,716
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,849,419	1,947,795
16. Subtotal (Lines 9 to 15).....	22,765,815	383,417,840	407,742,930
Less:			
17. Net reinsurance recoveries	22,386,147	370,771,857	394,224,333
18. Total hospital and medical (Lines 16 minus 17)	379,668	12,645,983	13,518,597
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$284,703 cost containment expenses.....		500,871	810,105
21. General administrative expenses.....		1,905,776	2,471,966
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	379,668	15,052,630	16,800,668
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(145,878)	425,797
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,219,429	1,158,416
26. Net realized capital gains (losses) less capital gains tax of \$ (15,000)		16,501	(46,685)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,235,930	1,111,731
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	1,090,052	1,537,528
31. Federal and foreign income taxes incurred	XXX	(823,000)	604,000
32. Net income (loss) (Lines 30 minus 31).....	XXX	1,913,052	933,528
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901.			0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	19,306,436	51,408,436
34. Net income or (loss) from Line 32	1,913,052	933,528
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		(18,783)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	116,130	3,035,553
39. Change in nonadmitted assets	(2,768,960)	(9,052,298)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		(27,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(739,778)	(32,102,000)
49. Capital and surplus end of reporting year (Line 33 plus 48)	18,566,658	19,306,436
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	(50,053,180)	4,696,275
2. Net investment income	1,263,372	1,415,006
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	(48,789,809)	6,111,281
5. Benefit and loss related payments	(73,807,630)	15,837,600
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,920,619	9,747,343
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ (15,000) tax on capital gains (losses)	264,874	2,344,266
10. Total (Lines 5 through 9)	(69,622,137)	27,929,209
11. Net cash from operations (Line 4 minus Line 10)	20,832,328	(21,817,928)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	24,025,150	45,406,709
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,025,150	45,406,709
13. Cost of investments acquired (long-term only):		
13.1 Bonds	23,023,991	49,272,193
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	18,948
13.7 Total investments acquired (Lines 13.1 to 13.6)	23,023,991	49,291,142
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,001,159	(3,884,433)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	27,000,000
16.6 Other cash provided (applied)	(19,630,031)	32,088,504
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(19,630,031)	5,088,504
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,203,457	(20,613,857)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,741,043	23,354,900
19.2 End of year (Line 18 plus Line 19.1)	4,944,500	2,741,043

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

20.0001. Dividend to Independence Blue Cross, LLC - Fixed Income Securities		(27,026,667)
20.0002. Investment Income		(60,608)
20.0003. Leasehold Improvements	(198,461)	
20.0004. Furniture and equipment	(111,691)	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	14,906,752	14,907,239	0	(487)	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	14,906,752	14,907,239	0	(487)	0	0	0	0	0	0
8. Hospital/medical benefits	314,587,627	147,004,618		206,300			167,376,709			XXX
9. Other professional services	3,608,710	1,998,709		(548)	5,113		1,604,436			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	14,813,603	7,964,742					5,848,861			XXX
12. Prescription drugs	48,558,481	35,157,388					13,401,093			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,849,419	1,505,630					343,789			XXX
15. Subtotal (Lines 8 to 14)	383,417,840	193,631,087	0	205,752	5,113	0	189,574,888	0	0	XXX
16. Net reinsurance recoveries	370,771,857	180,988,873		206,269	1,827		189,574,888			XXX
17. Total hospital and medical (Lines 15 minus 16)	12,645,983	12,642,214	0	(517)	4,286	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	500,871	500,871								
20. General administrative expenses	1,905,776	1,468,057							437,719	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	15,052,630	14,611,142	0	(517)	4,286	0	0	0	437,719	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(145,878)	296,097	0	30	(4,286)	0	0	0	(437,719)	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	238,957,960		224,050,721	14,907,239
2. Medicare Supplement .....				.0
3. Dental only	912,397		912,884	(487)
4. Vision only	57,154		57,154	.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	205,906,577		205,906,577	.0
7. Title XIX - Medicaid .....				.0
8. Other health .....				.0
9. Health subtotal (Lines 1 through 8)	445,834,088	0	430,927,336	14,906,752
10. Life .....				.0
11. Property/casualty .....				.0
12. Totals (Lines 9 to 11)	445,834,088	0	430,927,336	14,906,752

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	384,380,286	197,577,140		205,721	6,113		186,591,312			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	372,658,708	186,329,311		206,238	1,827		186,121,332			
1.4 Net	11,721,578	11,247,829	0	(517)	4,286	0	469,980	0	0	0
2. Paid medical incentive pools and bonuses	37,261	25,964					11,297			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	49,560,170	25,003,718	0	0	0	0	24,556,452	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	47,541,218	22,984,766	0	0	0	0	24,556,452	0	0	0
3.4 Net	2,018,952	2,018,952	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	21,134	21,134								
6. Net healthcare receivables (a)	(1,307,057)	(1,757,207)					450,150			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	53,679,091	32,212,572	0	0	0	0	21,466,519	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	51,240,685	29,793,997	0	0	0	0	21,446,688	0	0	0
8.4 Net	2,438,406	2,418,575	0	0	0	0	19,831	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	21,592	10,295	0	0	0	0	11,297	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	381,568,422	192,125,493	0	205,721	6,113	0	189,231,095	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	368,959,241	179,520,080	0	206,238	1,827	0	189,231,096	0	0	0
12.4 Net	12,609,181	12,605,413	0	(517)	4,286	0	(1)	0	0	0
13. Incurred medical incentive pools and bonuses	36,803	36,803	0	0	0	0	0	0	0	0

(a) Excludes \$ 2,373,636 loans or advances to providers not yet expensed.

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	3,711,688	2,037,111					1,674,577			
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	3,605,532	1,930,955					1,674,577			
1.4. Net	106,156	106,156	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct	45,040,402	22,966,607					22,801,875			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	43,935,686	21,053,811					22,881,875			
2.4. Net	1,912,796	1,912,796	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	49,560,170	25,003,718	0	0	0	0	24,556,452	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	47,541,218	22,984,766	0	0	0	0	24,556,452	0	0	0
4.4. Net	2,018,952	2,018,952	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	(811,815)	13,878,467	133,279	1,885,673	(678,536)	2,418,574
2. Medicare Supplement .....					.0	.0
3. Dental Only.....		(517)			.0	.0
4. Vision Only.....		4,286			.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare	19,831	.0	.0	.0	19,831	19,831
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	(791,984)	13,882,236	133,279	1,885,673	(658,705)	2,438,405
10. Healthcare receivables (a).....	4,029,164	(2,660,496)	1,756,950	4,774,989	5,786,114	7,838,996
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts	23,233	14,023	30	21,103	23,263	21,591
13. Totals (Lines 9-10+11+12)	(4,797,915)	16,556,755	(1,623,641)	(2,868,213)	(6,421,556)	(5,379,000)

(a) Excludes \$ 2,373,635 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	5,096,682	5,096,786	5,096,773	5,096,773	4,945,102
2. 2012	232,327	254,670	254,813	254,529	269,334
3. 2013	XXX	281,298	309,298	309,396	323,764
4. 2014	XXX	XXX	182,884	188,007	202,303
5. 2015	XXX	XXX	XXX	12,167	23,341
6. 2016	XXX	XXX	XXX	XXX	13,892

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	5,100,178	5,098,174	5,096,905	5,096,773	4,945,102
2. 2012	261,454	255,997	255,149	254,785	269,334
3. 2013	XXX	317,394	308,945	309,618	323,781
4. 2014	XXX	XXX	188,683	187,983	202,350
5. 2015	XXX	XXX	XXX	14,142	23,410
6. 2016	XXX	XXX	XXX	XXX	15,799

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	313,647	269,334		0.0	269,334	85.9			269,334	85.9
2. 2013	378,473	323,764		0.0	323,764	85.5	17		323,781	85.5
3. 2014	235,850	202,303	202	0.1	202,505	85.9	47		202,552	85.9
4. 2015	17,225	23,341	230	1.0	23,571	136.8	69		23,640	137.2
5. 2016	14,907	13,892	216	1.6	14,108	94.6	1,907	30	16,045	107.6

12-HM

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	(5)	(5)
6. 2016	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	(5)	(5)
6. 2016	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0		.00	.0	.00			.0	.00
2. 2013	.0	.0		.00	.0	.00			.0	.00
3. 2014	.0	.0		.00	.0	.00			.0	.00
4. 2015	.1	(5)		.00	(5)	(500.0)			(5)	(500.0)
5. 2016	0	0		0.0	0	0.0			0	0.0

12-DO

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	.7	.7
6. 2016	XXX	XXX	XXX	XXX	4

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	.0	.0	.0	.0	.0
2. 2012	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	.7	.7
6. 2016	XXX	XXX	XXX	XXX	4

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	.0	.0		.00	.0	.00			.0	.00
2. 2013	.0	.0		.00	.0	.00			.0	.00
3. 2014	.0	.0		.00	.0	.00			.0	.00
4. 2015	.0	.7		.00	.7	.00			.7	.00
5. 2016		4		0.0	4	0.0			4	0.0

12-V0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	418,099	418,155	418,141	418,142	418,141
2. 2012	18,811	19,699	19,729	19,728	19,728
3. 2013	XXX	12,869	14,019	14,019	14,051
4. 2014	XXX	XXX	90,703	94,372	94,371
5. 2015	XXX	XXX	XXX	.0	.0
6. 2016	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	418,353	418,155	418,141	418,153	418,141
2. 2012	20,308	19,990	19,729	19,729	19,728
3. 2013	XXX	14,350	14,026	14,050	14,051
4. 2014	XXX	XXX	94,397	94,371	94,371
5. 2015	XXX	XXX	XXX	.0	.0
6. 2016	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	23,713	19,728		0.0	19,728	83.2	.0	.0	19,728	83.2
2. 2013	13,215	14,051		0.0	14,051	106.3	.0	.0	14,051	106.3
3. 2014	100,019	94,371		0.0	94,371	94.4	.0	.0	94,371	94.4
4. 2015	.0	.0		0.0	.0	0.0	.0	.0	.0	0.0
5. 2016	0	0		0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	5,514,781	5,514,941	5,514,914	5,514,915	5,363,243
2. 2012	251,138	274,369	274,542	274,257	289,062
3. 2013	XXX	294,167	323,317	323,415	337,815
4. 2014	XXX	XXX	273,587	282,379	296,674
5. 2015	XXX	XXX	XXX	12,169	23,343
6. 2016	XXX	XXX	XXX	XXX	13,896

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	5,518,531	5,516,329	5,515,046	5,514,926	5,363,243
2. 2012	281,762	275,987	274,878	274,514	289,062
3. 2013	XXX	331,744	322,971	323,668	337,832
4. 2014	XXX	XXX	283,080	282,354	296,721
5. 2015	XXX	XXX	XXX	14,144	23,412
6. 2016	XXX	XXX	XXX	XXX	15,803

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	337,360	289,062	.0	0.0	289,062	85.7	.0	.0	289,062	85.7
2. 2013	391,688	337,815	.0	0.0	337,815	86.2	17	.0	337,832	86.3
3. 2014	335,869	296,674	202	0.1	296,876	88.4	47	.0	296,923	88.4
4. 2015	17,226	23,343	230	1.0	23,573	136.8	69	.0	23,642	137.2
5. 2016	14,907	13,896	216	1.6	14,112	94.7	1,907	30	16,049	107.7

12-GT

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	1,600,000	1,600,000							
5. Aggregate write-ins for other policy reserves.....	19,248,529	19,248,529	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	20,848,529	20,848,529	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4).....	20,848,529	20,848,529	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	.0								
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (Net) (Page 3, Line 7).....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Permanent ACA Risk Adjustment Program.....	19,248,529	19,248,529							
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	19,248,529	19,248,529	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	64,415	26,470	35,311		126,196
2. Salaries, wages and other benefits	588,585	130,796	856,866		1,576,247
3. Commissions (less \$15,089,923 ceded plus \$assumed)			389,111		389,111
4. Legal fees and expenses	65		8,146		8,211
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	17,682	3,641	51,446		72,769
7. Traveling expenses	1,485	547	8,599		10,631
8. Marketing and advertising	3,538	18	119,826		123,382
9. Postage, express and telephone	6,356	142	19,652		26,150
10. Printing and office supplies	1,295	303	13,618		15,216
11. Occupancy, depreciation and amortization	7,066	2,888	4,938		14,892
12. Equipment	30,713	1,148	88,266		120,127
13. Cost or depreciation of EDP equipment and software	16,652	1,007	75,815		93,474
14. Outsourced services including EDP, claims, and other services	(463,503)	127,375	462,314		126,186
15. Boards, bureaus and association fees	2,688	37	3,755		6,480
16. Insurance, except on real estate			29,947		29,947
17. Collection and bank service charges			26,959		26,959
18. Group service and administration fees	(6,861)		(9,494)		(16,355)
19. Reimbursements by uninsured plans	(108,388)	(88,023)	(716,467)		(912,878)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	107	5	27,429		27,541
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	122,808	24,855	6,094		153,757
23.5 Other (excluding federal income and real estate taxes)			380,166		380,166
24. Investment expenses not included elsewhere				147,567	147,567
25. Aggregate write-ins for expenses	0	(15,041)	23,479	0	8,438
26. Total expenses incurred (Lines 1 to 25)	284,703	216,168	1,905,776	147,567 (a)	2,554,214
27. Less expenses unpaid December 31, current year		29,696	9,356,399	29,600	9,415,695
28. Add expenses unpaid December 31, prior year	0	32,563	17,052,806	43,700	17,129,069
29. Amounts receivable relating to uninsured plans, prior year	0	0	9,281,699	0	9,281,699
30. Amounts receivable relating to uninsured plans, current year			5,551,668		5,551,668
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	284,703	219,035	5,872,152	161,667	6,537,557
DETAILS OF WRITE-INS					
2501. Miscellaneous Income			23,479		23,479
2502. Other Claim Adjustment Expenses		(15,041)			(15,041)
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	(15,041)	23,479	0	8,438

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 696,528	725,490
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 621,064	632,875
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 8,018	8,018
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	(11,156)
10. Total gross investment income	1,324,609	1,355,228
11. Investment expenses		(g) 147,567
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) (11,768)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		135,799
17. Net investment income (Line 10 minus Line 16)		1,219,429
DETAILS OF WRITE-INS		
0901. Other Income		(11,156)
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	(11,156)
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 67,792 accrual of discount less \$ 167,618 amortization of premium and less \$ 13,504 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 105 accrual of discount less \$ 726 amortization of premium and less \$ 1,222 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ 147,567 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	23		23		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	619		619	59	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	858		858	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	1,501	0	1,501	59	0
DETAILS OF WRITE-INS					
0901.			0		
0902.			0		
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,592,970	6,278,386	3,685,416
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	9,154	21,095	11,941
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	38,339	38,339
21. Furniture and equipment, including health care delivery assets.....	599,747	711,438	111,691
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	2,802,302	620	(2,801,682)
25. Aggregate write-ins for other-than-invested assets	13,694,614	9,879,949	(3,814,665)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	19,698,787	16,929,827	(2,768,960)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	19,698,787	16,929,827	(2,768,960)
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Leasehold improvements.....		320,968	320,968
2502. Prepaid advertising.....		108,314	108,314
2503. Prepaid licensing.....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	13,694,614	9,450,667	(4,243,947)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	13,694,614	9,879,949	(3,814,665)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.61,180	.62,941	.60,266	.57,437	.55,249	.709,482
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.3,556	.3,745	.3,758	.3,724	.3,603	.44,327
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	64,736	66,686	64,024	61,161	58,852	753,809
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of AmeriHealth HMO, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Pennsylvania Insurance Department.

The Pennsylvania Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Pennsylvania for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Pennsylvania Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version as of March 2016, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Pennsylvania, subject to any deviations prescribed or permitted by the State of Pennsylvania Insurance Commissioner.

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

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 1,913,052	\$ 933,528
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,913,052	\$ 933,528
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 18,566,658	\$ 19,306,436
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 18,566,658	\$ 19,306,436

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

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

C. Accounting Policy

Asset values are generally stated as follows:

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

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance - None
- D. Impairment Loss recognized on Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

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

- (1) Description of sources used to determine prepayment assumptions
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment - None
- (3) For each security, by CUSIP, with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities - None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:		
	1. Less than 12 Months	\$ (12,374)
	2. 12 Months or Longer	\$ (6,976)
b. The aggregate related fair value of securities with unrealized losses:		
	1. Less than 12 Months	\$ 7,583,301
	2. 12 Months or Longer	\$ 989,738

- (5) An OTTI is recognized if either a credit-related loss is deemed to have occurred or if the Company has the intention to sell a security that is in an unrealized loss position. Based upon the Company's current evaluation of the unrealized losses at December 31, 2016, in accordance with the Company's impairment policy, the cause of the decline being primarily attributable to interest rate increases and not by long-term deterioration in the credit ratings associated with these securities, the company has concluded that these securities are not other-than-temporarily impaired.

E. Repurchase Agreements and/or Securities Lending Transactions

- (1) Repurchase agreements - None
- (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2016.

F. Real Estate - None

G. Investments in low-income housing tax credits (LIHTC) - None

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	0	0	0	0	0	0.0	0.0
j. On deposit with states	480,855	480,277	578	0	480,855	0.3%	0.3%
k. On deposit with other regulatory bodies	55,163,091	54,272,706	890,385	0	55,163,091	31.4%	35.3%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
o. Total Restricted Assets	\$ 55,643,946	\$ 54,752,983	\$ 890,963	\$ 0	\$ 55,643,946	31.6%	35.6%

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

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

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None

(a) Total Line for Columns 1 through 3 should equal 5H(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5H(1)m Column 5

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None

(a) Total Line for Columns 1 through 3 should equal 5H(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5H(1)n Column 5

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities – None
- K. Structured Notes – None
- L. 5* Securities – None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.

8. Derivative Instruments – None

9. Income Taxes

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

1.

	12/31/2016		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 8,878,646	\$ 0	\$ 8,878,646
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 8,878,646	\$ 0	\$ 8,878,646
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 8,878,646	\$ 0	\$ 8,878,646
(f) Deferred Tax Liabilities	\$ 874,654	\$ 7,145,880	\$ 8,020,534
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 8,003,992	\$ (7,145,880)	\$ 858,112

	12/31/2015		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 9,644,462	\$ 0	\$ 9,644,462
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 9,644,462	\$ 0	\$ 9,644,462
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 9,644,462	\$ 0	\$ 9,644,462
(f) Deferred Tax Liabilities	\$ 1,756,600	\$ 7,145,880	\$ 8,902,480
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 7,887,862	\$ (7,145,880)	\$ 741,982

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ (765,816)	\$ 0	\$ (765,816)
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ (765,816)	\$ 0	\$ (765,816)
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ (765,816)	\$ 0	\$ (765,816)
(f) Deferred Tax Liabilities	\$ (881,946)	\$ 0	\$ (881,946)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 116,130	\$ 0	\$ 116,130

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

2.

	12/31/2016		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 1,574,335	\$ 0	\$ 1,574,335
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 1,378,714	\$ 0	\$ 1,378,714
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 1,378,714	\$ 0	\$ 1,378,714
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 2,656,282
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 5,925,597	\$ 0	\$ 5,925,597
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 8,878,646	\$ 0	\$ 8,878,646
Total (2(a) + 2(b) + 2(c))			

	12/31/2015		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 1,983,129	\$ 0	\$ 1,983,129
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 2,784,668
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 7,661,333	\$ 0	\$ 7,661,333
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 9,644,462	\$ 0	\$ 9,644,462
Total (2(a) + 2(b) + 2(c))			

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ (408,794)	\$ 0	\$ (408,794)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 1,378,714	\$ 0	\$ 1,378,714
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 1,378,714	\$ 0	\$ 1,378,714
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ (128,386)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ (1,735,736)	\$ 0	\$ (1,735,736)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ (765,816)	\$ 0	\$ (765,816)
Total (2(a) + 2(b) + 2(c))			

3.

	2016	2015
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	1204%	977%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 17,708,546	\$ 18,564,454

4.

	12/31/2016	
	(1) Ordinary	(2) Capital
Impact of Tax Planning Strategies		
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	8,878,646	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	8,878,646	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

	12/31/2015	
	(3) Ordinary	(4) Capital
(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	9,644,462	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	9,644,462	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

	Change	
	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	(765,816)	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	(765,816)	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes.....	No.....X.....

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

1. Current Income Tax

	(1)	(2)	(3)
	12/31/2016	12/31/2015	(Col 1-2) Change
(a) Federal	\$ (823,000)	\$ 604,000	\$ (1,427,000)
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ (823,000)	\$ 604,000	\$ (1,427,000)
(d) Federal income tax on net capital gains	\$ (15,000)	\$ (1,000)	\$ (14,000)
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ (838,000)	\$ 603,000	\$ (1,441,000)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

2. Deferred Tax Assets:

(a) Ordinary

(1) Discounting of unpaid losses	\$ 134,268	\$ 176,590	\$ (42,322)
(2) Unearned premium reserve	\$ 384,387	\$ 448,926	\$ (64,539)
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 484,025	\$ 409,628	\$ 74,397
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 6,894,575	\$ 5,925,441	\$ 969,134
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 981,391	\$ 2,683,877	\$ (1,702,486)
(99) Subtotal	\$ 8,878,646	\$ 9,644,462	\$ (765,816)

(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0

(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 8,878,646	\$ 9,644,462	\$ (765,816)
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(e) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 0	\$ 0

(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 0	\$ 0

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
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(i) Admitted deferred tax assets (2d + 2h)	\$ 8,878,646	\$ 9,644,462	\$ (765,816)
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3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 874,654	\$ 1,756,600	\$ (881,946)
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 874,654	\$ 1,756,600	\$ (881,946)

(b) Capital:

(1) Investments	\$ 7,145,880	\$ 7,145,880	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 7,145,880	\$ 7,145,880	\$ 0

(c) Deferred tax liabilities (3a99 + 3b99)	\$ 8,020,534	\$ 8,902,480	\$ (881,946)
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4. Net deferred tax assets/liabilities (2i - 3c)	\$ 858,112	\$ 741,982	\$ 116,130
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D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate of 35% to income before income taxes as follows:

	12/31/2016	12/31/2015
Current income tax (benefit) expense incurred	\$ (838,000)	\$ 603,000
Change in deferred income tax (without tax on unrealized gains and losses)	(116,130)	(3,035,553)
Total income tax (benefit) expense reported	(954,130)	(2,432,553)
Income before taxes	1,075,053	1,536,528
Statutory Tax Rate	35%	35%
Expected income tax benefit at statutory tax rate	376,269	537,785
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	0	0
c. Nondeductible expenses for Meals and Entertainment	48,273	117,076
d. Tax-exempt income	(940)	(662)
e. Reduction for losses incurred deduction	0	0
f. Transfer Pricing	0	0
g. Change in deferred taxes on nonadmitted assets	(969,134)	(3,168,306)
h. Goodwill	0	0
i. Gain on sale of appreciated securities - IBC Foundation Contribution	0	0
j. Other - rounding	(516,022)	(45,043)
k. Income of Non-Consolidated Subsidiary	0	0
l. Health Insurer Fee	107,424	126,597
Total income tax (benefit) expense reported	(954,130)	(2,432,553)

E. Operating loss carry-forward

- (1) As of December 31, 2016 there are no net operating loss carry-forwards available for tax purposes
(2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	<u>Ordinary</u>	<u>Capital</u>
2016	\$ 0	\$ 0
2015	\$ 603,000	\$ 0

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

F. (1) The Company's federal income tax return is consolidated with the following entities:

Independence Health Group, Inc.
Independence Hospital Indemnity Plan, Inc.
AmeriHealth Administrators, Inc.
AmeriHealth Assurance, LTD.
AmeriHealth Casualty Insurance Company
AmeriHealth Integrated Benefits, Inc.
AmeriHealth Services, Inc.
AmeriHealth, Inc.
CompServices, Inc.
CSI Services, Inc.
Healthcare Delaware, Inc
Independence Assurance Company
Independence Holdings, Inc.
Independence Insurance, Inc.
Keystone Benefits, Inc.
Keystone Health Plan East, Inc
NS Assisted Living Communities, Inc.
QCC Insurance Company
Region 6 RX Corporation
The AmeriHealth Agency, Inc.
Self Funded Benefits, Inc.

- (2) The method of allocation is subject to written agreement approved by the Company's Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

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

- A. The Company is a wholly owned subsidiary of Independence Blue Cross, LLC (IBC LLC). IBC LLC is an indirect wholly owned subsidiary of Independence Health Group, Inc. (IHG), a nonprofit corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
- B., C. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement the Company and Cooper Health System ("Cooper"), formed a new entity, AmeriHealth New Jersey, LLC ("AmeriHealth NJ LLC") for the purpose of engaging in the business of health care services, insurance and administration for New Jersey domiciled subscribers. In exchange for an 80% interest in the future earnings of AmeriHealth NJ LLC, the Company contributed all of the issued and outstanding stock of its wholly-owned subsidiary, AmeriHealth Insurance Company of New Jersey, as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of AmeriHealth HMO, Inc. and AmeriHealth Administrators, Inc. to AmeriHealth NJ LLC. Cooper acquired a 20% interest in the future earnings of AmeriHealth NJ LLC in exchange for a cash contribution.

On July 1, 2014, the Company (ceding entity) entered into a Reinsurance Agreement with AHIC NJ (reinsurer) in which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the HMO reinsurance agreement, the Company will cede to AHIC NJ gross premiums, claims incurred and all other expenses related with New Jersey domiciled groups and members.

Organizational structure and transactions between parent company and subsidiaries are reflected in Schedule Y, Parts 1 and 2.

- D. Amounts due from/to related parties are reflected on Exhibit 5 and 6, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an inter-company loan agreement where amounts may be borrowed and repaid within up to 365 days
- E. Parental Guarantees - None
- F. The Company has a service agreement with IBC LLC and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.
- G. All outstanding shares of the Company are owned by IBC LLC, which is a wholly owned subsidiary of AmeriHealth, Inc. (AHI), a holding company domiciled in the Commonwealth of Pennsylvania. AHI is a wholly owned subsidiary of IHG, a nonprofit, non-member corporation domiciled in the Commonwealth of Pennsylvania.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
- I. Investments in an Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets - None
- J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities - None
- K. Investment in foreign insurance subsidiary - N/A
- L. Investment in a downstream noninsurance holding company - None
- M. All SCA Investments
- (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) - None
- (2) NAIC Filing Response Information - N/A
- N. Investment in Insurance SCAs - None

11. Debt

- A. Capital Notes - None
- B. FHLB (Federal Home Loan Bank) Agreements - None
- C. All Other Debt - None

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

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

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

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

The amount of pension expense charged by IBC LLC to the Company was \$1,585,936 in 2016 and \$1,751,760 in 2015. The postretirement benefit expense charged by IBC was \$140,091 in 2016 and \$137,078 in 2015.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 1,000 shares authorized, 1,000 shares issued and 1,000 shares outstanding.
- (2) Preferred stock outstanding - None
- (3) Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under statutory accounting practices which also require the direct approval of regulatory authorities for any proposed extraordinary dividend. An extraordinary dividend is any dividend which, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. The amount available to pay dividends in 2017 without the approval of the PID is \$1,913,052.
- (4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) The total amount of advances to surplus not repaid is \$0.
- (8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
- A For conversion of preferred stock: 0 shares
- B For employee stock options: 0 shares
- C For stock purchase warrants: 0 shares
- (9) There are no special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0
- (11) The Company issued the following surplus debentures or similar obligations: - None
- (12 & 13) Effective date and financial impact of a quasi-reorganization - None

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments
- The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
- No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

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

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

- E. Joint and Several Liabilities - None
- F. All Other Contingencies
- Regulatory Matters - CMS conducts periodic reviews of Medicare Advantage plans that have the potential to result in retroactive payment adjustments, sanctions or penalties being assessed to the Company. CMS is performing Risk Adjustment Data Validation (RADV) audits of selected Medicare Advantage health plans to validate the coding practices of and supporting documentation maintained by health care providers. These audits involve a review of medical records maintained by providers and may result in retrospective adjustments to payments made to health plans. Although the Company maintains reserves for its exposure to the RADV audits, actual results could differ materially from those reserves. The Company is not able to predict whether the outcome of an audit will have a material impact on the Company's results of operations, financial position or cash flow.

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

15. Leases

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

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

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

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

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

- A. ASO Plans - None

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

B. ASC Plans

The loss from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2016:

	<u>ASC Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASC</u>
a. Gross reimbursement for medical cost incurred	\$ 17,465,966	\$ 0	\$ 17,465,966
b. Gross administrative fees accrued	\$ 912,877	\$ 0	\$ 912,877
c. Other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0	\$ 0
d. Gross expenses incurred (claims and administrative)	\$ 18,815,562	\$ 0	\$ 18,815,562
e. Total net loss from operations	\$ (437,719)	\$ 0	\$ (437,719)

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

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

20. Fair Value Measurements

A. For assets and liabilities that are measured and reported at fair value in the statement of financial position after initial recognition

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

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

C.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Bonds	\$ 80,509,501	\$ 79,997,801	\$ 0	\$ 80,509,501	\$ 0	\$ 0
Cash, Cash Equivalents and Other Short Term Investments	4,944,519	4,944,501	4,794,486	105,033	0	0

D. Not Practicable to Estimate Fair Value - Not Applicable

21. Other Items

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

22. Events Subsequent

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2016, and through the date of this filing, which is the date the financial statements were available to be issued. There have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2016.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	..... YES	
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 8,315,309
C. ACA fee assessment paid	\$ 7,794,872	\$ 11,467,435
D. Premium written subject to ACA 9010 assessment	\$ 0	\$ 437,647,851
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 18,566,658	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 18,566,658	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 1,470,686	
H. Would reporting the ACA assessment as of Dec. 31, 2016 have triggered an RBC action level (YES/NO)?	..... NO	

23. Reinsurance

- A. Ceded Reinsurance Report
 - Section 1 - General Interrogatories: Not Applicable
 - Section 2 - Ceded Reinsurance Report - Part A: Not Applicable
 - Section 3 - Ceded Reinsurance Report - Part B
 - (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment of other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. - N/A
 - (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? - Yes
 - If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$48,075,785
- B. Uncollectible Reinsurance - None
- C. Commutation of Ceded Reinsurance - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None
 - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	(4,434,145)	0	92,667	0	(4,341,478)
(2) Medical loss ratio rebates paid	0	0	92,667	0	92,667
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	(1,600,000)	0	0	(1,600,000)
(8) Medical loss ratio rebates paid	0	0	0	0	0
(9) Medical loss ratio rebates unpaid	0	(1,600,000)	0	0	(1,600,000)
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	(1,600,000)

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

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [X] No []
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
- AMOUNT
- a. Permanent ACA Risk Adjustment Program
 - Assets
 - 1. Premium adjustments receivable due to ACA Risk Adjustment \$ 0
 - Liabilities
 - 2. Risk adjustment user fees payable for ACA Risk Adjustment \$ (32,564)
 - 3. Premium adjustments payable due to ACA Risk Adjustment \$ (19,248,529)
 - Operations (Revenue & Expense)
 - 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ 26,335,444
 - 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 30,903
 - b. Transitional ACA Reinsurance Program
 - Assets
 - 1. Amounts recoverable for claims paid due to ACA Reinsurance \$ 4,554,864
 - 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$ 549,081
 - 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$ 0
 - Liabilities
 - 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$ (793,421)
 - 5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ (36,196,496)
 - 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$ 0
 - Operations (Revenue & Expense)
 - 7. Ceded reinsurance premiums due to ACA Reinsurance \$ 420,460
 - 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ (3,116,662)
 - 9. ACA Reinsurance contributions – not reported as ceded premium \$ 793,421
 - c. Temporary ACA Risk Corridors Program
 - Assets
 - 1. Accrued retrospective premium due to ACA Risk Corridors \$ 37,155
 - Liabilities
 - 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$ 0
 - Operations (Revenue & Expense)
 - 3. Effect of ACA Risk Corridors on net premium income (paid/received) \$ (5,586,873)
 - 4. Effect of ACA Risk Corridors on change in reserves for rate credits \$ 0

24.E.2

On September 9, 2016, HHS published guidance on *Risk Corridors Payments for 2015*, stating that they anticipated that all 2015 benefit year collections would be used toward remaining 2014 benefit year risk corridors payments. On November 18, 2016, HHS issued *Risk Corridors Payment and Charge Amounts for the 2015 Benefit Year* and confirmed that all 2015 benefit year risk corridors collections will be used to pay a portion of balances on 2014 benefit year risk corridors payments. HHS also announced issuer-level risk corridor payments and charges for the 2015 benefit year and the additional amount based on anticipated 2015 risk corridors collections that HHS expects to pay towards the calculated 2014 benefit year payments. The accrued retrospective premium due to ACA Risk Corridors Assets reflects the admitted total based on the filed HHS payments and charges. As of December 31, 2016 the Company has received 14.88%, but expects to receive 15.94% after payments related to 2015 collections are fully received.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

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

		Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
		1	2	3	4	5	6	7	8	Ref	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premiums adjustments receivable	0	0	0	0	0	0	0	0	A	0	0
	2. Premium adjustments (payable)	0	(12,661,455)	0	(19,748,370)	0	7,086,915	0	(7,086,915)	B	0	0
	3. Subtotal ACA Permanent Risk Adjustment Program	0	(12,661,455)	0	(19,748,370)	0	7,086,915	0	(7,086,915)		0	0
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	7,331,078	0	7,861,339	0	(530,261)	0	1,491,614	0	C	961,353	0
	2. Amounts recoverable for claims unpaid (contra liability)	2,517,545	0	0	0	2,517,545	0	(2,517,545)	0	D	0	0
	3. Amounts receivable relating to uninsured plans	0	(1,531,993)	0	(1,531,993)	0	0	0	0	E	0	0
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	0	(513,410)	0	(513,410)	0	0	0	0	F	0	0
	5. Ceded reinsurance premiums payable	0	0	0	0	0	0	0	0	G	0	0
	6. Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	0	H	0	0
	7. Subtotal ACA Transitional Reinsurance Program	9,848,623	(2,045,403)	7,861,339	(2,045,403)	1,987,284	0	(1,025,931)	0		961,353	0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	7,749,851	0	520,581	0	7,229,270	0	2,569,704	0	I	9,798,974	0
	2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	J	0	0
	3. Subtotal ACA Risk Corridors Program	7,749,851	0	520,581	0	7,229,270	0	2,569,704	0		9,798,974	0
d.	Total for ACA Risk Sharing Provisions	17,598,474	(14,706,858)	8,381,920	(21,793,773)	9,216,554	7,086,915	1,543,773	(7,086,915)		10,760,327	0

Explanations of Adjustments

- B Updated for current claim information.....
- C Updated for current claims paid and unpaid information
- D Updated for current claims paid and unpaid information
- I Updated for current claim information.....

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
						Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
		1	2	3	4	5	6	7	8	Ref	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	2014											
	1. Accrued retrospective premium	\$ 3,499,041	\$ 0	\$ 520,581	\$ 0	\$ 2,978,460	\$ 0	\$ 0	\$ 0	A	\$ 2,978,460	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b.	2015											
	1. Accrued retrospective premium	\$ 4,250,810	\$ 0	\$ 0	\$ 0	\$ 4,250,810	\$ 0	\$ 2,569,704	\$ 0	C	\$ 6,820,514	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c.	2016											
	1. Accrued retrospective premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d.	Total for Risk Corridors	\$ 7,749,851	\$ 0	\$ 520,581	\$ 0	\$ 7,229,270	\$ 0	\$ 2,569,704	\$ 0		\$ 9,798,974	\$ 0

Explanations of Adjustments

- C Updated for current claim information.....

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 3,499,041	\$ 0	\$ 520,581	\$ 2,978,460	\$ 2,941,304	\$ 37,156
b. 2015	\$ 6,820,514	\$ 0	\$ 0	\$ 6,820,514	\$ 6,820,514	\$ 0
c. 2016	\$ 3,017,168	\$ 0	\$ 0	\$ 3,017,168	\$ 3,017,168	\$ 0
d. Total (a+b+c)	\$ 13,336,723	\$ 0	\$ 520,581	\$ 12,816,142	\$ 12,778,986	\$ 37,516

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

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$2,470,968. As of December 31, 2016 \$123,968 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$133,279 as a result of re-estimation of unpaid claims. Therefore, there has been \$2,213,721 in prior favorable year development. The decrease is generally the result of ongoing analysis of recent development of trends.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2016	\$ 1,858,705	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2016	\$ 1,859,256	\$ 1,876,459	\$ 0	\$ 0	\$ 0
06/30/2016	\$ 1,940,977	\$ 1,865,532	\$ 3,440	\$ 1,944,896	\$ 0
03/31/2016	\$ 1,957,404	\$ 2,001,266	\$ 70,836	\$ 1,818,335	\$ 79,450
12/31/2015	\$ 1,687,980	\$ 1,890,346	\$ 56,742	\$ 1,807,564	\$ 71,081
09/30/2015	\$ 1,483,281	\$ 1,800,392	\$ 61,679	\$ 1,772,777	\$ 180,067
06/30/2015	\$ 1,637,838	\$ 1,611,168	\$ 0	\$ 1,599,172	\$ 231,459
03/31/2015	\$ 1,394,370	\$ 1,469,236	\$ 0	\$ 1,376,301	\$ 218,625
12/31/2014	\$ 1,669,244	\$ 1,801,940	\$ 0	\$ 1,767,606	\$ 0
09/30/2014	\$ 1,834,705	\$ 1,818,867	\$ 0	\$ 1,877,889	\$ 183
06/30/2014	\$ 1,246,467	\$ 1,847,081	\$ 0	\$ 1,956,405	\$ 15,429
03/31/2014	\$ 2,079,187	\$ 1,151,469	\$ 77,479	\$ 1,801,158	\$ 0

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 0
2. Date of the most recent evaluation of this liability 12/31/2016
3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Pennsylvania.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2011
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).05/16/2013
- 3.4 By what department or departments? Pennsylvania Insurance Department.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Deloitte & Touche LLP, 1700 Market Street, Philadelphia, PA 19103-3984.....
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Kathryn A Galameau, FSA, MAAA. Senior Vice President, Financial Operations & Chief Actuary & Underwriting Officer, Independence Health Group, 40th Floor, 1901 Market Street, Philadelphia, PA 19103-1480.....
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved0
 12.13 Total book/adjusted carrying value\$.....
 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
 See footnote on page 27.5.....
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$.....0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$.....0 |
| 24.103 Total payable for securities lending reported on the liability page | | \$.....0 |

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$55,643,946
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

1 Name of Custodian(s)	2 Custodian's Address
TD Wealth	1006 Astoria Boulevard, Cherry Hill, NJ 08034.....
US Bank.....	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

28.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
Wellington Management Co., LLP.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?

Yes No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes No

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106595.....	Wellington Management Co., LLP.....	549300YHP12TEZNLX41.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes No

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	80,804,002	81,315,702	511,700
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	80,804,002	81,315,702	511,700

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

Interactive Data Pricing and Reference Data LLC via US Bank.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes No

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$35,651
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
New Jersey Association of Health Plans.....	\$27,308

- 34.1 Amount of payments for legal expenses, if any? \$14,058
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Chamberlain, Hrdicka, White, Williams.....	\$9,381

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

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

Interrogatory #14.21

As a result of our ongoing compliance improvement initiatives, the Code of Conduct document has been updated for 2016.

Throughout - Where appropriate, all references to "the Company", IBC, Independence Blue Cross Family of Companies have been changed to Independence.

Personal Conduct - Relating to the bullets that address conduct that is prohibited at all times:

- The sentence regarding an associate being charged with a felony has been modified so that the associate is required to report being charged with a felony in addition to being found guilty or pleading no contest.

- This section was updated to include conduct that is prohibited at all times to include conduct that violates the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health ("HITECH").

Prohibited Harassment - The paragraph has been modified to state that associates who violate the Prohibited Harassment Policy are subject to disciplinary action, while contractors are subject to removal from a project or a prohibition from performing services for Independence.

Confidential and Proprietary Information - The paragraph has been modified to state that nothing in the Code or in the "Protecting IBC Confidential and Proprietary Information" policy is intended to interfere or restrict an associates's rights to discuss the terms and conditions of his / her employment.

Confidential and Proprietary Information - The paragraph has been modified to state that workforce members must agree that Independence is the exclusive owner of all work product (including inventions) and that work product constitutes "work made for hire" as defined under applicable laws. Also, workforce members must assign to Independence all rights, title and interest (including all intellectual property and other proprietary rights) in and to such work product. In addition, workforce members agree to assist Independence as necessary to obtain and maintain Independence's ownership of such intellectual property and other proprietary rights in the work product.

Confidential and Proprietary Information - The paragraph has been modified to include the definition of a trade secret. A trade secret is information: that is not generally known; whose owner has taken reasonable steps to protect as a secret; and which could only have been disclosed by wrongful means.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1 Current Year		2 Prior Year
2.1	Premium Numerator	\$14,906,752	\$	.....16,808,372
2.2	Premium Denominator	\$14,906,752	\$	.....16,808,372
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$22,888,614	\$	.....15,121,452
2.5	Reserve Denominator	\$22,888,615	\$	.....15,121,452
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
 Stop-loss reinsurance is not required and the company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$0
- 5.32 Medical Only \$0
- 5.33 Medicare Supplement \$0
- 5.34 Dental and Vision \$0
- 5.35 Other Limited Benefit Plan \$0
- 5.36 Other \$0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 To protect members against insolvency, provider contracts contain hold harmless provisions. In addition, the Carrier maintains the required statutory reserves on deposit in the Commonwealth.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year46,206
- 8.2 Number of providers at end of reporting year52,014
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months0
- 9.22 Business with rate guarantees over 36 months0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|---|--|------------------|
| 10.21 Maximum amount payable bonuses | | \$.....0 |
| 10.22 Amount actually paid for year bonuses | | \$.....0 |
| 10.23 Maximum amount payable withholds | | \$.....1,634,028 |
| 10.24 Amount actually paid for year withholds | | \$.....386,549 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|--|---|
| 11.12 A Medical Group/Staff Model, | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....2,003,489
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation

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

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

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

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- | | |
|--|---------|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | \$..... |
| 15.2 Total incurred claims | \$..... |
| 15.3 Number of covered lives | ..... |

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

FIVE - YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	162,044,766	259,540,475	293,786,750	1,326,732,782	1,151,177,667
2. Total liabilities (Page 3, Line 24).....	143,478,108	240,234,039	242,378,314	67,862,083	56,509,734
3. Statutory minimum capital and surplus requirement.....	2,003,489	1,968,063	27,502,945	18,506,685	15,043,825
4. Total capital and surplus (Page 3, Line 33).....	18,566,658	19,306,436	51,408,436	1,258,870,699	1,094,667,933
Income Statement (Page 4)					
5. Total revenues (Line 8).....	14,906,752	17,226,465	335,868,570	391,688,080	337,359,421
6. Total medical and hospital expenses (Line 18).....	12,645,983	13,518,597	265,141,095	319,530,766	273,376,740
7. Claims adjustment expenses (Line 20).....	500,871	810,105	8,743,410	12,357,144	8,536,861
8. Total administrative expenses (Line 21).....	1,905,776	2,471,966	55,762,423	54,934,334	46,430,978
9. Net underwriting gain (loss) (Line 24).....	(145,878)	425,797	6,221,642	4,865,836	9,014,842
10. Net investment gain (loss) (Line 27).....	1,235,930	1,111,731	1,096,901	807,340	208,529,055
11. Total other income (Lines 28 plus 29).....	0	0	(6,691,197)	0	0
12. Net income or (loss) (Line 32).....	1,913,052	933,528	(779,654)	5,697,176	215,170,897
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	20,832,328	(21,817,928)	(44,272,169)	15,953,774	216,297,461
Risk-Based Capital Analysis					
14. Total adjusted capital.....	18,566,658	19,306,436	51,408,436	1,258,870,699	1,094,667,933
15. Authorized control level risk-based capital.....	1,470,686	1,900,878	10,819,052	153,854,862	150,896,261
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	58,852	64,736	84,290	84,282	70,486
17. Total members months (Column 6, Line 7).....	753,809	771,914	1,218,238	942,310	811,452
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....	84.8	78.5	78.9	81.6	81.0
20. Cost containment expenses.....	1.9	3.4	0.8	0.8	0.6
21. Other claims adjustment expenses.....	1.5	1.3	1.9	2.4	2.0
22. Total underwriting deductions (Line 23).....	101.0	97.5	98.1	98.8	97.3
23. Total underwriting gain (loss) (Line 24).....	(1.0)	2.5	1.9	1.2	2.7
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	(6,421,556)	8,866,678	26,250,098	23,818,889	32,784,991
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)].....	(5,379,000)	9,402,959	34,832,745	32,512,620	37,395,007
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....	0	0	0	1,077,144,970	921,028,594
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....	0	0	0	0	0
30. Affiliated mortgage loans on real estate.....	0	0	0	0	0
31. All other affiliated.....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	1,077,144,970	921,028,594
33. Total investment in parent included in Lines 26 to 31 above.....	0	0	0	1,077,144,970	921,028,594

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

If no, please explain.....

Not Applicable.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

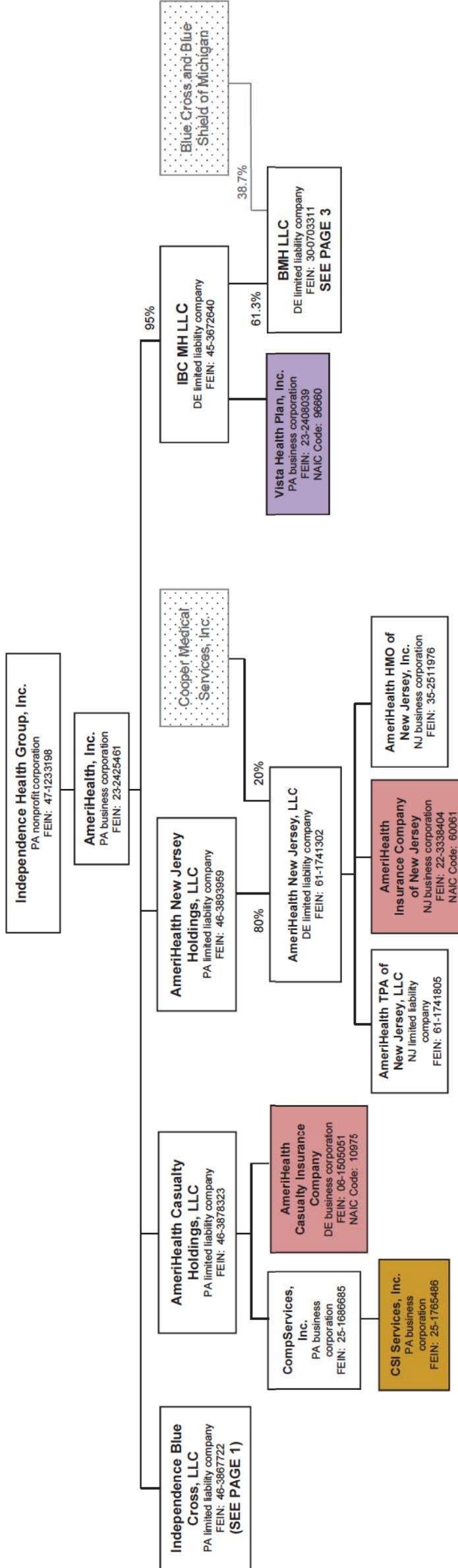
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama.....AL	N							0	0
2. Alaska.....AK	N							0	0
3. Arizona.....AZ	N							0	0
4. Arkansas.....AR	N							0	0
5. California.....CA	N							0	0
6. Colorado.....CO	N							0	0
7. Connecticut.....CT	N							0	0
8. Delaware.....DE	L							0	0
9. District of Columbia.....DC	N							0	0
10. Florida.....FL	N							0	0
11. Georgia.....GA	N							0	0
12. Hawaii.....HI	N							0	0
13. Idaho.....ID	N							0	0
14. Illinois.....IL	N							0	0
15. Indiana.....IN	N							0	0
16. Iowa.....IA	N							0	0
17. Kansas.....KS	N							0	0
18. Kentucky.....KY	N							0	0
19. Louisiana.....LA	N							0	0
20. Maine.....ME	N							0	0
21. Maryland.....MD	N							0	0
22. Massachusetts.....MA	N							0	0
23. Michigan.....MI	N							0	0
24. Minnesota.....MN	N							0	0
25. Mississippi.....MS	N							0	0
26. Missouri.....MO	N							0	0
27. Montana.....MT	N							0	0
28. Nebraska.....NE	N							0	0
29. Nevada.....NV	N							0	0
30. New Hampshire.....NH	N							0	0
31. New Jersey.....NJ	L	225,018,952	205,906,577					430,925,529	0
32. New Mexico.....NM	N							0	0
33. New York.....NY	N							0	0
34. North Carolina.....NC	N							0	0
35. North Dakota.....ND	N							0	0
36. Ohio.....OH	N							0	0
37. Oklahoma.....OK	N							0	0
38. Oregon.....OR	N							0	0
39. Pennsylvania.....PA	L	14,908,559						14,908,559	0
40. Rhode Island.....RI	N							0	0
41. South Carolina.....SC	N							0	0
42. South Dakota.....SD	N							0	0
43. Tennessee.....TN	N							0	0
44. Texas.....TX	N							0	0
45. Utah.....UT	N							0	0
46. Vermont.....VT	N							0	0
47. Virginia.....VA	N							0	0
48. Washington.....WA	N							0	0
49. West Virginia.....WV	N							0	0
50. Wisconsin.....WI	N							0	0
51. Wyoming.....WY	N							0	0
52. American Samoa.....AS	N							0	0
53. Guam.....GU	N							0	0
54. Puerto Rico.....PR	N							0	0
55. U.S. Virgin Islands.....VI	N							0	0
56. Northern Mariana Islands.....MP	N							0	0
57. Canada.....CAN	N							0	0
58. Aggregate other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	239,927,511	205,906,577	0	0	0	0	445,834,088	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....(a)	3	239,927,511	205,906,577	0	0	0	0	445,834,088	0
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above).....	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

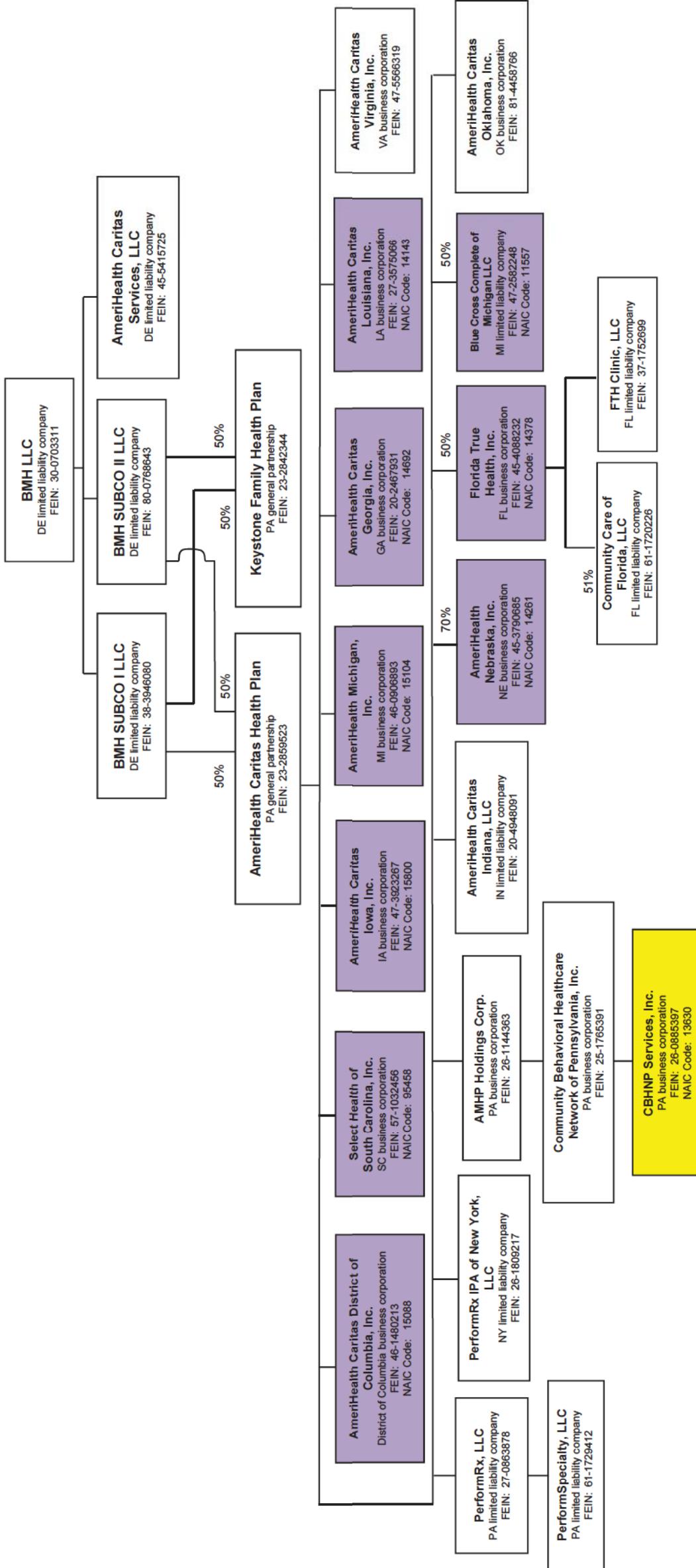
Explanation of basis of allocation by states, premiums by state, etc. This company does business in Delaware, New Jersey, and Pennsylvania.

(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF DECEMBER 31, 2016 OF THE AmeriHealth HMO, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



**STATEMENT AS OF DECEMBER 31, 2016 OF THE AmeriHealth HMO, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART**



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2689
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B. Haynes , 215-241-2689
(Name) (Area Code) (Telephone Number) (Extension)
Lori.Haynes@jbx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Daniel Joseph Hilferty</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Michael Walsh Sullivan #</u>	<u>Executive V.P. - President, NJ</u>
<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>	<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>
<u>Kathryn Ann Galameau</u>	<u>Senior Vice President</u>	<u>Regina Heffernan #</u>	<u>Senior Vice President</u>
<u>Thomas Aloysius Hutton</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
			<u>President, Commercial & Consumer Markets</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley #</u>	<u>Richard Joseph Neeson</u>
<u>Micheal Walsh Sullivan #</u>			

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.

Daniel Joseph Hilferty
President & C.E.O.

Gregory Eugene Deavens
E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
September 22, 2018

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	40,895,972	48.146	40,895,972		40,895,972	48.146
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies	5,221,009	6.147	5,221,009		5,221,009	6.147
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations	355,622	0.419	355,622		355,622	0.419
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA	858,560	1.011	858,560		858,560	1.011
1.512 Issued or guaranteed by FNMA and FHLMC	10,380,264	12.220	10,380,264		10,380,264	12.220
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other	225,481	0.265	225,481		225,481	0.265
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	19,210,487	22.616	19,210,487		19,210,487	22.616
2.2 Unaffiliated non-U.S. securities (including Canada)	2,850,407	3.356	2,850,407		2,850,407	3.356
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	4,944,500	5.821	4,944,500		4,944,500	5.821
11. Other invested assets		0.000			0	0.000
12. Total invested assets	84,942,302	100.000	84,942,302	0	84,942,302	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Total gain (loss) on disposals, Part 3, Column 18.....		0
5. Deduct amounts received on disposals, Part 3, Column 15.....		0
6. Total foreign exchange change in book/adjusted carrying value:		
6.1 Totals, Part 1, Column 15.....	0	
6.2 Totals, Part 3, Column 13.....	0	0
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 Totals, Part 1, Column 12.....	0	
7.2 Totals, Part 3, Column 10.....	0	0
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11.....	0	
8.2 Totals, Part 3, Column 9.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10. Deduct total nonadmitted amounts.....		0
11. Statement value at end of current period (Line 9 minus Line 10).....		0

NONE

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Accrual of discount.....		0
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9.....	0	
5.2 Totals, Part 3, Column 8.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 18.....		0
7. Deduct amounts received on disposals, Part 3, Column 15.....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13.....	0	
9.2 Totals, Part 3, Column 13.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 11.....	0	
10.2 Totals, Part 3, Column 10.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Total valuation allowance.....		0
13. Subtotal (Line 11 plus Line 12).....		0
14. Deduct total nonadmitted amounts.....		0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		0

NONE

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	.0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	.0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....	.0	
3.2 Totals, Part 3, Column 12.....	.0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....	.0	
5.2 Totals, Part 3, Column 9.....	.0	0
6. Total gain (loss) on disposals, Part 3, Column 19.....		0
7. Deduct amounts received on disposals, Part 3, Column 16.....		0
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....	.0	
9.2 Totals, Part 3, Column 14.....	.0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....	.0	
10.2 Totals, Part 3, Column 11.....	.0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		0

NONE

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		81,097,285
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		23,024,790
3. Accrual of discount.....		67,792
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	.0	
4.2 Part 2, Section 1, Column 15.....	.0	
4.3 Part 2, Section 2, Column 13.....	.0	
4.4 Part 4, Column 11.....	.59	59
5. Total gain (loss) on disposals, Part 4, Column 19.....		643
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		24,025,150
7. Deduct amortization of premium.....		167,619
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....	.0	
8.2 Part 2, Section 1, Column 19.....	.0	
8.3 Part 2, Section 2, Column 16.....	.0	
8.4 Part 4, Column 15.....	.0	0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....	.0	
9.2 Part 2, Section 1, Column 17.....	.0	
9.3 Part 2, Section 2, Column 14.....	.0	
9.4 Part 4, Column 13.....	.0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		79,997,801
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		79,997,801

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	41,754,532	42,114,535	41,605,254	41,910,311
	2. Canada				
	3. Other Countries				
	4. Totals	41,754,532	42,114,535	41,605,254	41,910,311
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	15,956,895	16,113,912	15,990,679	15,610,637
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	19,435,968	19,431,158	19,439,357	19,391,611
	9. Canada	975,507	976,009	975,533	975,000
	10. Other Countries	1,874,900	1,873,887	1,874,871	1,875,000
	11. Totals	22,286,374	22,281,054	22,289,761	22,241,611
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	79,997,801	80,509,501	79,885,694	79,762,559
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	0
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	79,997,801	80,509,501	79,885,694	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	4,915,237	37,187,275	54,455	3,732	7	XXX	42,160,706	52.2	41,851,641	50.5	42,160,706	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	4,915,237	37,187,275	54,455	3,732	7	XXX	42,160,706	52.2	41,851,641	50.5	42,160,706	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0	0	0.0		
3.2 NAIC 2						XXX	0	0.0	250,326	0.3		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	250,326	0.3	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX	0	0.0	0	0.0		
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	2,415,763	8,605,375	2,584,448	1,955,063	396,247	XXX	15,956,895	19.7	13,699,645	16.5	15,956,895	
5.2 NAIC 2						XXX	0	0.0	0	0.0		
5.3 NAIC 3						XXX	0	0.0	0	0.0		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	2,415,763	8,605,375	2,584,448	1,955,063	396,247	XXX	15,956,895	19.7	13,699,645	16.5	15,956,895	0

S105

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col.7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	7,581,510	11,200,201	63,819	70,633	20,576	XXX	18,936,738	23.4	24,386,995	29.4	15,778,126	3,158,612
6.2 NAIC 2	1,364,983	2,109,680				XXX	3,474,663	4.3	2,649,629	3.2	2,774,663	700,000
6.3 NAIC 3	275,000					XXX	275,000	0.3	0	0.0	275,000	
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						XXX	0	0.0	0	0.0		
6.6 NAIC 6						XXX	0	0.0	0	0.0		
6.7 Totals	9,221,492	13,309,881	63,819	70,633	20,576	XXX	22,686,401	28.1	27,036,624	32.6	18,827,789	3,858,612
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Securities												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0

9016

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 14,912,510	56,992,850	2,702,722	2,029,428	416,830		77,054,339	95.4	XXX	XXX	73,895,727	3,158,612
10.2 NAIC 2	(d) 1,364,983	2,109,680	0	0	0		3,474,663	4.3	XXX	XXX	2,774,663	700,000
10.3 NAIC 3	(d) 275,000	0	0	0	0		275,000	0.3	XXX	XXX	275,000	0
10.4 NAIC 4	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0		0	0.0	XXX	XXX	0	0
10.7 Totals	16,552,493	59,102,531	2,702,722	2,029,428	416,830	0	(b) 80,804,002	100.0	XXX	XXX	76,945,390	3,858,612
10.8 Line 10.7 as a % of Col. 7	20.5	73.1	3.3	2.5	0.5	0.0	100.0	XXX	XXX	XXX	95.2	4.8
11. Total Bonds Prior Year												
11.1 NAIC 1	21,820,268	51,312,888	3,519,790	2,654,520	630,815	XXX	XXX	XXX	79,938,281	96.5	76,472,547	3,465,734
11.2 NAIC 2	405,534	2,494,420	0	0	0	XXX	XXX	XXX	2,899,955	3.5	2,399,955	500,000
11.3 NAIC 3	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.4 NAIC 4	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	XXX	XXX	(e) 0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	XXX	XXX	(e) 0	0.0	0	0
11.7 Totals	22,225,802	53,807,308	3,519,790	2,654,520	630,815	XXX	XXX	XXX	(b) 82,838,236	100.0	78,872,502	3,965,734
11.8 Line 11.7 as a % of Col. 9	26.8	65.0	4.2	3.2	0.8	XXX	XXX	XXX	100.0	XXX	95.2	4.8
12. Total Publicly Traded Bonds												
12.1 NAIC 1	13,504,230	55,242,518	2,702,722	2,029,428	416,830		73,895,727	91.5	76,472,547	92.3	73,895,727	XXX
12.2 NAIC 2	1,364,983	1,409,680					2,774,663	3.4	2,399,955	2.9	2,774,663	XXX
12.3 NAIC 3	275,000						275,000	0.3	0	0.0	275,000	XXX
12.4 NAIC 4							0	0.0	0	0.0	0	XXX
12.5 NAIC 5							0	0.0	0	0.0	0	XXX
12.6 NAIC 6							0	0.0	0	0.0	0	XXX
12.7 Totals	15,144,213	56,652,199	2,702,722	2,029,428	416,830	0	76,945,390	95.2	78,872,502	95.2	76,945,390	XXX
12.8 Line 12.7 as a % of Col. 7	19.7	73.6	3.5	2.6	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	18.7	70.1	3.3	2.5	0.5	0.0	95.2	XXX	XXX	XXX	95.2	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	1,408,280	1,750,332					3,158,612	3.9	3,465,734	4.2	XXX	3,158,612
13.2 NAIC 2		700,000					700,000	0.9	500,000	0.6	XXX	700,000
13.3 NAIC 3							0	0.0	0	0.0	XXX	0
13.4 NAIC 4							0	0.0	0	0.0	XXX	0
13.5 NAIC 5							0	0.0	0	0.0	XXX	0
13.6 NAIC 6							0	0.0	0	0.0	XXX	0
13.7 Totals	1,408,280	2,450,332	0	0	0	0	3,858,612	4.8	3,965,734	4.8	XXX	3,858,612
13.8 Line 13.7 as a % Col. 7	36.5	63.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	1.7	3.0	0.0	0.0	0.0	0.0	4.8	XXX	XXX	XXX	XXX	4.8

(a) Includes \$ 3,858,612 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$ current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1\$ 806,201 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	4,559,052	36,743,094				XXX	41,302,146	51.1	40,747,624	49.2	41,302,146	
1.2 Residential Mortgage-Backed Securities	356,185	444,181	54,455	3,732		XXX	858,560	1.1	1,104,017	1.3	858,560	
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	4,915,237	37,187,275	54,455	3,732	7	XXX	42,160,706	52.2	41,851,641	50.5	42,160,706	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX	0	0.0	250,326	0.3		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	250,326	0.3	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX	0	0.0	0	0.0		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	805,337	4,771,294				XXX	5,576,631	6.9	1,000,208	1.2	5,576,631	
5.2 Residential Mortgage-Backed Securities	1,610,426	3,834,081	2,584,448	1,955,063	396,247	XXX	10,380,264	12.8	12,699,437	15.3	10,380,264	
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	2,415,763	8,605,375	2,584,448	1,955,063	396,247	XXX	15,956,895	19.7	13,699,645	16.5	15,956,895	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	4,839,966	7,261,224				XXX	12,101,190	15.0	12,797,639	15.4	9,326,234	2,774,956
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities	17,609	60,186	56,477	70,633	20,576	XXX	225,481	0.3	1,209,299	1.5	225,481	
6.4 Other Loan-Backed and Structured Securities	4,363,917	5,988,471	7,342			XXX	10,359,730	12.8	13,029,686	15.7	9,276,074	1,083,656
6.5 Totals	9,221,492	13,309,881	63,819	70,633	20,576	XXX	22,686,401	28.1	27,036,624	32.6	18,827,789	3,858,612
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations	10,204,355	48,775,612	0	0	0	XXX	58,979,967	73.0	XXX	XXX	56,205,011	2,774,956
10.2 Residential Mortgage-Backed Securities	1,966,611	4,278,262	2,638,903	1,958,795	396,254	XXX	11,238,824	13.9	XXX	XXX	11,238,824	0
10.3 Commercial Mortgage-Backed Securities	17,609	60,186	56,477	70,633	20,576	XXX	225,481	0.3	XXX	XXX	225,481	0
10.4 Other Loan-Backed and Structured Securities	4,363,917	5,988,471	7,342	0	0	XXX	10,359,730	12.8	XXX	XXX	9,276,074	1,083,656
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	16,552,493	59,102,531	2,702,722	2,029,428	416,830	0	80,804,002	100.0	XXX	XXX	76,945,390	3,858,612
10.7 Lines 10.6 as a % Col. 7	20.5	73.1	3.3	2.5	0.5	0.0	100.0	XXX	XXX	XXX	95.2	4.8
11. Total Bonds Prior Year												
11.1 Issuer Obligations	14,029,758	40,766,038	0	0	0	XXX	XXX	XXX	54,795,796	66.1	51,520,272	3,275,524
11.2 Residential Mortgage-Backed Securities	2,469,136	5,256,134	3,205,129	2,340,766	532,290	XXX	XXX	XXX	13,803,455	16.7	13,803,455	0
11.3 Commercial Mortgage-Backed Securities	273,771	270,362	252,887	313,754	98,525	XXX	XXX	XXX	1,209,299	1.5	1,209,299	0
11.4 Other Loan-Backed and Structured Securities	5,453,137	7,514,774	61,775	0	0	XXX	XXX	XXX	13,029,686	15.7	12,339,476	690,210
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	22,225,802	53,807,308	3,519,790	2,654,520	630,815	XXX	XXX	XXX	82,838,236	100.0	78,872,502	3,965,734
11.7 Line 11.6 as a % of Col. 9	26.8	65.0	4.2	3.2	0.8	XXX	XXX	XXX	100.0	XXX	95.2	4.8
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	9,204,399	47,000,612				XXX	56,205,011	69.6	51,520,272	62.2	56,205,011	XXX
12.2 Residential Mortgage-Backed Securities	1,966,611	4,278,262	2,638,903	1,958,795	396,254	XXX	11,238,824	13.9	13,803,455	16.7	11,238,824	XXX
12.3 Commercial Mortgage-Backed Securities	17,609	60,186	56,477	70,633	20,576	XXX	225,481	0.3	1,209,299	1.5	225,481	XXX
12.4 Other Loan-Backed and Structured Securities	3,955,593	5,313,139	7,342	0	0	XXX	9,276,074	11.5	12,339,476	14.9	9,276,074	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	XXX
12.6 Totals	15,144,213	56,652,199	2,702,722	2,029,428	416,830	0	76,945,390	95.2	78,872,502	95.2	76,945,390	XXX
12.7 Line 11.6 as a % of Col. 7	19.7	73.6	3.5	2.6	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 11.6 as a % of Line 10.6, Col. 7, Section 10	18.7	70.1	3.3	2.5	0.5	0.0	95.2	XXX	XXX	XXX	95.2	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	999,956	1,775,000				XXX	2,774,956	3.4	3,275,524	4.0	XXX	2,774,956
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities	408,324	675,332				XXX	1,083,656	1.3	690,210	0.8	XXX	1,083,656
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	XXX	0
13.6 Totals	1,408,280	2,450,332	0	0	0	0	3,858,612	4.8	3,965,734	4.8	XXX	3,858,612
13.7 Line 13.6 as a % of Col. 7	36.5	63.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	1.7	3.0	0.0	0.0	0.0	0.0	4.8	XXX	XXX	XXX	XXX	4.8

601S

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	1,740,952	1,200,373	0	540,579	0
2. Cost of short-term investments acquired	16,571,081	10,368,108		6,202,973	
3. Accrual of discount	105	105			
4. Unrealized valuation increase (decrease)	0	0			
5. Total gain (loss) on disposals	858	858			
6. Deduct consideration received on disposals	14,778,376	11,162,667		3,615,708	
7. Deduct amortization of premium	602	602			
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	3,534,018	406,174	0	3,127,844	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	3,534,018	406,174	0	3,127,844	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3
	Total	Bonds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	0	0	0
2. Cost of cash equivalents acquired.....	400,150	400,150	
3. Accrual of discount.....	0		
4. Unrealized valuation increase (decrease).....	0		
5. Total gain (loss) on disposals.....	0		
6. Deduct consideration received on disposals.....	0		
7. Deduct amortization of premium.....	123	123	
8. Total foreign exchange change in book/adjusted carrying value.....	0		
9. Deduct current year's other-than-temporary impairment recognized.....	0		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	400,027	400,027	0
11. Deduct total nonadmitted amounts.....	0		
12. Statement value at end of current period (Line 10 minus Line 11)	400,027	400,027	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
912828-J8-4	UNITED STATES TREAS NTS	SD			1FE	1,828,279	99.4770	1,815,455	1,825,000	1,827,162		(649)			1.375	1.338	MS	6,411	25,094	04/08/2015	03/31/2020
912828-L6-5	UNITED STATES TREAS NTS	SD			1FE	5,306,832	98.8670	5,239,951	5,300,000	5,305,163		(1,337)			1.375	1.348	MS	18,619	72,036	10/01/2015	09/30/2020
912828-L9-9	UNITED STATES TREAS NTS	SD			1FE	5,369,953	98.7730	5,383,129	5,450,000	5,387,509		15,684			1.375	1.685	AO	12,835	74,938	11/18/2015	10/31/2020
912828-LY-4	UNITED STATES TREAS NTS	SD			1FE	5,095,802	105.5260	5,540,115	5,250,000	5,199,067		16,519			3.375	3.734	MM	23,005	177,188	01/13/2010	11/15/2019
912828-M9-8	UNITED STATES TREAS NTS	SD			1FE	99,434	99.5860	99,586	100,000	99,549		111			1.625	1.745	MM	1,768	813	12/16/2015	11/30/2020
912828-M6-3	UNITED STATES TREAS NTS	SD			1FE	6,006,328	99.8230	5,989,380	6,000,000	6,004,337		(1,991)			1.125	1.089	JJ	31,182	33,750	01/19/2016	01/15/2019
912828-P8-7	UNITED STATES TREAS NTS	SD			1FE	3,439,355	97.3150	3,406,025	3,500,000	3,448,824		9,468			1.125	1.489	FA	13,379	19,688	03/15/2016	02/28/2021
912828-TB-6	UNITED STATES TREAS NTS	SD			1FE	4,028,594	100.0590	4,002,360	4,000,000	4,002,909		(5,824)			0.750	0.603	JD	15,083	15,000	07/17/2012	06/30/2017
912828-WL-0	UNITED STATES TREAS NTS	SD			1FE	9,417,472	100.4770	9,570,434	9,525,000	9,471,483		21,547			1.500	1.739	MM	12,560	142,875	06/17/2014	05/31/2019
912828-XJ-4	UNITED STATES TREAS NTS	SD			1FE	149,883	99.9840	149,976	150,000	149,970		61			0.625	0.666	JD	3	469	07/28/2015	06/30/2017
0199999 - Bonds - U.S. Governments - Issuer Obligations						40,741,932	XXX	41,196,411	41,100,000	40,895,972	0	53,589	0	0	XXX	XXX	XXX	134,845	561,849	XXX	XXX
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																					
36241L-DB-9	GNMA PASS-THRU X PLATINUM	SD			1FE	165,864	113.3630	176,591	155,775	165,705		(37)			6.000	2.749	MON	779	9,364	01/21/2010	11/15/2039
36202E-4J-5	GNMA PT SINGLE FAMILY	SD			1FE	227,642	110.7600	238,709	215,519	226,059		(39)			5.500	2.865	MON	988	11,866	01/21/2010	04/20/2039
36202F-B6-2	GNMA PT SINGLE FAMILY	SD			1FE	469,816	114.5340	502,823	439,016	466,796		(88)			6.000	2.360	MON	2,195	26,406	01/15/2010	10/20/2039
0299999 - Bonds - U.S. Governments - Residential Mortgage-Backed Securities						863,322	XXX	918,124	810,311	858,560	0	(164)	0	0	XXX	XXX	XXX	3,962	47,636	XXX	XXX
0599999 - Bonds - U.S. Governments - Subtotals - U.S. Governments						41,605,254	XXX	42,114,535	41,910,311	41,754,532	0	53,425	0	0	XXX	XXX	XXX	138,806	609,485	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
24917D-AB-9	DENVER COLO CITY & CNTY				1FE	81,414	100.8840	80,707	80,000	80,622		(792)			2.700	1.359	FA	900	690	04/01/2016	06/01/2017
3133EG-MC-6	FEDERAL FARM CR BKS				1FE	449,584	99.8950	449,528	450,000	449,715		131			0.670	0.750	AO	611	754	08/18/2016	10/18/2017
3137EA-DN-6	FEDERAL HOME LN MTG CORP				1FE	2,195,796	99.7960	2,195,512	2,200,000	2,197,645		1,849			0.750	0.855	JJ	7,746	8,250	03/31/2016	01/12/2018
313560-E5-8	FEDERAL NATL MTG ASSN				1FE	573,889	99.8770	574,293	575,000	573,902		13			1.125	1.233	AO	1,294	1,294	12/23/2016	10/19/2018
313560-J6-1	FEDERAL NATL MTG ASSN				1FE	1,999,608	99.7990	1,995,980	2,000,000	1,999,746		138			0.875	0.885	MS	4,521	8,750	04/25/2016	03/28/2018
456561-AQ-1	INDUSTRY CALIF PUB FACS				1FE	275,000	100.0010	275,003	275,000	275,000					1.764	1.764	JJ	2,426	4,851	06/26/2015	01/01/2017
2599999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						5,575,291	XXX	5,571,022	5,580,000	5,576,631	0	1,340	0	0	XXX	XXX	XXX	17,497	23,295	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																					
3138AU-TN-7	F N M A #AJ3256	SD			1FE	4,905,227	103.1270	4,915,749	4,766,695	4,892,867		(2,612)			3.500	3.135	MON	13,903	167,070	10/04/2011	10/01/2041
3128MC-KF-1	FHLMC PC GOLD COMB 15	SD			1FE	272,370	105.7070	277,424	262,446	268,435		(637)			4.500	4.157	MON	459	11,867	01/15/2010	11/01/2024
3128PO-RC-7	FHLMC PC GOLD 15 YR	SD			1FE	545,931	105.8930	567,724	536,130	543,367		(424)			4.000	3.396	MON	1,787	21,490	01/19/2010	12/01/2024
312936-ZD-2	FHLMC PC GOLD COMB 30	SD			1FE	755,981	108.1150	811,371	750,470	755,427		(26)			4.500	4.200	MON	2,814	33,779	01/15/2010	11/01/2039
312938-LJ-0	FHLMC PC GOLD COMB 30	SD			1FE	898,127	109.1970	947,349	867,559	894,426		(95)			5.000	3.334	MON	3,615	43,621	01/15/2010	12/01/2039
31418A-Y4-4	FNMA PASS-THRU INT 20 YEAR	SD			1FE	3,037,752	106.1790	3,023,273	2,847,336	3,025,741		(5,062)			4.000	2.658	MON	9,491	114,060	06/05/2014	10/01/2033
2699999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities						10,415,388	XXX	10,542,890	10,030,637	10,380,264	0	(8,857)	0	0	XXX	XXX	XXX	32,069	391,887	XXX	XXX
3199999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies of Governments and Their Political Subdivisions						15,990,679	XXX	16,113,912	15,610,637	15,956,895	0	(7,517)	0	0	XXX	XXX	XXX	49,567	415,182	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
80283L-AC-7	ABBEEY NATL TREAS SVCS PLC	D			1FE	200,000	100.0020	200,004	200,000	200,000					1.467	0.964	MJSD	145	2,374	03/10/2014	03/13/2017
055300-AJ-9	B.A.T. INT FIN PLC	D			1FE	275,000	100.0190	275,052	275,000	275,000					1.473	1.278	MJSD	191	3,277	06/10/2015	06/15/2018
055650-CW-6	BP CAP MKTS P L C	D			1FE	350,000	100.0990	350,347	350,000	350,000					1.327	1.087	FMAN	632	3,666	02/10/2015	02/13/2018
225460-AW-7	CREDIT SUISSE NEW YORK BRANCH	D			1FE	275,000	99.9580	274,885	275,000	275,000					1.566	1.391	JAJO	789	3,516	04/24/2015	04/27/2018
60688X-AR-1	MIZUHO BANK LTD	D			1FE	250,000	100.0120	250,030	250,000	250,000					1.637	1.357	MJSD	57	3,353	03/19/2015	03/26/2018
853254-AV-2	STANDARD CHARTERED PLC	D			2FE	200,000	99.6170	199,234	200,000	200,000					1.520	1.338	JAJO	642	2,428	04/13/2015	04/17/2018
865622-BP-8	SUMITOMO MITSUI BANKING	D			1FE	250,000	100.1250	250,313	250,000	250,000					1.460	1.216	JAJO	781	2,910	01/08/2015	01/16/2018
88167A-AA-9	TEVA PHARMACEUTICAL FIN NETH	D			2FE	149,871	99.1850	148,778	150,000	149,900		29			1.400	1.444	JJ	933		07/18/2016	07/20/2018

E10

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
00817Y-AS-7	AETNA INC NEW				2FE	149,880		99,9070	150,000	149,914		34			1.700	1.741	JD	170	1,261	06/02/2016	06/07/2018	
02665W-AX-9	AMERICAN HONDA FIN CORP MTN				1FE	150,000		100,3340	150,000	150,501					1.338	1.178	JAJO	438	1,556	07/09/2015	07/13/2018	
035242-AK-2	ANHEUSER BUSCH INBEV FIN			2	2FE	150,000		101,7590	150,000	152,639					2.141	2.141	FMAN	536	2,268	01/13/2016	02/01/2021	
06406H-DC-0	BANK NEW YORK MTN BK ENT				1FE	249,925		100,1500	250,000	250,652		646			1.296	1.120	FMAN	360	2,524	05/22/2015	05/22/2018	
07177M-AJ-2	BAXALTA INC				2FE	200,000		100,0250	200,000	200,000					1.776	1.582	MJSD	99	2,969	06/18/2015	06/22/2018	
084664-CE-9	BERKSHIRE HATHAWAY FIN CORP				1FE	99,961		100,0980	100,000	99,977		16			1.450	1.470	MS	459	693	03/08/2016	03/07/2018	
14912L-6P-1	CATERPILLAR FINL SVCS MTNS BE				1FE	150,623		99,9630	150,000	150,378		(245)			1.500	1.278	FA	800	1,113	03/31/2016	02/23/2018	
17275R-BA-9	CISCO SYS INC				1FE	150,000		100,1720	150,000	150,258					1.400	1.398	FA	718	1,038	02/22/2016	02/08/2018	
172967-HX-2	CITIGROUP INC				2FE	200,000		100,0490	200,000	200,000					1.392	1.037	FMAN	371	2,214	08/07/2014	08/14/2017	
172967-JQ-5	CITIGROUP INC				2FE	175,000		100,4130	175,000	175,000					1.576	1.401	JAJO	506	2,255	04/22/2015	04/27/2018	
20826F-AM-8	CONCOPHILLIPS CO				2FE	300,000		99,7060	300,000	300,000							JJ	0	2,853	05/13/2015	05/15/2018	
22549V-WV-1	CREDIT SUISSE GROUP AG NY				1FE	150,000		100,0060	150,000	150,000					1.750	1.731	MAT	343		11/10/2016	11/14/2017	
225460-AU-1	CREDIT SUISSE NY BRANCH				1FE	275,000		100,1450	275,000	275,000					1.577	1.349	JAJO	771	3,580	01/26/2015	01/29/2018	
233851-BG-8	DAIMLER FINANCE NA LLC				1FE	200,000		100,0740	200,000	200,000					1.226	0.874	FMAN	415	1,875	07/24/2014	08/01/2017	
233851-BT-0	DAIMLER FINANCE NORTH AMER				1FE	200,000		99,8550	200,000	200,000					1.359	1.168	FMAN	332	2,140	05/11/2015	05/18/2018	
26441C-AM-7	DUKE ENERGY CORP NEW				2FE	150,000		100,0750	150,000	150,000					1.226	0.842	JAJO	460	1,425	04/01/2014	04/03/2017	
26442R-AA-9	DUKE ENERGY PROGRESS INC				1FE	275,000		100,0250	275,000	275,000					1.146	0.648	MJSD	220	2,379	03/03/2014	03/06/2017	
30161N-AG-6	EXELON CORP				2FE	114,922		99,8180	115,000	114,983		39			1.550	1.550	JD	109	1,783	06/08/2015	06/09/2017	
30231G-AU-6	EXXON MOBIL CORP				1FE	125,000		100,1200	125,000	125,000					1.439	1.439	MS	600	889	02/29/2016	03/01/2018	
345397-XD-0	FORD MOTOR CREDIT CO 1.461%				2FE	250,000		100,0160	250,000	250,000					1.461	1.461	MS	954	3,653	03/24/2015	03/27/2017	
369626-7H-1	GENERAL ELEC CAP CORP MTN BE			2	1FE	200,000		100,0790	200,000	200,000					1.186	0.769	FMAN	310	1,796	05/12/2014	05/15/2017	
36967F-AB-7	GENERAL ELECTRIC CAPITAL CORP				3FE	275,000		100,0050	275,000	275,000					1.156	0.782	JAJO	732	2,349	01/06/2015	01/09/2017	
38141E-B7-3	GOLDMAN SACHS GRP INC MTN BE				2FE	202,443		100,9510	200,000	201,959		(100)			2.006	1.501	FMAN	524	3,459	05/19/2015	11/15/2018	
437076-BJ-0	HOME DEPOT INC				1FE	225,000		100,1690	225,000	225,000					1.333	1.101	MJSD	133	2,361	09/08/2015	09/15/2017	
438516-BK-1	HONEYWELL INTL INC				1FE	150,000		100,1560	150,000	150,000					1.167	1.176	JAJO	302		10/24/2016	10/30/2019	
446438-RJ-4	HUNTINGTON NATL BANK			2	2FE	250,000		100,0150	250,000	250,000					0.908	0.908	JAJO	626	2,522	04/21/2014	04/24/2017	
48125L-RJ-3	JP MORGAN CHASE BANK			2	1FE	250,000		100,0750	250,000	250,000					1.588	1.597	MJSD	92	918	09/20/2016	09/23/2019	
49327M-2L-7	KEYBANK NATIONAL ASSOC				1FE	275,000		100,1250	275,000	275,000					1.451	1.560	MJSD	344	3,246	05/27/2015	06/01/2018	
59217G-BT-5	METROPOLITAN LIFE GLOBAL FDG				1FE	150,000		100,1270	150,000	150,000					1.299	1.304	MJSD	97	446	09/08/2016	09/14/2018	
64952W-BX-0	NEW YORK LIFE GBL FDG MTN				1FE	250,000		100,2100	250,000	250,000					1.243	0.926	MJSD	147	2,394	12/10/2014	12/15/2017	
65339K-AJ-9	NEXTERA ENERGY CAP HLDGS INC				2FE	30,075		99,6860	30,000	30,062		(13)			1.649	1.523	MS	165		08/25/2016	09/01/2018	
694308-HO-3	PACIFIC GAS				1FE	100,000		100,0320	100,000	100,000					1.131	1.146	FMAN	97		11/28/2016	11/30/2017	
713448-DK-1	PEPSICO INC				1FE	125,000		100,1100	125,000	125,000					1.134	1.150	JAJO	343		10/03/2016	10/04/2019	
717081-DP-5	PFIZER INC				1FE	250,000		100,0510	250,000	250,000					1.056	0.639	FMAN	345	1,915	05/12/2014	05/15/2017	
74256L-AT-6	PRINCIPAL LIFE GLOBAL FDG				1FE	275,000		100,4040	275,000	275,000					1.431	1.308	MJSD	339	3,175	12/02/2015	12/01/2017	
806851-AA-9	SCHLUMBERGER HLDGS CORP				1FE	274,909		100,3760	275,000	274,956		44			1.900	1.917	JD	145	5,225	12/10/2015	12/21/2017	
86787E-AQ-0	SUNTRUST BK ATL SR MD TM BK				2FE	250,000		100,0110	250,000	250,000					1.346	0.861	FMAN	439	2,650	01/21/2014	02/15/2017	
38148L-AB-2	THE GOLDMAN SACHS GROUP INC			2	2FE	252,770		100,9560	250,000	252,845		427			2.042	1.716	JAJO	993	4,409	04/21/2015	04/23/2020	
89236T-CX-1	TOYOTA MOTOR CRED				1FE	124,970		99,5560	125,000	124,981		11			1.200	1.212	AO	354	742	04/05/2016	04/06/2018	
90331H-MJ-9	US BK NATL ASSN MINNEAPOLIS			2	1FE	250,000		100,0550	250,000	250,000					1.153	0.765	MJSD	157	2,184	09/08/2014	09/11/2017	
92343V-CD-4	VERIZON COMMUNICATIONS INC				2FE	150,000		100,1160	150,000	150,000					1.351	0.918	MJSD	129	1,602	06/04/2014	06/09/2017	
928668-AL-6	VOLKSWAGEN GROUP AMER FIN LLC				2FE	300,000		99,5240	300,000	300,000					1.386	1.199	FMAN	462	3,300	05/19/2015	05/22/2018	
94988J-5A-1	WELLS FARGO BANK NATL ASSN				1FE	250,085		99,9970	250,000	250,049		(36)			1.650	1.631	JJ	1,822	1,982	03/16/2016	01/22/2018	
06367T-PY-0	BANK OF MONTREAL		A		1FE	175,000		100,1190	175,000	175,000					1.553	1.575	MJSD	151		12/07/2016	12/12/2019	
064159-GN-0	BANK OF NOVA SCOTIA		A		1FE	200,533		100,1890	200,000	200,507		(27)			1.423	1.265	MJSD	166	665	12/02/2016	06/11/2018	
78012K-KA-4	ROYAL BK CDA		A		1FE	150,000		100,5100	150,000	150,765					1.653	1.577	MJSD	152	2,080	12/03/2015	12/10/2018	
78010U-NY-9	ROYAL BK OF CDA BD		A		1FE	150,000		100,0180	150,000	150,000					1.212	0.756	JAJO	353	1,376	01/15/2014	01/23/2017	
891140-B2-3	TORONTO DOMINION BANK		A		1FE	300,000		99,8770	300,000	300,000					1.257	1.002	MJSD	197	2,922	03/09/2015	03/13/2018	
23636A-AG-6	DANSKE BK AS 144A		D		1FE	200,000		100,0650	200,000	200,000					1.526	1.538	MJSD	220	702	08/31/2016	09/06/2019	
3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						11,700,967	XXX	11,705,931	11,695,000	11,701,163	0	826	0	0	XXX	XXX	XXX	23,166	114,411	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																						
50180L-AC-4	LB UBS COMM				1FM	185,700		103,6720		180,420		174,029		708		6,324	5,259	MON	489	8,880	10/25/2016	04/15/2041
929360-AC-2	WFRBS COML MTG TR 2012-C6				1FM	38,522		100,0180		38,326		38,319		632		2,191	1,918	MON	65	989	11/24/2015	04/17/2045
3499999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						224,222	XXX	218,746	212,348	225,481	0	1,340	0	0	XXX	XXX	XXX	554	9,869	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																						

E10.1

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
70659P-AF-8	PENARTH MASTER				IFE	240,000	99.9770	239,946	240,000	240,000					1.136	1.144	MON	106	2,117	03/26/2015	03/18/2019
02007D-AA-8	ALLY AUTO RECV TR 2015-2				IFE	41,398	99.9990	41,398	41,399	41,398	0	0	0	0	0.980	0.982	MON	18	418	09/10/2015	03/15/2018
02007D-AB-6	ALLY AUTO RECV TR 2015-2				IFE	150,615	100.1280	150,192	150,000	150,514	(101)				1.490	1.242	MON	99	559	09/23/2016	11/15/2019
02005A-DU-9	ALLY MSTR OWNR TR 2014-1				IFE	240,638	100.0110	240,026	240,000	240,174	(167)				1.174	1.115	MON	133	2,268	07/16/2014	01/15/2019
02005A-EJ-3	ALLY MSTR OWNR TR 2014-4				IFE	290,000	100.0210	290,061	290,000	290,000					1.104	1.115	MON	133	2,535	07/08/2014	06/17/2019
02005A-EQ-7	ALLY MSTR OWNR TR 2014-5				IFE	300,000	100.2940	300,882	300,000	300,000					1.194	1.189	MON	159	2,896	11/04/2014	10/15/2019
02005A-ER-5	ALLY MSTR OWNR TR 2014-5				IFE	150,527	100.1540	150,231	150,000	150,437	(91)				1.600	1.381	MON	107	600	09/23/2016	10/15/2019
02582J-GU-8	AMERICAN EXPRESS CREDIT 2014				IFE	150,668	100.2270	150,341	150,000	150,568	(100)				1.490	1.245	MON	99	559	09/23/2016	04/15/2020
02582J-GY-0	AMERICAN EXPRESS CREDIT 2014				IFE	249,932	100.1000	250,250	250,000	250,010	23				0.994	1.004	MON	117	1,905	02/03/2015	05/15/2020
03065K-AD-3	AMERICREDIT AUTO RECV 2015-1				IFE	167,120	99.9990	167,658	167,659	167,241	91				1.260	1.445	MON	135	2,128	12/08/2015	11/08/2019
03065M-AB-3	AMERICREDIT AUTO RECV 2015-4				IFE	92,167	100.0070	92,180	92,173	92,167	0				1.260	1.266	MON	74	1,173	11/03/2015	04/08/2019
03065V-AB-3	AMERICREDIT AUTO RECV 2016-1				IFE	42,234	100.1100	42,281	42,234	42,234	0				1.520	1.520	MON	37	572	01/12/2016	06/10/2019
03065D-AB-3	AMERICREDIT AUTO RECV 2016-3				IFE	99,994	100.0540	100,054	100,000	99,995	1				1.370	1.373	MON	88	445	08/02/2016	11/08/2019
03065T-AB-8	AMERICREDIT AUTO RECV 2016-4				IFE	74,996	99.9520	74,964	75,000	74,996	1				1.340	1.343	MON	64	154	10/05/2016	04/08/2020
05522R-CQ-9	BA CREDIT CARD TR 2014-1A				IFE	250,000	100.2510	250,628	250,000	250,000					1.084	1.097	MON	113	2,133	02/05/2014	06/15/2021
05522R-CR-7	BA CREDIT CARD TR 2014-2A				IFE	250,000	100.0200	250,050	250,000	250,000					0.974	0.980	MON	104	1,854	10/23/2014	09/16/2019
126802-CU-9	CABELAS CC MSTR TR 2014-1				IFE	80,000	100.0090	80,007	80,000	80,000					1.054	1.052	MON	37	658	03/18/2014	03/16/2020
13975K-AC-3	CAPITAL AUTO RECV ABN 2015-1				IFE	150,645	100.2040	150,306	150,000	150,443	(202)				1.610	1.363	MON	74	1,208	06/21/2016	06/20/2019
13974M-AC-0	CAPITAL AUTO RECV ABN 2016-2				IFE	44,996	99.5860	44,814	45,000	44,997	1				1.460	1.464	MON	16	274	07/12/2016	06/22/2020
14041N-DX-6	CAPITAL ONE CC TR 2007-7A				IFE	156,738	103.1940	154,791	150,000	155,820	(918)				5.750	3.398	MON	383	2,156	09/23/2016	07/15/2020
14041N-ET-4	CAPITAL ONE CC TR 2014-5A				IFE	150,645	100.2070	150,311	150,000	150,554	(91)				1.480	1.257	MON	99	555	09/23/2016	07/15/2020
14041N-EU-1	CAPITAL ONE CC TR 2015-1A				IFE	150,656	99.9530	149,930	150,000	150,574	(83)				1.390	1.186	MON	93	521	09/23/2016	01/15/2021
14313X-AB-6	CARMAX AUTO OWNER TR 2015-4				IFE	117,706	99.9890	117,703	117,716	117,715	6				1.090	1.090	MON	57	1,290	10/22/2015	04/15/2019
14314E-AB-7	CARMAX AUTO OWNER TR 2016-3				IFE	149,988	99.9390	149,909	150,000	149,991	3				1.170	1.175	MON	78	707	07/14/2016	08/15/2019
14312Q-AB-2	CARMAX AUTO OWNER TR 2016-4				IFE	74,996	99.8020	74,852	75,000	74,996	1				1.210	1.213	MON	40	124	10/19/2016	11/15/2019
161571-GT-5	CHASE ISSUANCE TRUST 2015-2A				IFE	151,066	100.2850	150,428	150,000	150,901	(165)				1.590	1.185	MON	106	596	09/23/2016	02/18/2020
17305E-DY-8	CITIBANK CCIT 2007-A8				IFE	156,703	103.1030	154,655	150,000	155,644	(1,059)				5.650	2.909	MS	2,378		09/23/2016	09/20/2019
254683-AC-9	DISCOVER CARD EXE TR 2007-1A				IFE	156,656	103.0250	154,538	150,000	155,669	(988)				5.650	3.148	MON	377	2,119	09/23/2016	03/15/2020
31680G-AD-8	FIFTH THIRD AUTO TR 2015-1				IFE	150,480	100.0600	150,090	150,000	150,410	(70)				1.420	1.242	MON	95	533	09/27/2016	03/16/2020
34530X-AD-7	FORD CREDIT AUTO LEASE 2015-B				IFE	450,374	100.0950	450,428	450,000	450,313	(67)				1.380	1.308	MON	276	4,658	09/27/2016	12/15/2018
34530D-AD-1	FORD CREDIT AUTO OWN TR 2013				IFE	147,927	100.0430	147,529	147,466	147,757	(119)				1.250	1.025	MON	82	1,868	10/14/2015	10/15/2018
34530Q-AD-2	FORD CREDIT AUTO OWN TR 2015				IFE	265,586	100.0400	265,610	265,503	265,551	(29)				1.280	1.266	MON	151	3,400	11/04/2015	09/15/2019
34530Y-AB-9	FORD CREDIT AUTO OWN TR 2015				IFE	52,210	99.9730	52,196	52,210	52,210	0				0.950	0.951	MON	22	507	09/15/2015	08/15/2018
34528Q-EJ-9	FORD CREDIT FLRPLN TR 2015-4				IFE	275,000	100.4290	276,180	275,000	275,000					1.304	1.319	MON	169	2,963	08/12/2015	08/15/2020
34528Q-DF-8	FORD CREDIT FLRPLN TR A 2014				IFE	210,000	100.0170	210,036	210,000	210,000					1.104	1.112	MON	97	1,835	02/11/2014	02/15/2019
34528Q-EZ-3	FORD CREDIT FLRPLN TR A 2016				IFE	85,000	100.2440	85,207	85,000	85,000					1.234	1.248	MON	50	352	07/19/2016	07/15/2020
36159J-DH-1	GE CAP CCMT 2012-6				IFE	109,234	100.0560	109,061	109,000	109,202	(32)				1.360	1.250	MON	66	371	09/23/2016	08/17/2020
38013P-AC-3	GM FINL AUTO LEASE TR 2015-1				IFE	150,545	100.1350	150,203	150,000	150,411	(133)				1.530	1.210	MON	70	574	09/23/2016	09/20/2018
38013G-AC-3	GM FINL AUTO LEASE TR 2015-2				IFE	50,131	100.2710	50,136	50,000	50,125	(6)				1.680	1.444	MON	26	70	12/13/2016	12/20/2018
361886-AC-8	GMF FLRPLN OWN TR 2015-1				IFE	170,000	100.0440	170,075	170,000	170,000					1.038	1.038	MON	147	1,659	05/13/2015	05/15/2020
380881-CD-2	GOLDEN CREDIT CARD				IFE	215,000	99.9680	214,931	215,000	215,000					1.203	1.177	MON	122	1,972	03/19/2014	03/15/2019
41284A-AD-0	HARLEY-DAVIDSON MTR TR 2014-1				IFE	113,812	99.9870	114,154	114,169	113,877	46				1.100	1.298	MON	56	1,270	11/24/2015	09/16/2019
41284B-AB-2	HARLEY-DAVIDSON MTR TR 2015-1				IFE	15,079	99.9670	15,084	15,084	15,084	0				0.800	0.801	MON	5	126	01/22/2015	01/15/2019
41284B-AD-8	HARLEY-DAVIDSON MTR TR 2015-1				IFE	150,668	100.0630	150,095	150,000	150,504	(164)				1.410	1.203	MON	94	1,058	06/24/2016	06/15/2020
43814G-AD-2	HONDA AUTO RECV 2014-2				IFE	150,229	99.9360	149,904	150,000	150,195	(33)				1.180	1.098	MON	64	443	09/23/2016	05/18/2020
43814J-AD-6	HONDA AUTO RECV 2014-4				IFE	150,803	100.1240	150,186	150,000	150,696	(107)				1.460	1.197	MON	97	548	09/23/2016	10/15/2020
44891B-AB-1	HYUNDAI AUTO LEASE TR 2016-B				IFE	123,821	99.9900	123,813	123,825	123,823	2				1.240	1.242	MON	68	853	05/17/2016	11/15/2018
44890L-AD-6	HYUNDAI AUTO REC TR				IFE	97,549	99.9870	97,422	97,435	97,536	29				1.010	0.909	MON	44	1,000	02/03/2015	02/15/2019
44890U-AD-6	HYUNDAI AUTO RECV TR 2014-B				IFE	150,691	100.1260	150,189	150,000	150,576	(115)				1.460	1.179	MON	97	548	09/23/2016	11/15/2019
44918L-AB-8	HYUNDAI AUTO RECV TR 2015-C				IFE	65,364	99.9250	65,317	65,366	65,365	0				0.990	0.993	MON	29	657	09/10/2015	11/15/2018
58768L-AD-5	MERC-BENZ AUTO LEASE TR 2015				IFE	7,112	99.9810	7,112	7,113	7,111	(1)				1.100	1.177	MON	3	82	01/07/2015	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
65478A-AB-9	NISSAN AUTO RECV 2015-C				1FE	95,353		99,944	95,361	95,356					0.870	0.876	MON	37	836	10/06/2015	11/15/2018
65478V-AB-3	NISSAN AUTO RECV 2016-B				1FE	79,994		99,902	80,000	79,996					1.050	1.054	MON	37	532	04/18/2016	04/15/2019
74113F-AC-9	PRESTIGE AUTO RECV TR 2016-1				1FE	99,528		100,140	99,218	99,546					1.780	1.522	MON	78	897	06/29/2016	08/15/2019
80283N-AB-5	SANTANDER DRIVE AUTO 2014-1				1FE	(141)		99,986	(141)	(141)					0.660	1.353	MON	0		01/08/2014	06/15/2017
802840-AB-7	SANTANDER DRIVE AUTO 2015-5				1FE	28,755		100,030	28,756	28,753		(2)			1.120	1.130	MON	13	325	10/15/2015	12/17/2018
89231U-AB-3	TOYOTA AUTO RECV OWN TR 2016				1FE	149,997		99,941	150,000	149,999					1.020	1.021	MON	68	910	05/02/2016	10/15/2018
92867P-AD-5	VOLKSWAGEN AUTO ENH 2013-2				1FE	94,799		99,881	94,887	94,843		44			1.160	1.269	MON	34	459	08/02/2016	03/20/2020
96042C-AC-5	WESTLAKE AUTO RECV TR 2015-2				1FE	24,342		99,993	24,341	24,342		0			1.280	1.281	MON	14	317	06/18/2015	07/16/2018
96042B-AC-7	WESTLAKE AUTO RECV TR 2016-2				1FE	54,997		100,088	55,048	54,998					1.570	1.573	MON	38	429	06/07/2016	06/17/2019
981464-ET-3	WORLD FIN NETWORK CMT 2015-A				1FE	300,000		100,193	300,000	300,000					1.184	1.198	MON	168	2,865	04/14/2015	02/15/2022
981464-FD-7	WORLD FIN NETWORK CMT 2015-C				1FE	244,971		100,061	245,149	245,000		9			1.260	1.260	MON	137	3,087	10/21/2015	03/15/2021
98161D-AE-0	WORLD OMNI AUTO LEASE 2014-A				1FE	100,203		100,048	100,000	100,146		(57)			1.370	1.268	MON	61	685	06/21/2016	01/15/2020
98161F-AB-1	WORLD OMNI AUTO LEASE 2016 A				1FE	149,996		99,840	150,000	149,997					1.200	1.202	MON	80	725	07/12/2016	02/15/2019
98160Y-AB-1	WORLD OMNI AUTO TR 2015-B				1FE	123,363		99,940	123,374	123,364		0			0.960	0.967	MON	53	1,200	10/07/2015	07/15/2019
300220-AA-1	EVERGREEN CC TR 2016-1		A		1FE	105,349		100,444	105,000	105,287		(62)			1.424	1.270	MON	71	443	08/17/2016	04/15/2020
89621A-AA-7	TRILLIUM CC TR II 2016-1		A		1FE	145,000		100,464	145,000	145,000					1.481	1.498	MON	36	980	06/08/2016	05/26/2021
3599999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities					10,364,572	XXX	10,356,378	10,334,263	10,359,730	0	(4,727)	0	0	XXX	XXX	XXX	8,650	83,623	XXX	XXX
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)					22,289,761	XXX	22,281,054	22,241,611	22,286,374	0	(2,561)	0	0	XXX	XXX	XXX	32,371	207,903	XXX	XXX
7799999	- Bonds - Total Bonds - Subtotals - Issuer Obligations					58,018,189	XXX	58,473,364	58,375,000	58,173,766	0	55,756	0	0	XXX	XXX	XXX	175,508	699,555	XXX	XXX
7899999	- Bonds - Total Bonds - Subtotals - Residential Mortgage-Backed Securities					11,278,711	XXX	11,461,014	10,840,948	11,238,824	0	(9,022)	0	0	XXX	XXX	XXX	36,031	439,523	XXX	XXX
7999999	- Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed Securities					224,222	XXX	218,746	212,348	225,481	0	1,340	0	0	XXX	XXX	XXX	554	9,869	XXX	XXX
8099999	- Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities					10,364,572	XXX	10,356,378	10,334,263	10,359,730	0	(4,727)	0	0	XXX	XXX	XXX	8,650	83,623	XXX	XXX
8399999	Subtotals - Total Bonds					79,885,694	XXX	80,509,501	79,762,559	79,997,801	0	43,347	0	0	XXX	XXX	XXX	220,744	1,232,570	XXX	XXX

E103

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
912828-N6-3	UNITED STATES TREAS NTS		01/19/2016	MORGAN STANLEY & CO., INC	XXX	6,006,328	6,000,000	927
912828-P8-7	UNITED STATES TREAS NTS		03/15/2016	VARIOUS	XXX	3,439,355	3,500,000	1,712
0599999 - Bonds - U.S. Governments						9,445,684	9,500,000	2,639
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
24917D-AB-9	DENVER COLO CITY & CNTY DEDICA		04/01/2016	CITIGROUP GLOBAL MARKETS INC	XXX	81,414	80,000	
3133EG-MC-6	FEDERAL FARM CR BKS		08/18/2016	HSBC SECURITIES, INC	XXX	449,584	450,000	260
3137EA-DN-6	FEDERAL HOME LN MTG CORP		03/31/2016	VARIOUS	XXX	2,470,339	2,475,000	3,169
3135G0-E5-8	FEDERAL NATL MTG ASSN		12/23/2016	CITIGROUP GLOBAL MARKETS INC	XXX	573,889	575,000	1,222
3135G0-J6-1	FEDERAL NATL MTG ASSN		04/25/2016	GOLDMAN, SACHS & CO	XXX	1,999,608	2,000,000	1,361
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						5,574,833	5,580,000	6,012
Bonds - Industrial and Miscellaneous (Unaffiliated)								
88167A-AA-9	TEVA PHARMACEUTICAL FIN NETH	D	07/18/2016	BARCLAYS CAPITAL FIXD INC	XXX	149,871	150,000	
00817Y-AS-7	AETNA INC NEW		06/02/2016	CITIGROUP GLOBAL MARKETS INC	XXX	149,880	150,000	
02007D-AB-6	ALLY AUTO RECV TR 2015-2		09/23/2016	DEUTSCHE	XXX	150,615	150,000	81
02005A-ER-5	ALLY MSTR OWNR TR 2014-5		09/23/2016	WELLS FARGO SECURITIES, LLC	XXX	150,527	150,000	87
02582J-GU-8	AMERICAN EXPRESS CREDIT 2014-3		09/23/2016	PERSHING LLC	XXX	150,668	150,000	81
03065V-AB-3	AMERICREDIT AUTO RECV 2016-1		01/12/2016	DEUTSCHE	XXX	70,000	70,000	
03065D-AB-3	AMERICREDIT AUTO RECV 2016-3		08/02/2016	CITIGROUP GLOBAL MARKETS INC	XXX	99,994	100,000	
03065T-AB-8	AMERICREDIT AUTO RECV 2016-4		10/05/2016	J.P. MORGAN SECURITIES LLC	XXX	74,996	75,000	
035242-AK-2	ANHEUSER BUSCH INBEV FIN		01/13/2016	DEUTSCHE BANK SECURITIES, INC	XXX	150,000	150,000	
084664-CE-9	BERKSHIRE HATHAWAY FIN CORP		03/08/2016	WELLS FARGO SECURITIES, LLC	XXX	99,961	100,000	
13975K-AC-3	CAPITAL AUTO RECV AEN 2015-1		06/21/2016	DEUTSCHE	XXX	150,645	150,000	27
13974M-AC-0	CAPITAL AUTO RECV AEN 2016-2		07/12/2016	CITIGROUP GLOBAL MARKETS INC	XXX	44,996	45,000	
14041N-DX-6	CAPITAL ONE CC TR 2007-7A		09/23/2016	EMO CAPITAL MARKETS	XXX	156,738	150,000	311
14041N-ET-4	CAPITAL ONE CC TR 2014-5A		09/23/2016	HSBC SECURITIES, INC	XXX	150,645	150,000	80
14041N-EU-1	CAPITAL ONE CC TR 2015-1A		09/23/2016	BARCLAYS CAPITAL FIXD INC	XXX	150,656	150,000	75
14314E-AB-7	CARMAX AUTO OWNER TR 2016-3		07/14/2016	CREDIT SUISSE SECURITIES (USA)	XXX	149,988	150,000	
143120-AB-2	CARMAX AUTO OWNER TR 2016-4		10/19/2016	MLPFS INC/FIXED INCOME	XXX	74,996	75,000	
14912L-6P-1	CATERPILLAR FINL SVCS MTNS BE		03/31/2016	CITIGROUP GLOBAL MARKETS INC	XXX	150,623	150,000	250
161571-GT-5	CHASE ISSUANCE TRUST 2015-2A		09/23/2016	MLPFS INC/FIXED INCOME	XXX	151,066	150,000	86
17275R-BA-9	CISCO SYS INC		02/22/2016	MLPFS INC/FIXED INCOME	XXX	150,000	150,000	
17305E-DY-8	CITIBANK CCIT 2007-A8		09/23/2016	DEUTSCHE	XXX	156,703	150,000	188
22549V-WV-1	CREDIT SUISSE GROUP AG NY INST		11/10/2016	CREDIT SUISSE SECURITIES (USA)	XXX	150,000	150,000	
254683-AC-9	DISCOVER CARD EXE TR 2007-1A		09/23/2016	CITIGROUP GLOBAL MARKETS INC	XXX	156,656	150,000	306
30231G-AU-6	EXXON MOBIL CORP		02/29/2016	CITIGROUP GLOBAL MARKETS INC	XXX	125,000	125,000	
31680G-AD-8	FIFTH THIRD AUTO TR 2015-1		09/27/2016	DEUTSCHE	XXX	150,480	150,000	89
34530X-AD-7	FORD CREDIT AUTO LEASE 2015-B		09/27/2016	WELLS FARGO SECURITIES, LLC	XXX	150,428	150,000	86
34528Q-EZ-3	FORD CREDIT FLRPLN TR A 2016-4		07/19/2016	J.P. MORGAN SECURITIES LLC	XXX	85,000	85,000	
36159J-DH-1	GE CAP COMT 2012-6		09/23/2016	WELLS FARGO SECURITIES, LLC	XXX	109,234	109,000	54
38013P-AC-3	GM FINL AUTO LEASE TR 2015-1		09/23/2016	WELLS FARGO SECURITIES, LLC	XXX	150,545	150,000	51
38013G-AC-3	GM FINL AUTO LEASE TR 2015-2		12/13/2016	J.P. MORGAN SECURITIES LLC	XXX	50,131	50,000	61
41284B-AD-8	HARLEY-DAVIDSON MTR TR 2015-1		06/24/2016	HSBC SECURITIES, INC	XXX	150,668	150,000	82
43814G-AD-2	HONDA AUTO RECV 2014-2		09/23/2016	WELLS FARGO SECURITIES, LLC	XXX	150,229	150,000	49
43814J-AD-6	HONDA AUTO RECV 2014-4		09/23/2016	WELLS FARGO SECURITIES, LLC	XXX	150,803	150,000	79
43851G-BK-1	HONEYWELL INTL INC		10/24/2016	MORGAN STANLEY & CO., INC	XXX	150,000	150,000	
44891B-AB-1	HYUNDAI AUTO LEASE TR 2016-B		05/17/2016	CITIGROUP GLOBAL MARKETS INC	XXX	124,996	125,000	
44890U-AD-6	HYUNDAI AUTO RECV TR 2014-B		09/23/2016	CITIGROUP GLOBAL MARKETS INC	XXX	150,691	150,000	79
48125L-RJ-3	JP MORGAN CHASE BANK		09/20/2016	J.P. MORGAN SECURITIES LLC	XXX	250,000	250,000	
50180L-AC-4	LB UBS COMM		10/25/2016	MLPFS INC/FIXED INCOME	XXX	40,797	39,100	113
58768M-AB-7	MERC-BENZ AUTO LEASE TR 2016-B		10/18/2016	CREDIT AGRICOLE SECURITIES USA	XXX	24,999	25,000	
587729-AD-6	MERC-BENZ AUTO RECV TR 2014-1		09/23/2016	HSBC SECURITIES, INC	XXX	150,375	150,000	71
59217G-BT-5	METROPOLITAN LIFE GLOBAL FDG I		09/08/2016	MLPFS INC/FIXED INCOME	XXX	150,000	150,000	
65339K-AJ-9	NEXTERA ENERGY CAP HLDGS INC		08/25/2016	CITIGROUP GLOBAL MARKETS INC	XXX	30,075	30,000	
654780-AD-0	NISSAN AUTO LEASE TR 2016-A		05/17/2016	CITIGROUP GLOBAL MARKETS INC	XXX	79,996	80,000	
65478V-AB-3	NISSAN AUTO RECV 2016-B		04/18/2016	SG AMERICAS SECURITIES, LLC	XXX	79,994	80,000	
694308-HD-3	PACIFIC GAS		11/28/2016	J.P. MORGAN SECURITIES LLC	XXX	100,000	100,000	
713448-DK-1	PEPSICO INC		10/03/2016	CITIGROUP GLOBAL MARKETS INC	XXX	125,000	125,000	
74113F-AC-9	PRESTIGE AUTO RECV TR 2016-1		06/29/2016	WELLS FARGO SECURITIES, LLC	XXX	150,469	150,000	148
89231U-AB-3	TOYOTA AUTO RECV OWN TR 2016-B		05/02/2016	CITIGROUP GLOBAL MARKETS INC	XXX	149,997	150,000	
89236T-CX-1	TOYOTA MOTOR CRED		04/05/2016	VARIOUS	XXX	124,970	125,000	

E13

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
92867P-AD-5	VOLKSWAGEN AUTO ENH 2013-2		08/02/2016	VARIOUS	XXX	94,799	95,000	46
94988J-5A-1	WELLS FARGO BANK NATL ASSN		03/16/2016	WELLS FARGO SECURITIES, LLC	XXX	250,085	250,000	619
96042B-AC-7	WESTLAKE AUTO RECV TR 2016-2		06/07/2016	WELLS FARGO SECURITIES, LLC	XXX	54,997	55,000	
98161D-AE-0	WORLD OMNI AUTO LEASE 2014-A		06/21/2016	BARCLAYS CAPITAL FIXD INC	XXX	100,203	100,000	34
98161F-AB-1	WORLD OMNI AUTO LEASE 2016-A		07/12/2016	MLPFS INC/FIXED INCOME	XXX	149,996	150,000	
06367T-PY-0	BANK OF MONTREAL	A	12/07/2016	BMO CAPITAL MARKETS	XXX	175,000	175,000	
064159-GN-0	BANK OF NOVA SCOTIA	A	12/02/2016	DEUTSCHE BANK SECURITIES, INC	XXX	200,533	200,000	628
300220-AA-1	EVERGREEN CC TR 2016-1	A	08/17/2016	DEUTSCHE BANK SECURITIES, INC	XXX	105,349	105,000	25
89621A-AA-7	TRILLIUM CC TR II 2016-1	A	06/08/2016	J.P. MORGAN SECURITIES LLC	XXX	145,000	145,000	
23636A-AG-6	DANSKE BK AS 144A	D	08/31/2016	CITIGROUP GLOBAL MARKETS INC	XXX	200,000	200,000	
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated)					7,671,063	7,638,100	3,886
8399997	- Bonds - Subtotals - Bonds - Part 3					22,691,579	22,718,100	12,537
8399998	- Bonds - Summary item from Part 5 for Bonds					333,211	330,075	967
8399999	- Bonds - Subtotals - Bonds					23,024,790	23,048,175	13,504
9999999	Totals					23,024,790	XXX	13,504

E13.1

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value				16	17	18	19	20	21		
										11	12	13	14							15	
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	
Bonds - U.S. Governments																					
3130A3-CE-2	FEDERAL HOME LOAN BANKS		09/27/2016	BARCLAYS CAPITAL FIXD INC.		275,042	275,000	275,511	275,312		(294)		(294)		275,019			23	23	1,642	10/14/2016
36241L-DB-9	GNMA PASS-THRU X PLATINUM		12/15/2016	PRINCIPAL RECEIPT		52,761	52,761	56,178	56,136		(3,375)		(3,375)		52,761					1,653	11/15/2039
36202E-4J-5	GNMA PT SINGLE FAMILY		12/20/2016	PRINCIPAL RECEIPT		62,245	62,245	65,746	65,300		(3,055)		(3,055)		62,245					1,707	04/20/2039
36202F-B6-2	GNMA PT SINGLE FAMILY		12/20/2016	PRINCIPAL RECEIPT		116,463	116,463	124,634	123,856		(7,393)		(7,393)		116,463					3,558	10/20/2039
912828-UJ-2	U S TREASURY NT		02/29/2016	MATURITY		3,000,000	3,000,000	3,017,930	3,000,000		(626)		(626)		3,000,000					31,875	02/29/2016
912828-UG-3	UNITED STATES TREAS NTS		01/15/2016	MATURITY		5,600,000	5,600,000	5,594,969	5,599,934		66		66		5,600,000					10,500	01/15/2016
0599999 - Bonds - U.S. Governments						9,106,511	9,106,469	9,134,968	9,121,166	0	(14,678)	0	(14,678)	0	9,106,488	0		23	23	50,935	XXX
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																					
452152-DR-7	ILLINOIS ST		04/01/2016	MATURITY		250,000	250,000	252,203	250,326		(326)		(326)		250,000					2,225	04/01/2016
1799999 - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)						250,000	250,000	252,203	250,326	0	(326)	0	(326)	0	250,000	0		0	0	2,225	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3138AU-TN-7	F N M A #AJ3256		12/25/2016	PRINCIPAL RECEIPT		763,380	763,380	785,566	784,005	0	(20,625)		(20,625)		763,380					13,987	10/01/2041
3137EA-DN-6	FEDERAL HOME LN MTG CORP		09/29/2016	NOMURA SECURITIES		274,895	275,000	274,543		142		142		274,685			211	211	1,478	01/12/2018	
3128MC-KF-1	FHLMC PC GOLD COMB 15		12/01/2016	PRINCIPAL RECEIPT		91,238	91,238	94,688	93,542		(2,304)		(2,304)		91,238					2,163	11/01/2024
3128PO-RC-7	FHLMC PC GOLD 15 YR		12/15/2016	PRINCIPAL RECEIPT		126,934	126,934	129,255	128,748		(1,814)		(1,814)		126,934					2,326	12/01/2024
312936-ZD-2	FHLMC PC GOLD COMB 30		12/15/2016	PRINCIPAL RECEIPT		166,104	166,104	167,324	167,207		(1,103)		(1,103)		166,104					4,688	11/01/2039
312938-LJ-0	FHLMC PC GOLD COMB 30		12/15/2016	PRINCIPAL RECEIPT		403,559	403,559	417,778	416,101		(12,542)		(12,542)		403,559					14,104	12/01/2039
31418A-Y4-4	FNMA PASS-THRU INT 20 YEAR		12/25/2016	PRINCIPAL RECEIPT		677,086	677,086	722,367	720,714		(43,628)		(43,628)		677,086					14,861	10/01/2033
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						2,503,197	2,503,301	2,591,519	2,310,316	0	(81,873)	0	(81,873)	0	2,502,986	0		211	211	53,587	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
2027A0-GW-3	COMMONWEALTH BK AUSTRALIA	D	09/20/2016	MATURITY		250,000	250,000	250,758	250,612		(612)		(612)		250,000					2,118	09/20/2016
225480-AQ-0	CREDIT SUISSE NEW YORK BRNCH	D	03/11/2016	MATURITY		250,000	250,000	250,000	250,000						250,000					501	03/11/2016
449786-AL-6	ING BANK NY	D	03/15/2016	MATURITY		250,000	250,000	258,613	251,548		(1,548)		(1,548)		250,000					5,000	03/15/2016
539444-AF-6	LLOYDS BANK PLC	D	11/09/2016	TENDER OFFER		275,413	275,000	275,000	275,000						275,000			413	413	3,223	05/14/2018
65557F-AF-3	NORDEA BK AB EURO MTN	D	05/13/2016	MATURITY		200,000	200,000	200,000	200,000						200,000					954	05/13/2016
74977E-PY-3	RABOBANK NEDERLAND DEP	D	03/18/2016	MATURITY		275,000	275,000	275,000	275,000						275,000					704	03/18/2016
76720A-AJ-5	RIO TINTO FIN USA PLC	D	06/17/2016	MATURITY		275,000	275,000	275,000	275,000						275,000					1,991	06/17/2016
02006W-AB-5	ALLY AUTO RECV TR 2014-2		05/15/2016	PRINCIPAL RECEIPT		104,220	104,220	104,215	104,216		4		4		104,220					172	07/17/2017
02006V-AB-7	ALLY AUTO RECV TR 2014-3		07/15/2016	PRINCIPAL RECEIPT		121,135	121,135	121,133	121,134	59	2		61		121,135					318	09/15/2017
02006N-AC-3	ALLY AUTO RECV TR 2014-SN1		06/20/2016	PRINCIPAL RECEIPT		268,172	268,172	268,036	268,103		70		70		268,172					532	02/21/2017
02007D-AA-8	ALLY AUTO RECV TR 2015-2		12/15/2016	PRINCIPAL RECEIPT		193,602	193,602	193,600	193,600		1		1		193,602					1,218	03/15/2018
02006X-AB-3	ALLY AUTO RECV TR 2015-SN1		09/20/2016	PRINCIPAL RECEIPT		245,706	245,706	245,699	245,701		5		5		245,706					1,016	10/20/2016
02005A-DG-0	ALLY MSTR OWN TR 2013-2		04/15/2016	PRINCIPAL RECEIPT		300,000	300,000	300,844	300,386		(386)		(386)		300,000					869	04/15/2018
02005A-EA-2	ALLY MSTR OWN TR 2014-2		01/15/2016	PRINCIPAL RECEIPT		245,000	245,000	245,000	245,000						245,000					148	01/16/2018
02665W-AJ-0	AMERICAN HONDA FIN CORP MTN		09/02/2016	MATURITY		150,000	150,000	150,000	150,000						150,000					807	09/02/2016
03065J-AB-0	AMERICREDIT AUTO RECV 2014-4		09/08/2016	PRINCIPAL RECEIPT		155,197	155,197	155,196	155,196		1		1		155,197					426	04/09/2018
03065K-AD-3	AMERICREDIT AUTO RECV 2015-1		12/08/2016	PRINCIPAL RECEIPT		82,341	82,341	82,076	82,091		250		250		82,341					854	11/08/2019
03065M-AB-3	AMERICREDIT AUTO RECV 2015-4		12/08/2016	PRINCIPAL RECEIPT		107,827	107,827	107,819	107,820		7		7		107,827					975	04/08/2019
03065V-AB-3	AMERICREDIT AUTO RECV 2016-1		12/08/2016	PRINCIPAL RECEIPT		27,766	27,766	27,765	27,765		0		0		27,766					295	06/10/2019
065604-AB-6	BANK WEST AUTO TR 2014-1		04/15/2016	PRINCIPAL RECEIPT		95,461	95,461	95,454	95,454		7		7		95,461					136	07/17/2017
07387J-AE-6	BEAR STEARNS COMM		04/11/2016	PRINCIPAL RECEIPT		174,765	174,765	180,317	180,377		(5,612)		(5,612)		174,765					2,077	09/11/2038
07388P-AE-1	BEAR STEARNS COMM		11/14/2016	PRINCIPAL RECEIPT		190,006	190,006	195,121	194,559		(4,553)		(4,553)		190,006					7,269	12/11/2038
05580P-AB-7	BMW VEH LEASE TR 2015-1		10/20/2016	PRINCIPAL RECEIPT		231,006	231,006	231,002	231,005		2		2		231,006					919	02/21/2017
13975E-AD-5	CAPITAL AUTO RECV ABN 2013-1		06/20/2016	PRINCIPAL RECEIPT		240,000	240,000	239,513	239,807		193		193		240,000					676	01/22/2018
13975J-AB-8	CAPITAL AUTO RECV ABN 2014-3		10/20/2016	PRINCIPAL RECEIPT		300,000	300,000	300,469	300,289		(289)		(289)		300,000					2,058	12/20/2017
14041N-EL-1	CAPITAL ONE CC TR 2013-2A		04/15/2016	PRINCIPAL RECEIPT		300,000	300,000	300,152	300,092		(92)		(92)		300,000					594	02/15/2019
14313R-AB-9	CARMAX AUTO OWNER TR 2014-2		01/15/2016	PRINCIPAL RECEIPT		5,280	5,280	5,280	5,278		2		2		5,280					2	04/17/2017
14313T-AB-5	CARMAX AUTO OWNER TR 2014-3		05/16/2016	PRINCIPAL RECEIPT		70,892	70,892	70,891	70,891		0		0		70,892					84	08/15/2017
14313X-AB-6	CARMAX AUTO OWNER TR 2015-4		12/15/2016	PRINCIPAL RECEIPT		132,284	132,284	132,273	132,276		8		8		132,284					1,003	04/15/2019
17305E-FL-4	CITIBANK COIT 2013-A12		11/07/2016	PRINCIPAL RECEIPT		215,000	215,000	215,000	215,000						215,000					1,795	11/07/2018
24422E-SE-0	DEERE JOHN CAP CORP MTNS BE		10/04/2016	DEUTSCHE BANK SECURITIES		145,006	145,000	145,173	145,101		(91)		(91)		145,010			4	4	1,225	10/11/2016
24422E-SM-2	DEERE JOHN CAP CORP MTNS BE		04/12/2016	MATURITY		325,000	325,000	325,000	325,000						325,000					938	04/12/2016
254683-BC-8	DISCOVER CARD EXE TR 2013-3		04/15/2016	PRINCIPAL RECEIPT		300,000	300,000	300,152	300,087		(87)		(87)		300,000					594	04/15/2018
263901-AE-0	DUKE ENERGY INDIANA INC		07/11/2016	MATURITY		85,000	85,000	85,000	85,000						85,000					564	07/11/2016
316796-AC-3	FIFTH THIRD AUTO TR 2013-1		08/15/2016	PRINCIPAL RECEIPT		87,916	87,916	88,242	88,221		(305)		(305)		87,916					255	10/16/2017
34530J-AD-8	FORD CREDIT AUTO LEASE 2014-A		04/15/2016	PRINCIPAL RECEIPT		140,646	140,646	140,635	140,636		10		10		140,646					195	04/15/2017
345300-AD-1	FORD CREDIT																				

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value				16	17	18	19	20	21	
										11	12	13	14							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
44890L-AD-6	HYUNDAI AUTO REC TR		12/15/2016	PRINCIPAL RECEIPT		202,565	202,565	202,803	202,716		(150)		(150)		202,565			.0	1,500	02/15/2019
44918L-AB-8	HYUNDAI AUTO REC TR 2015-C		12/15/2016	PRINCIPAL RECEIPT		74,634	74,634	74,631	74,632		2		2		74,634			.0	491	11/15/2018
44890L-AC-8	HYUNDAI AUTO TR 2013-B		06/15/2016	PRINCIPAL RECEIPT		68,646	68,646	68,697	68,718		(71)		(71)		68,646			.0	120	09/15/2017
50180L-AC-4	LB USBS COMM		12/16/2016	PRINCIPAL RECEIPT		25,511	25,511	27,351	26,015		(1,826)		(1,826)		25,511			.0	951	04/15/2041
52108R-AE-2	LB USBS CMBS 2006-C4		05/17/2016	PRINCIPAL RECEIPT		227,050	227,050	241,790	242,165		(15,115)		(15,115)		227,050			.0	3,388	06/15/2038
58768L-AD-5	MERC-BENZ AUTO LEASE TR 2015-A		12/15/2016	PRINCIPAL RECEIPT		242,887	242,887	242,850	242,870		17		17		242,887			.0	2,024	08/15/2017
61746B-DB-9	MORGAN STANLEY		10/18/2016	MATURITY		150,000	150,000	158,105	155,209		(5,209)		(5,209)		150,000			.0	8,625	10/18/2016
64952W-BP-7	NEW YORK LIFE GBL FDG MTN		05/23/2016	MATURITY		150,000	150,000	150,000	150,000						150,000			.0	744	05/23/2016
64952W-BU-6	NEW YORK LIFE GBL FDG MTN		09/06/2016	MATURITY		250,000	250,000	250,000	250,000						250,000			.0	1,312	09/06/2016
65477N-AD-8	NISSAN AUTO LEASE TR 2014-A		07/15/2016	PRINCIPAL RECEIPT		215,000	215,000	214,997	214,999		1		1		215,000			.0	589	02/15/2017
65477N-AE-6	NISSAN AUTO LEASE TR 2014-A		10/17/2016	PRINCIPAL RECEIPT		300,000	300,000	300,023	300,014		(14)		(14)		300,000			.0	2,221	10/15/2019
65478A-AB-4	NISSAN AUTO REC TR 2015-C		12/15/2016	PRINCIPAL RECEIPT		74,639	74,639	74,634	74,634		5		5		74,639			.0	486	11/15/2018
74113E-AB-4	PRESTIGE AUTO REC TR 2015-1		11/15/2016	PRINCIPAL RECEIPT		80,215	80,215	80,209	80,210		5		5		80,215			.0	416	02/15/2019
74113F-AC-9	PRESTIGE AUTO REC TR 2016-1		12/15/2016	PRINCIPAL RECEIPT		50,782	50,782	50,941	50,782		(159)		(159)		50,782			.0	286	08/15/2019
80283X-AD-9	SANTANDER DRIVE AUTO 2014-3		06/15/2016	PRINCIPAL RECEIPT		122,689	122,689	122,688	122,689		1		1		122,689			.0	247	07/16/2018
802840-AB-7	SANTANDER DRIVE AUTO 2015-5		12/15/2016	PRINCIPAL RECEIPT		181,244	181,244	181,238	181,239		6		6		181,244			.0	1,306	12/17/2018
89236T-AK-1	TOYOTA MOTOR CRED		05/17/2016	MATURITY		150,000	150,000	150,000	150,000						150,000			.0	591	05/17/2016
92977R-AD-8	WACHOVIA CMBS 2006-C26		11/18/2016	PRINCIPAL RECEIPT		239,090	239,090	244,208	244,117		(5,027)		(5,027)		239,090			.0	4,785	06/15/2045
96042C-AC-5	WESTLAKE AUTO REC TR 2015-2		12/15/2016	PRINCIPAL RECEIPT		115,658	115,658	115,657	115,657		0		0		115,658			.0	778	07/16/2018
929360-AC-2	WFRBS COML MTG TR 2012-C6		12/16/2016	PRINCIPAL RECEIPT		136,681	136,681	137,407	137,400		(718)		(718)		136,681			.0	1,915	04/17/2045
98160L-AE-3	WORLD OMNI AUTO LEASE 2013-A		05/15/2016	PRINCIPAL RECEIPT		300,000	300,000	301,875	301,161		(1,161)		(1,161)		300,000			.0	1,525	02/15/2019
98161D-AB-6	WORLD OMNI AUTO LEASE 2014-A		09/16/2016	PRINCIPAL RECEIPT		188,613	188,613	188,603	188,609		4		4		188,613			.0	626	03/15/2017
981580-AD-8	WORLD OMNI AUTO TR 2012-B		09/16/2016	PRINCIPAL RECEIPT		195,770	195,770	195,610	195,643		127		127		195,770			.0	872	01/15/2019
98160Y-AB-1	WORLD OMNI AUTO TR 2015-B		12/15/2016	PRINCIPAL RECEIPT		126,626	126,626	126,615	126,616		10		10		126,626			.0	841	07/15/2019
78008S-E2-B	ROYAL BK OF CDA BD CDS	A	06/01/2016	VARIOUS		250,013	250,000	250,673	250,139		(126)		(126)		250,012			.0	497	03/08/2016
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						11,835,367	11,834,936	11,890,247	11,796,917	59	(43,161)	0	(43,102)	0	11,834,958	0	409	409	86,183	XXX
8399997 - Bonds - Subtotals - Bonds - Part 4						23,695,075	23,694,706	23,866,937	23,476,724	59	(140,036)	0	(139,979)	0	23,694,432	0	643	643	192,930	XXX
8399998 - Bonds - Summary item from Part 5 for Bonds						330,075	330,075	333,211		0	(3,135)	0	(3,135)	0	330,075	0	0	0	5,422	XXX
8399999 - Bonds - Subtotals - Bonds						24,025,150	24,024,781	24,202,148	23,478,724	59	(143,173)	0	(143,114)	0	24,024,507	0	643	643	198,352	XXX
9999999 Totals						24,025,150	XXX	24,202,148	23,478,724	59	(143,173)	0	(143,114)	0	24,024,507	0	643	643	198,352	XXX

E14.1

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stocks)	9 Actual Cost	10 Consideration	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends								
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change In B./A. C.V. (12 + 13 - 14)	16 Total Foreign Exchange Change in B./A. C.V.													
Bonds - Industrial and Miscellaneous (Unaffiliated)																												
07388L-AE-0	BEAR STEARNS CMBS 2006		02/19/2016	DEUTSCHE	06/11/2016	PRINCIPAL RECEIPT	144,368	145,219	144,368	144,368			(852)		(852)										0	2,009	511	
50180C-AD-2	LB-UBS CMBS 2006-C7		04/27/2016	VARIOUS	08/17/2016	PRINCIPAL RECEIPT	96,451	97,333	96,451	96,451			(882)		(882)										0	1,391	235	
61751X-AE-0	MORGAN STANLEY CAP 2007-TOP25		09/21/2016	VARIOUS	11/12/2016	PRINCIPAL RECEIPT	89,257	90,658	89,257	89,257			(1,401)		(1,401)										0	2,022	220	
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)											330,075	333,211	330,075	330,075	0	(3,135)	0	(3,135)	0	0	0	0	0	5,422	967			
8399998 - Bonds - Subtotals - Bonds											330,075	333,211	330,075	330,075	0	(3,135)	0	(3,135)	0	0	0	0	0	5,422	967			
9999999 Totals												333,211	330,075	330,075	0	(3,135)	0	(3,135)	0	0	0	0	0	5,422	967			

E15

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method (See Purposes And Procedures Manual of the NAIC Investment Analysis Office)	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date	
										11 Number of Shares	12 % of Outstanding
NONE											
1999999 Totals - Preferred and Common Stocks							0	0	0	XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____
2. Total amount of intangible assets nonadmitted: \$ _____

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 Totals - Preferred and Common				XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE DA - PART 1

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value				13 Par Value	14 Actual Cost	Interest					21 Paid for Accrued Interest		
		3 Code	4 Foreign					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization) / Accretion	11 Current Year's Other-Than- Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.			15 Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	16 Non-Admitted Due and Accrued	17 Rate of	18 Effective Rate of	19 When Paid		20 Amount Received During Year	
Exempt Money Market Mutual Funds - as Identified by the SVO																					
31846V-80-7	First Amer Treasury Oblig	SD		03/01/2016	US BANK		102,150						102,150							MON	336
94975P-40-5	WELLS FARGO GOVT MM	SD		12/31/2016	Wachovia		304,024						304,024	234						MON	1,187
8899999 - Bonds - Exempt Money Market Mutual Funds - as Identified by the SVO							406,174	0	0	0	0	XXX	406,174	234	0	XXX	XXX	XXX		1,523	0
All Other Money Market Mutual Funds																					
711990-33-3	TD Bank Deposit Sweep	SD		12/01/2016	US BANK		3,127,844						3,127,844							MON	2,378
8999999 - All Other Money Market Mutual Funds							3,127,844	0	0	0	0	XXX	3,127,844	0	0	XXX	XXX	XXX		2,378	0
9199999 Totals							3,534,018	0	0	0	0	XXX	3,534,018	234	0	XXX	XXX	XXX		3,901	0

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE	ST	Multiple Purposes	381,306	381,306		
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ	B	Multiple Purposes	55,163,091	55,685,683		
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA	B	Statutory Deposit	99,549	99,586		
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Other Alien OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	55,643,946	56,166,574	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2689
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B. Haynes , 215-241-2689
(Name) (Area Code) (Telephone Number) (Extension)
Lori.Haynes@jbx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Daniel Joseph Hilferty</u>	<u>President & C.F.O.</u>	<u>Gregory Eugene Deavens #</u>	<u>E.V.P., C.F.O. & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Yvette Dapremont Bright</u>	<u>Executive V.P. & C.O.O.</u>	<u>Anthony Vincent Coletta, M.D. #</u>	<u>Executive Vice President</u>
<u>Richard Joseph Neeson</u>	<u>Executive Vice President</u>	<u>Michael Walsh Sullivan #</u>	<u>Executive V.P. - President, NJ</u>
<u>Paul Andrew Tufano</u>	<u>Executive Vice President</u>	<u>Stephen Paul Fera #</u>	<u>Senior Vice President</u>
<u>Kathryn Ann Galameau</u>	<u>Senior Vice President</u>	<u>Regina Heffernan #</u>	<u>Senior Vice President</u>
<u>Thomas Aloysius Hutton</u>	<u>Senior Vice President</u>	<u>Daphne Klausner #</u>	<u>Senior Vice President</u>
			<u>President, Commercial & Consumer Markets</u>
<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>	<u>Brian Lobley #</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Lauren Claire O'Brien</u>	<u>Senior Vice President</u>
<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>	<u>Paula June Sunshine #</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley #</u>	<u>Richard Joseph Neeson</u>
<u>Micheal Walsh Sullivan #</u>			

State of Pennsylvania

County of Philadelphia

SS

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.

Daniel Joseph Hilferty
President & C.E.O.

Gregory Eugene Deavens
E.V.P., C.F.O. & Treasurer

Lilton Roosevelt Taliaferro, Jr.
V.P. & Corporate Secretary

Subscribed and sworn to before me this
24th day of February, 2017

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

Lori B Haynes, Notary Public
September 22, 2018

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

Type of Health Care Receivables	Health Care Receivables Collected 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 Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,429,068	(1,616,962)	0	3,731,456	1,429,068	3,481,881
2. Claim overpayment receivables	2,598,647	595,463	1,756,950	1,043,533	4,355,597	4,355,597
3. Loans and advances to providers	1,571,800			2,373,636	1,571,800	1,571,800
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	1,450				1,450	1,450
7. Totals (Lines 1 through 6)	5,600,965	(1,021,499)	1,756,950	7,148,625	7,357,915	9,410,728

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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	57,197	0.0	58,852	100.0		57,197
2. Intermediaries	0	0.0		0.0		0
3. All other providers	5,147,533	1.3	58,852	100.0		5,147,533
4. Total capitation payments	5,204,730	1.3	117,704	200.0	0	5,204,730
Other Payments:						
5. Fee-for-service	30,404,707	7.9	XXX	XXX		30,404,707
6. Contractual fee payments	350,417,145	90.8	XXX	XXX		350,417,145
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		0
8. Bonus/withhold arrangements - contractual fee payments	37,256	0.0	XXX	XXX		37,256
9. Non-contingent salaries	0	0.0	XXX	XXX		0
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	380,859,108	98.7	XXX	XXX	0	380,859,108
13. Total (Line 4 plus Line 12)	386,063,838	100 %	XXX	XXX	0	386,063,838

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,171,983		572,236	599,747	599,747	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,171,983	0	572,236	599,747	599,747	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

NAIC Company Code 95044

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,703		10,703							
18. Amount Incurred for Provision of Health Care Services	19,754		19,754							

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2016						NAIC Company Code	95044
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	62,024	13,488	30,034					18,502			
2. First Quarter	64,169	16,946	28,121					19,102			
3. Second Quarter	61,510	16,224	26,138					19,148			
4. Third Quarter	58,739	15,417	24,108					19,214			
5. Current Year	56,593	14,453	23,156					18,984			
6. Current Year Member Months	724,348	184,270	310,501					229,577			
Total Member Ambulatory Encounters for Year:											
7. Physician	1,140,917	233,588	363,216					544,113			
8. Non-Physician	184,286	31,833	41,261					111,192			
9. Total	1,325,203	265,421	404,477	0	0	0	0	655,305	0	0	
10. Hospital Patient Days Incurred	78,602	9,367	12,618					56,617			
11. Number of Inpatient Admissions	10,821	1,376	2,257					7,188			
12. Health Premiums Written (b)	430,925,529	90,521,612	133,528,314		57,154	911,872		205,906,577			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	430,925,529	90,521,612	133,528,314		57,154	911,872		205,906,577			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	373,739,605	80,708,188	105,848,772		1,827	206,238		186,974,580			
18. Amount Incurred for Provision of Health Care Services	370,771,802	74,351,906	106,636,946		1,827	206,238		189,574,885			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 205,906,577

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

(LOCATION)

NAIC Group Code 0936

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2016

NAIC Company Code

95044

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,712		2,712							
2. First Quarter	2,517		2,517							
3. Second Quarter	2,514		2,514							
4. Third Quarter	2,422		2,422							
5. Current Year	2,259		2,259							
6. Current Year Member Months	29,461		29,461							
Total Member Ambulatory Encounters for Year:										
7. Physician	32,726		32,726							
8. Non-Physician	4,550		4,550							
9. Total	37,276	0	37,276	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	941		941							
11. Number of Inpatient Admissions	184		184							
12. Health Premiums Written (b)	14,908,559		14,908,034			525				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	14,908,559		14,908,034			525				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,313,528	(44,037)	12,353,766		4,285	(486)				
18. Amount Incurred for Provision of Health Care Services	12,626,285	(7)	12,622,493		4,285	(486)				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

30.PA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016						NAIC Company Code	95044
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	64,736	13,488	32,746	0	0	0	0	18,502	0	0	
2. First Quarter	66,686	16,946	30,638	0	0	0	0	19,102	0	0	
3. Second Quarter	64,024	16,224	28,652	0	0	0	0	19,148	0	0	
4. Third Quarter	61,161	15,417	26,530	0	0	0	0	19,214	0	0	
5. Current Year	58,852	14,453	25,415	0	0	0	0	18,984	0	0	
6. Current Year Member Months	753,809	184,270	339,962	0	0	0	0	229,577	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,173,643	233,588	395,942	0	0	0	0	544,113	0	0	
8. Non-Physician	188,836	31,833	45,811	0	0	0	0	111,192	0	0	
9. Total	1,362,479	265,421	441,753	0	0	0	0	655,305	0	0	
10. Hospital Patient Days Incurred	79,543	9,367	13,559	0	0	0	0	56,617	0	0	
11. Number of Inpatient Admissions	11,005	1,376	2,441	0	0	0	0	7,188	0	0	
12. Health Premiums Written (b)	445,834,088	90,521,612	148,436,348	0	57,154	912,397	0	205,906,577	0	0	
13. Life Premiums Direct	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	
15. Health Premiums Earned	445,834,088	90,521,612	148,436,348	0	57,154	912,397	0	205,906,577	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	386,063,836	80,664,151	118,213,241	0	6,112	205,752	0	186,974,580	0	0	
18. Amount Incurred for Provision of Health Care Services	383,417,841	74,351,899	119,279,193	0	6,112	205,752	0	189,574,885	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 205,906,577

30.GT

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 Totals						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
60061	22-3338404	11/01/1996	AMERHEALTH INS CO OF NJ	NJ	OTH/I/A	CMM	2,038,773						
60061	22-3338404	07/01/2014	AMERHEALTH INS CO OF NJ	NJ	QA/G/A	CMM	222,559,718						
60061	22-3338404	07/01/2014	AMERHEALTH INS CO OF NJ	NJ	QA/G/A	MR	205,906,577						
0299999 - General Account - Authorized - Affiliates - U.S. - Other							430,505,069	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							430,505,069	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							430,505,069	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	OTH/I/A	CMM	420,460						
95253	52-1542269	01/01/2015	UNITED CONCORDIA DENTAL PLANS	MD	QA/G/A	D	1,807						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							422,267	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							422,267	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							430,927,336	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							430,927,336	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							430,927,336	0	0	0	0	0	0
9999999 Totals							430,927,336	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	225,021	222,671	164,011	515	253
2. Title XVIII-Medicare.....	205,907	198,076	106,718	19	118
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	77,749	79,683	42,060	0	0
5. Total hospital and medical expenses.....	370,772	394,224	244,004	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	47,541	59,896	0	0	0
8. Reinsurance recoverable on paid losses.....	31,044	117,412	122,246	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	84,942,302		84,942,302
2. Accident and health premiums due and unpaid (Line 15)	16,445,597		16,445,597
3. Amounts recoverable from reinsurers (Line 16.1)	31,044,136	(31,044,136)	0
4. Net credit for ceded reinsurance	xxx	5,672,100	5,672,100
5. All other admitted assets (Balance)	29,612,731	(10,275,715)	19,337,016
6. Total assets (Line 28)	162,044,766	(35,647,750)	126,397,016
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,018,952	47,541,217	49,560,169
8. Accrued medical incentive pool and bonus payments (Line 2)	21,134	367,603	388,736
9. Premiums received in advance (Line 8)	5,491,247		5,491,247
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	48,075,785	(48,075,785)	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)	87,870,991	(35,480,785)	52,390,206
15. Total liabilities (Line 24)	143,478,108	(35,647,750)	107,830,358
16. Total capital and surplus (Line 33)	18,566,658	xxx	18,566,658
17. Total liabilities, capital and surplus (Line 34)	162,044,766	(35,647,750)	126,397,016
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	47,541,217		
19. Accrued medical incentive pool	367,603		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	31,044,136		
22. Other ceded reinsurance recoverables	10,275,715		
23. Total ceded reinsurance recoverables	89,228,670		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	48,075,785		
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	35,480,785		
30. Total ceded reinsurance payables/offsets	83,556,570		
31. Total net credit for ceded reinsurance	5,672,100		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		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	
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. US 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 2016 OF THE AmeriHealth HMO, Inc.

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? (Y/N)	*
		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0		N	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	UDP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	28.9	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	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.	N	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.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / OCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	93688	23-2184623				OCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	OCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	OCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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? (Y/N)	*
		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	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.	N	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	RE	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	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.	N	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	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%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	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%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	10975	06-1505051				AmeriHealth Casualty Insurance Company	DE	IA	AmeriHealth Casualty Holdings, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	61-1741302				AmeriHealth New Jersey, LLC.	DE	NIA	AmeriHealth New Jersey Holdings, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC.	NJ	NIA	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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? (Y/N)	*
00936	Independence Health Group, Inc.	00000 96660	45-3672640 23-2408039				IBC MH LLC Vista Health Plan, Inc.	DE PA	NIA IA	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%) IBC MH LLC	Ownership Ownership	100.0 100.0	Independence Health Group, Inc. Independence Health Group, Inc.	N N	0 0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	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	N	0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	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	N	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	N	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	N	0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

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? (Y/N)	*
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	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	N	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	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	N	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	N	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	N	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	N	0
		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

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

Asterisk	Explanation
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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					(41,185,288)	51,083		34,135	(41,100,070)	502,450
00000	47-1233198	Independence Health Group, Inc					176,156,152				176,156,152	
00000	46-3867722	Independence Blue Cross, LLC	(128,483,368)	(50,000,000)			780,606,690			(9,300,000)	592,823,322	
93688	23-2184623	OCC Insurance Company	600,000				(401,274,502)			42,300,000	(358,374,502)	(1,620,112)
00000	23-2425461	AmeriHealth, Inc	232,233,368	(262,193,233)			(65,557,427)			8,400,000	(87,117,292)	
95056	23-2405376	Keystone Health Plan East, Inc	(90,000,000)				(354,931,839)			18,200,000	(434,187,799)	
60061	22-3338404	AmeriHealth Insurance Company of NJ		110,000,000			(45,657,582)	(1,840,908)		(54,875,000)	7,626,510	
95044	23-2314460	AmeriHealth HMO, Inc					(32,712,441)	1,840,908		(11,750,000)	(42,621,533)	
00000	23-2800586	The AmeriHealth Agency, Inc	(750,000)				(31,393)				(781,393)	
00000	23-2521508	AmeriHealth Administrators, Inc		50,000,000			28,968,084			2,225,000	81,193,084	
00000	23-2795357	AmeriHealth Services, Inc	(965,817)				(978,000)				(1,943,817)	
10975	06-1505051	AmeriHealth Casualty Insurance Company					(3,849,491)			500,000	(3,349,491)	1,620,112
00000	25-1686685	CompServices, Inc					(832,079)			8,800,000	7,967,921	
00000	25-1765486	CSI Services, Inc					(541,906)			(4,500,000)	(5,041,906)	
00000	23-2982367	Independence Holdings, Inc					(390,000)				(390,000)	
96660	23-2408039	Vista Health Plan, Inc		46,814,993			(35,494,000)				11,320,993	
00000	98-0426648	AmeriHealth Assurance, Ltd	(12,000,000)				(2,217,478)				(14,217,478)	
00000	30-0703311	BMH LLC		102,304,200							102,304,200	
00000	13-3155962	Self Funded Benefits, Inc					(97,000)				(97,000)	
00000	61-1741302	AmeriHealth New Jersey, LLC					19,500				19,500	
53252	23-2063810	Inter-County Health Plan, Inc								(34,135)	(34,135)	
54763	23-0724427	Inter-County Hospitalization Plan, Inc						(51,083)			(51,083)	(502,450)
00000	23-2824200	NS Assisted Living Communities, Inc	(34,183)								(34,183)	
00000	46-5339475	Tandigm Health, LLC		10,530,000							10,530,000	
00000	81-0681081	Veridigm Health Solutions, LLC	(600,000)								(600,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.....
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. 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	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15. 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.....
16. 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.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. 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.....
19. 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.....
20. 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.....
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....

Explanation:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

26. The Company falls below the materiality threshold

Bar code:

11. 
9 5 0 4 4 2 0 1 6 3 6 0 5 9 0 0 0

12. 
9 5 0 4 4 2 0 1 6 2 0 5 0 0 0 0 0

13. 
9 5 0 4 4 2 0 1 6 2 0 7 0 0 0 0 0

14. 
9 5 0 4 4 2 0 1 6 4 2 0 0 0 0 0 0

15. 
9 5 0 4 4 2 0 1 6 3 7 1 0 0 0 0 0

16. 
9 5 0 4 4 2 0 1 6 3 7 0 0 0 0 0 0

17. 
9 5 0 4 4 2 0 1 6 3 6 5 0 0 0 0 0

21. 
9 5 0 4 4 2 0 1 6 3 0 6 0 0 0 0 0

22. 
9 5 0 4 4 2 0 1 6 2 1 1 5 9 0 0 0

23. 
9 5 0 4 4 2 0 1 6 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504. Prepaid broker commissions.....		716,000	716,000
2505. Prepaid HMO assessments.....		1,426,787	1,426,787
2506. Health Care Reform.....	12,778,986	7,307,880	(5,471,106)
2507. Other assets non-admitted.....	915,628		(915,628)
2597. Summary of remaining write-ins for Line 25 from Page 16	13,694,614	9,450,667	(4,243,947)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

Barcode : Statement of Actuarial Opinion
 Doc # 440 Placement : Statement of Actuarial Opinion
 CompanyName : Amerihealth HMO Inc



9 5 0 4 4 2 0 1 6 4 4 0 0 0 1 0 0



AmeriHealth HMO, Inc.
Statement of Actuarial Opinion for the year ending December 31, 2016

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments	<input type="checkbox"/> Revised Wording			
	<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

Identification Section:

I, Kathryn A. Galarneau, Senior Vice President Finance Operations, Chief Actuary and Underwriting Officer, am an employee of Independence Blue Cross, LLC, a parent company of AmeriHealth HMO, Inc., and a member of the American Academy of Actuaries. I was appointed on December 31, 2009 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

Scope Section:

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2016.

A. Claims Unpaid (Page 3, Line 1, Column 3)	\$ 2,018,952
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2, Column 3)	\$ 21,134
C. Unpaid claims adjustment expenses (Page 3, Line 3, Column 3)	\$ 29,696
D. Aggregate health policy reserves including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit—Part 2D (Page 3, Line 4, Column 3)	\$ 20,848,529
E. Aggregate life policy reserves (Page 3, Line 5, Column 3)	\$ 0
F. Property/casualty unearned premium reserves (Page 3, Line 6, Column 3)	\$ 0
G. Aggregate health claim reserves (Page 3, Line 7, Column 3)	\$ 0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	Not Applicable
I. Specified actuarial items presented as assets in the annual statement.	
1. Pharmacy Rebates (Part 2, Line 24 in part, Column 1)	\$ 3,731,460
2. Part D Reconciliation (Page 2, Line 15.1 in part, Column 1)	\$ 91,725
3. Reinsurance Recoverable on Paid Losses (Page 2, Line 16.1 in part, Column 3)	\$ 4,554,864
4. Risk Adjustment Receivables (Page 2, Line 15.3, Column 3)	\$ 0
5. Risk Corridor Receivables (Page 2, Line 25 in part, Column 3)	\$ 37,155

Reliance Section:

My examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to the Underwriting and Investment Exhibit Part – 2B of the company’s current annual statement.

Opinion Section:

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which this statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of Pennsylvania; and are at least as great as the minimum aggregate amounts required by any state in which the organization is licensed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments:

Kathryn A. Galarneau

Signature of Actuary

Kathryn A. Galarneau, FSA, MAAA

Printed Name of Actuary

1901 Market Street; Philadelphia, PA 19103

Address of Actuary

215-241-9096

Telephone Number of Actuary

2/24/17

Date Opinion was Rendered



SUPPLEMENT FOR THE YEAR 2016 OF THE AmeriHealth HMO, Inc.

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2016

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes No
If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group? Yes ; or 2) allocation to each insurer: Yes .
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes No
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes No

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current 1. Daniel J. Hilferly, President & C.E.O.	2016	1,247,692	2,275,000	0	0	0	0	73,889	3,596,581
	2015	1,100,000	3,191,167	0	0	0	0	70,809	4,361,976
	2014	1,248,152	2,486,750	0	0	0	0	50,013	3,786,915
Current: 2. Alan Krigstein, E.V.P., C.F.O. & Treasurer	2016	749,348	1,977,787	0	0	0	0	6,221	2,733,356
	2015	707,362	1,394,815	0	0	0	0	5,675	2,107,852
	2014	686,946	1,280,734	0	0	0	0	5,676	1,973,356
3. Paul A. Tufano, CHR & C.E.O., AmeriHealth Caritas, E.V.P., IBC, CHR & C.E.O., AH Caritas, E.V.P. & President Gov't Markets, IBC	2016	854,523	1,854,317	0	0	0	0	0	2,708,840
	2015	823,723	1,734,533	0	0	0	0	0	2,558,256
	2014	766,696	1,227,758	0	0	0	0	0	1,994,454
4. Yvette D. Bright, E.V.P. & C.O.O., E.V.P. & Chief Transformation Officer	2016	748,477	1,299,400	0	0	0	0	8,361	2,056,238
	2015	650,781	1,283,660	0	0	0	0	6,653	1,941,094
	2014	631,946	1,297,500	0	0	0	0	6,622	1,936,068
5. Richard J. Neeson, E.V.P. & Chief Development & Innovation Officer, E.V.P. & President Expanding Markets	2016	589,734	763,295	0	0	0	0	5,369	1,358,398
	2015	572,507	1,050,103	0	0	0	0	5,979	1,628,589
	2014	555,954	930,540	0	0	0	0	12,877	1,499,371
6.	2016	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0
7.	2016	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0
8.	2016	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0
9.	2016	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0
10.	2016	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

(1) Independence Health Group, Inc. and its affiliated insurers have common officers that serve on multiple subsidiary insurers. The compensation listed above for the officers on this individual annual statement is the total compensation each officer receives for his service for all insurers. For example, Daniel J. Hilferly's total compensation in 2016 is \$3,596,581. (2) There are no employees whose compensation exceeds \$100,000. (3) Current year bonus payments are for previous year's performance.