



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
 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>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley</u>
<u>Micheal Walsh Sullivan</u>			

State of Pennsylvania

ss

County of Philadelphia

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.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

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

Subscribed and sworn to before me this
23rd day of February, 2018

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 2017 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).....	60,949,651		60,949,651	79,997,801
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	55,600		55,600	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 (\$993,820 , Schedule E-Part 1), cash equivalents (\$1,720,763 , Schedule E-Part 2) and short-term investments (\$1,357,881 , Schedule DA).....	4,072,464		4,072,464	4,944,500
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)	65,077,715	0	65,077,715	84,942,302
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	196,376		196,376	221,882
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	19,358,541	1,192,977	18,165,564	16,445,597
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$1,419,869)	1,419,869		1,419,869	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	10,756,656		10,756,656	31,044,136
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,219,026		3,219,026	10,275,715
17. Amounts receivable relating to uninsured plans	3,641,446	1,408	3,640,038	5,542,514
18.1 Current federal and foreign income tax recoverable and interest thereon	180,869		180,869	855,180
18.2 Net deferred tax asset.....	202	202	0	858,112
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 (\$)	486,901	486,901	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	68		68	5,494,747
24. Health care (\$2,287,681) and other amounts receivable.....	3,285,087	997,406	2,287,681	6,327,427
25. Aggregate write-ins for other-than-invested assets	14,601,912	13,941,125	660,787	37,155
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	122,224,668	16,620,019	105,604,649	162,044,766
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	122,224,668	16,620,019	105,604,649	162,044,766
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.....	756,851	128,896	627,955	0
2502. Health Care Reform.....	13,845,061	13,812,229	32,832	37,155
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)	14,601,912	13,941,125	660,787	37,155

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$23,389,444 reinsurance ceded)	1,505,606	53,568	1,559,174	2,018,952
2. Accrued medical incentive pool and bonus amounts	40,556		40,556	21,134
3. Unpaid claims adjustment expenses	17,063	696	17,759	29,696
4. Aggregate health policy reserves, including the liability of \$1,200,000 for medical loss ratio rebate per the Public Health Service Act	15,734,036		15,734,036	20,848,529
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	3,186,935		3,186,935	5,491,247
9. General expenses due or accrued	5,814,427		5,814,427	9,385,999
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability	636,625		636,625	0
11. Ceded reinsurance premiums payable	12,913,984		12,913,984	36,196,496
12. Amounts withheld or retained for the account of others	329,723		329,723	724,434
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	18,175,926		18,175,926	17,965,120
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 \$24,358,311 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	24,358,311		24,358,311	48,075,785
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	1,698,039		1,698,039	2,720,717
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	84,411,231	54,264	84,465,495	143,478,108
25. Aggregate write-ins for special surplus funds	XXX	XXX	4,125,000	0
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	(255,892,205)	(254,339,701)
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	21,139,154	18,566,658
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	105,604,649	162,044,766
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	4,125,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	4,125,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	418,538	753,809
2. Net premium income (including \$0 non-health premium income).....	XXX	12,142,459	14,906,752
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
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	12,142,459	14,906,752
Hospital and Medical:			
9. Hospital/medical benefits	9,930,160	120,489,992	314,587,627
10. Other professional services		1,655,792	3,608,710
11. Outside referrals			0
12. Emergency room and out-of-area	581,429	7,161,925	14,813,603
13. Prescription drugs		29,658,509	48,558,481
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,765,465	1,849,419
16. Subtotal (Lines 9 to 15).....	10,511,589	160,731,683	383,417,840
Less:			
17. Net reinsurance recoveries	10,162,007	149,298,485	370,771,857
18. Total hospital and medical (Lines 16 minus 17)	349,582	11,433,198	12,645,983
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$161,292 cost containment expenses.....		299,790	500,871
21. General administrative expenses.....		1,071,038	1,905,776
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)	349,582	12,804,026	15,052,630
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(661,567)	(145,878)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,072,708	1,219,429
26. Net realized capital gains (losses) less capital gains tax of \$11,000		21,084	16,501
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,093,792	1,235,930
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	432,225	1,090,052
31. Federal and foreign income taxes incurred	XXX	(557,000)	(823,000)
32. Net income (loss) (Lines 30 minus 31).....	XXX	989,225	1,913,052
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	18,566,658	19,306,436
34. Net income or (loss) from Line 32	989,225	1,913,052
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 \$ 202	(761)	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(1,494,737)	116,130
39. Change in nonadmitted assets	3,078,768	(2,768,960)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	2,572,496	(739,778)
49. Capital and surplus end of reporting year (Line 33 plus 48)	21,139,154	18,566,658
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.....	(10,967,700)	(50,053,180)
2. Net investment income.....	1,146,084	1,263,372
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	(9,821,615)	(48,789,809)
5. Benefit and loss related payments.....	(14,034,417)	(73,807,630)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	7,013,095	3,920,619
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 11,000 tax on capital gains (losses).....	(1,219,907)	264,874
10. Total (Lines 5 through 9).....	(8,241,229)	(69,622,137)
11. Net cash from operations (Line 4 minus Line 10).....	(1,580,386)	20,832,328
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	35,436,992	24,025,150
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).....	35,436,992	24,025,150
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	16,406,286	23,023,991
13.2 Stocks.....	55,600	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	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	16,461,886	23,023,991
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).....	18,975,106	1,001,159
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	0
16.6 Other cash provided (applied).....	(18,266,755)	(19,630,031)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(18,266,755)	(19,630,031)
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).....	(872,036)	2,203,457
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,944,500	2,741,043
19.2 End of year (Line 18 plus Line 19.1).....	4,072,464	4,944,500

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

20.0001. Leasehold Improvements.....	(15,601)	(198,461)
20.0002. Furniture and equipment.....	(112,847)	(111,691)

ANNUAL STATEMENT FOR THE YEAR 2017 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	12,142,459	12,123,056	0	1,922	17,481	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)	12,142,459	12,123,056	0	1,922	17,481	0	0	0	0	0
8. Hospital/medical benefits	120,489,992	124,805,958		137,986			(4,453,952)			XXX
9. Other professional services	1,655,792	1,536,994		246	103,813		14,739			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	7,161,925	7,360,567					(198,642)			XXX
12. Prescription drugs	29,658,509	30,090,352					(431,843)			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	1,765,465	1,668,179					97,286			XXX
15. Subtotal (Lines 8 to 14)	160,731,683	165,462,050	0	138,232	103,813	0	(4,972,412)	0	0	XXX
16. Net reinsurance recoveries	149,298,485	154,051,527		137,925	81,445		(4,972,412)			XXX
17. Total hospital and medical (Lines 15 minus 16)	11,433,198	11,410,523	0	307	22,368	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	161,292	299,790							57,487	
20. General administrative expenses	1,071,038	860,744		104	5,980				204,210	
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)	12,804,026	12,513,570	0	411	28,348	0	0	0	261,697	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(661,567)	(390,514)	0	1,511	(390,867)	0	0	0	(261,697)	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 2017 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)	206,053,512		193,930,456	12,123,056
2. Medicare Supplement .....				.0
3. Dental only	411,185		409,263	1,922
4. Vision only	201,469		183,988	17,481
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	350,636		350,636	.0
7. Title XIX - Medicaid .....				.0
8. Other health .....				.0
9. Health subtotal (Lines 1 through 8)	207,016,802	0	194,874,343	12,142,459
10. Life .....				.0
11. Property/casualty .....				.0
12. Totals (Lines 9 to 11)	207,016,802	0	194,874,343	12,142,459

ANNUAL STATEMENT FOR THE YEAR 2017 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	179,735,244	164,775,976		138,241	103,813		14,717,214			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	171,758,668	154,032,621		137,929	81,445		17,506,673			
1.4 Net	7,976,576	10,743,355	0	312	22,368	0	(2,789,459)	0	0	0
2. Paid medical incentive pools and bonuses	54,449	54,449								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	24,948,617	22,968,537	0	0	0	0	1,980,080	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	23,389,443	21,409,363	0	0	0	0	1,980,080	0	0	0
3.4 Net	1,559,174	1,559,174	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	40,556	40,556								
6. Net healthcare receivables (a)	(3,842,530)	(1,053,071)					(2,789,459)			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	49,560,170	25,003,718	0	0	0	0	24,556,452	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	47,541,218	22,984,766	0	0	0	0	24,556,452	0	0	0
8.4 Net	2,018,952	2,018,952	0	0	0	0	0	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	21,134	21,134	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	158,966,221	163,793,866	0	138,241	103,813	0	(5,069,699)	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	147,606,893	152,457,218	0	137,929	81,445	0	(5,069,699)	0	0	0
12.4 Net	11,359,328	11,336,648	0	312	22,368	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	73,871	73,871	0	0	0	0	0	0	0	0

(a) Excludes \$ 595,674 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	1,433,648	1,432,861					.787			
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded	1,335,541	1,334,754					.787			
1.4. Net	98,107	98,107	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	23,514,969	21,535,676					1,979,293			
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded	22,053,902	20,074,609					1,979,293			
2.4. Net	1,461,067	1,461,067	.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	24,948,617	22,968,537	.0	.0	.0	.0	1,980,080	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	23,389,443	21,409,363	.0	.0	.0	.0	1,980,080	.0	.0	.0
4.4. Net	1,559,174	1,559,174	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 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)	1,329,102	10,156,672	11,225	1,547,948	1,340,327	2,018,952
2. Medicare Supplement .....					.0	.0
3. Dental Only		312			.0	.0
4. Vision Only		22,368			.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8)	1,329,102	10,179,352	11,225	1,547,948	1,340,327	2,018,952
10. Healthcare receivables (a)	5,287,800	(1,755,922)	741,332	1,948,077	6,029,132	6,531,939
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	16,923	37,526	11,568	28,988	28,491	21,133
13. Totals (Lines 9-10+11+12)	(3,941,775)	11,972,800	(718,539)	(371,141)	(4,660,314)	(4,491,854)

(a) Excludes \$595,674 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2017 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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	5,351,456	5,351,586	5,351,302	5,214,436	5,214,435
2. 2013	281,298	309,298	309,396	323,764	323,764
3. 2014	XXX	182,884	188,007	202,303	202,350
4. 2015	XXX	XXX	12,167	23,341	23,649
5. 2016	XXX	XXX	XXX	13,892	14,883
6. 2017	XXX	XXX	XXX	XXX	10,194

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	5,354,171	5,352,054	5,351,558	5,214,436	5,214,435
2. 2013	317,394	308,945	309,618	323,781	323,764
3. 2014	XXX	188,683	187,983	202,350	202,353
4. 2015	XXX	XXX	14,142	23,410	23,658
5. 2016	XXX	XXX	XXX	15,799	14,894
6. 2017	XXX	XXX	XXX	XXX	11,771

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. 2013	378,473	323,764		0.0	323,764	85.5			323,764	85.5
2. 2014	235,850	202,350	202	0.1	202,552	85.9	3		202,555	85.9
3. 2015	17,225	23,649	230	1.0	23,879	138.6	8		23,887	138.7
4. 2016	14,907	14,883	216	1.5	15,099	101.3	11		15,110	101.4
5. 2017	12,123	10,194	112	1.1	10,306	85.0	1,577	18	11,901	98.2

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ANNUAL STATEMENT FOR THE YEAR 2017 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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014	XXX	.0	.0	.0	.0
4. 2015	XXX	XXX	(5)	(5)	(5)
5. 2016	XXX	XXX	XXX	.0	(1)
6. 2017	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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014	XXX	.0	.0	.0	.0
4. 2015	XXX	XXX	(5)	(5)	(5)
5. 2016	XXX	XXX	XXX	.0	(1)
6. 2017	XXX	XXX	XXX	XXX	1

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. 2013.....	.0	.0		.0 0	.0	.0 0			.0	.0 0
2. 2014.....	.0	.0		.0 0	.0	.0 0			.0	.0 0
3. 2015.....	1	(5)		.0 0	(5)	(500.0)			(5)	(500.0)
4. 2016.....	.0	(1)		.0 0	(1)	.0 0			(1)	.0 0
5. 2017.....	2	0		0.0	0	0.0			0	0.0

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ANNUAL STATEMENT FOR THE YEAR 2017 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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014	XXX	.0	.0	.0	.0
4. 2015	XXX	XXX	.7	.7	.7
5. 2016	XXX	XXX	XXX	.4	.4
6. 2017	XXX	XXX	XXX	XXX	22

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014	XXX	.0	.0	.0	.0
4. 2015	XXX	XXX	.7	.7	.7
5. 2016	XXX	XXX	XXX	.4	.4
6. 2017	XXX	XXX	XXX	XXX	22

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. 2013.....	.0	.0		.0 0	.0	.0 0			.0	.0 0
2. 2014.....	.0	.0		.0 0	.0	.0 0			.0	.0 0
3. 2015.....	.0	.7		.0 0	.7	.0 0			.7	.0 0
4. 2016.....	.0	.4		.0 0	.4	.0 0			.4	.0 0
5. 2017.....	17	22		0.0	22	129.4			22	129.4

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ANNUAL STATEMENT FOR THE YEAR 2017 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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	437,854	437,870	437,870	437,869	437,869
2. 2013	12,869	14,019	14,019	14,051	14,051
3. 2014	XXX	90,703	94,372	94,371	94,371
4. 2015	XXX	XXX	.0	.0	.0
5. 2016	XXX	XXX	XXX	.0	.0
6. 2017	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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	438,145	437,870	437,882	437,869	437,869
2. 2013	14,350	14,026	14,050	14,051	14,051
3. 2014	XXX	94,397	94,371	94,371	94,371
4. 2015	XXX	XXX	.0	.0	.0
5. 2016	XXX	XXX	XXX	.0	.0
6. 2017	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. 2013	13,215	14,051		0.0	14,051	106.3			14,051	106.3
2. 2014	100,019	94,371		0.0	94,371	94.4			94,371	94.4
3. 2015	.0	.0		0.0	.0	0.0			.0	0.0
4. 2016	.0	.0		0.0	.0	0.0			.0	0.0
5. 2017	0	0		0.0	0	0.0			0	0.0

ANNUAL STATEMENT FOR THE YEAR 2017 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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	5,789,310	5,789,456	5,789,172	5,652,305	5,652,304
2. 2013	294,167	323,317	323,415	337,815	337,815
3. 2014	XXX	273,587	282,379	296,674	296,721
4. 2015	XXX	XXX	12,169	23,343	23,651
5. 2016	XXX	XXX	XXX	13,896	14,886
6. 2017	XXX	XXX	XXX	XXX	10,216

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	5,792,316	5,789,924	5,789,440	5,652,305	5,652,304
2. 2013	331,744	322,971	323,668	337,832	337,815
3. 2014	XXX	283,080	282,354	296,721	296,724
4. 2015	XXX	XXX	14,144	23,412	23,660
5. 2016	XXX	XXX	XXX	15,803	14,897
6. 2017	XXX	XXX	XXX	XXX	11,794

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. 2013.....	391,688	337,815	.0	0.0	337,815	86.2	.0	.0	337,815	86.2
2. 2014.....	335,869	296,721	202	0.1	296,923	88.4	.3	.0	296,926	88.4
3. 2015.....	17,226	23,651	230	1.0	23,881	138.6	.8	.0	23,889	138.7
4. 2016.....	14,907	14,886	216	1.5	15,102	101.3	11	.0	15,113	101.4
5. 2017.....	12,142	10,216	112	1.1	10,328	85.1	1,577	18	11,923	98.2

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ANNUAL STATEMENT FOR THE YEAR 2017 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).....	1,200,000	1,200,000							
5. Aggregate write-ins for other policy reserves.....	14,534,036	14,534,036	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	15,734,036	15,734,036	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4)	15,734,036	15,734,036	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.....	14,372,200	14,372,200							
0502. APTC Reserve.....	161,836	161,836							
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)	14,534,036	14,534,036	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)	61,756	24,464	24,629		110,849
2. Salaries, wages and other benefits	489,211	115,403	719,065		1,323,679
3. Commissions (less \$ ceded plus \$ assumed)			324,557		324,557
4. Legal fees and expenses	76		11,832		11,908
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	16,829	686	35,163		52,678
7. Traveling expenses	900	256	8,221		9,377
8. Marketing and advertising	1,632	119	97,329		99,080
9. Postage, express and telephone	1,827	2,265	9,295		13,387
10. Printing and office supplies	1,532	982	8,695		11,209
11. Occupancy, depreciation and amortization	7,307	2,930	2,980		13,217
12. Equipment	155,955	2,314	63,846		222,115
13. Cost or depreciation of EDP equipment and software	12,036	953	55,955		68,944
14. Outsourced services including EDP, claims, and other services	(580,278)	79,411	406,016		(94,851)
15. Boards, bureaus and association fees	1,433	0	2,700		4,133
16. Insurance, except on real estate			24,071		24,071
17. Collection and bank service charges			14,886		14,886
18. Group service and administration fees	(2,293)	(8)	(9,554)		(11,855)
19. Reimbursements by uninsured plans	(112,638)	(103,297)	(747,969)		(963,904)
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	102	1	12,345		12,448
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	105,905	21,435	2,093		129,433
23.5 Other (excluding federal income and real estate taxes)			4,886		4,886
24. Investment expenses not included elsewhere				135,155	135,155
25. Aggregate write-ins for expenses	0	(9,416)	(3)	0	(9,419)
26. Total expenses incurred (Lines 1 to 25)	161,292	138,498	1,071,038	135,155	(a) 1,505,983
27. Less expenses unpaid December 31, current year	0	17,759	5,785,927	28,500	5,832,186
28. Add expenses unpaid December 31, prior year	0	29,696	9,356,399	29,600	9,415,695
29. Amounts receivable relating to uninsured plans, prior year	0	0	5,551,668	0	5,551,668
30. Amounts receivable relating to uninsured plans, current year			4,416,354		4,416,354
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	161,292	150,435	3,506,196	136,255	3,954,178
DETAILS OF WRITE-INS					
2501. Other Claim Adjustment Expenses		(9,416)	(3)		(9,419)
2502.					
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	(9,416)	(3)	0	(9,419)

(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) 694,212	655,967
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 675,038	684,235
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	278
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) 29,804	33,077
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	(122,171)
10. Total gross investment income	1,399,054	1,251,386
11. Investment expenses		(g) 135,155
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 43,523
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)		178,678
17. Net investment income (Line 10 minus Line 16)		1,072,708
DETAILS OF WRITE-INS		
0901. Other Income		870
0902. Contra Investment Income		(123,041)
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	(122,171)
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 \$ 63,269 accrual of discount less \$ 112,240 amortization of premium and less \$ 15,296 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 \$ 1,769 accrual of discount less \$ 429 amortization of premium and less \$ 3,073 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ 135,155 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	34,159		34,159		
1.1 Bonds exempt from U.S. tax	0		0		
1.2 Other bonds (unaffiliated)	(1,756)		(1,756)	(963)	
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	0	0	0	0
6. Cash, cash equivalents and short-term investments	(319)		(319)	0	0
7. Derivative instruments	0		0	0	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)	32,084	0	32,084	(963)	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.....	1,192,977	2,592,970	1,399,993
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	1,408	9,154	7,746
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	202	0	(202)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	486,901	599,747	112,846
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.....	997,406	2,802,302	1,804,896
25. Aggregate write-ins for other-than-invested assets	13,941,125	13,694,614	(246,511)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,620,019	19,698,787	3,078,768
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	16,620,019	19,698,787	3,078,768
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. Health Care Reform.....	13,812,229	12,778,986	(1,033,243)
2502. Other assets non-admitted.....	128,896	915,628	786,732
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	13,941,125	13,694,614	(246,511)

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.....	55,249	34,784	32,578	30,578	27,670	382,398
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	3,603	3,065	3,083	2,965	2,954	36,140
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	58,852	37,849	35,661	33,543	30,624	418,538
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 2017 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 Policies

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

The PID recognizes only statutory accounting practices prescribed or permitted by the Commonwealth 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 2017, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the Commonwealth of Pennsylvania, subject to any deviations prescribed or permitted by the Commonwealth 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 Commonwealth of Pennsylvania is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2017</u>	<u>2016</u>
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 989,225	\$ 1,913,052
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 989,225</u>	<u>\$ 1,913,052</u>
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 21,139,154	\$ 18,566,658
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 21,139,154</u>	<u>\$ 18,566,658</u>

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

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

C. Accounting Policy

Asset values are generally stated as follows:

- (1) Short-term investments that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other short-term investments (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value.
- (2) Bonds, excluding loan-backed and structured securities, that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Scientific amortization method.
- (3) 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.

D. Going Concern - Not applicable

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

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

4. Discontinued Operations - None

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

5. Investments

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

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

1. Less than 12 Months \$ (13,491)
2. 12 Months or Longer \$ (13,268)

- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months \$ 5,199,683
2. 12 Months or Longer \$ 1,190,583

- (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, 2017, 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, 2017.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Investments in low-income housing tax credits ("LIHTC") - None

L. 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	482,926	480,855	2,071	0	482,926	0.4%	0.5%
k. On deposit with other regulatory bodies	34,914,852	55,163,091	(20,248,239)	0	34,914,852	28.6%	33.1%
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	\$ 35,397,778	\$ 55,643,946	\$ (20,246,168)	\$ 0	\$ 35,397,778	29.0%	33.5%

(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)

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

9. Income Taxes

The Company is subject to federal income taxes under provisions of Section 1012.b of the Tax Reform Act of 1986 and the newly enacted Tax Cuts and Jobs Act (H.R. 1) ("Tax Reform Bill"). On December 22, 2017, the President of the United States of America signed into law the Tax Reform Bill, which amends the Internal Revenue Code to reduce tax rates from 35% to 21% and modify policies, credits, and deductions for businesses. The rate reduction takes effect on January 1, 2018. As a result of the reduction of the corporate tax rate, SSAP No. 101 Income Taxes supplemented by INT 18-01: Updated Tax Estimates under the Tax Cuts and Jobs Act, requires companies to re-value their deferred tax assets and liabilities as of the date of enactment with resulting tax effects accounted for in the reporting period of enactment. The financial statement effects of a change in tax law is recorded as components of the Capital & Surplus Account in the same reporting line as the tax effects previously reflected.

The Company, based on currently available information, recorded an adjustment to Capital & Surplus of \$771,137 in 2017 related to the revaluation of its deferred tax assets and liabilities without tax on unrealized gains and losses. (\$1,980,053) relates to the revaluation of its deferred tax asset on nonadmitted assets and \$2,751,190 relates to the revaluation of the other deferred tax assets and liabilities. The Company's revaluation of its net deferred tax liability is subject to further clarification of the new law that cannot be estimated at this time. The actual impact on the net deferred tax liability may vary from the estimated amount due to uncertainties in our preliminary review.

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

1.

		12/31/2017		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 6,798,000	\$ 202	\$ 6,798,202
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 6,798,000	\$ 202	\$ 6,798,202
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 202	\$ 202
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 6,798,000	\$ 0	\$ 6,798,000
(f)	Deferred Tax Liabilities	\$ 3,147,097	\$ 4,287,528	\$ 7,434,625
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,650,903	\$ (4,287,528)	\$ (636,625)

		12/31/2016		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) 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

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ (2,080,646)	\$ 202	\$ (2,080,444)
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ (2,080,646)	\$ 202	\$ (2,080,444)
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 202	\$ 202
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ (2,080,646)	\$ 0	\$ (2,080,646)
(f)	Deferred Tax Liabilities	\$ 2,272,443	\$ (2,858,352)	\$ (585,909)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (4,353,089)	\$ 2,858,352	\$ (1,494,737)

2.

		12/31/2017		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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	\$ 3,170,873
(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.	\$ 6,798,000	\$ 0	\$ 6,798,000
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 6,798,000	\$ 0	\$ 6,798,000

		12/31/2016		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(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. Total (2(a) + 2(b) + 2(c))	\$ 8,878,646	\$ 0	\$ 8,878,646

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ (1,574,335)	\$ 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	\$ 514,591
(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.	\$ 872,403	\$ 0	\$ 872,403
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (2,080,646)	\$ 0	\$ (2,080,646)

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

	2017	2016
3. (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	2,167%	1,204%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 21,139,154	\$ 17,708,546

	12/31/2017	
	(1)	(2)
	Ordinary	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)		6,798,000	202
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)		6,798,000	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

12/31/2016	
(3)	(4)
Ordinary	Capital

(a) 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

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

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	(2,080,646)	202
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)	(2,080,646)	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

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes No **X**

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

	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change

1. Current Income Tax			
(a) Federal	\$ (557,000)	\$ (823,000)	\$ 266,000
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ (557,000)	\$ (823,000)	\$ 266,000
(d) Federal income tax on net capital gains	\$ 11,000	\$ (15,000)	\$ 26,000
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ (546,000)	\$ (838,000)	\$ 292,000

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 2,391	\$ 134,268	\$ (131,877)
(2) Unearned premium reserve	\$ 133,851	\$ 384,387	\$ (250,536)
(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	\$ 284,805	\$ 484,025	\$ (199,220)
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 3,490,161	\$ 6,894,575	\$ (3,404,414)
(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)	\$ 2,886,792	\$ 981,391	\$ 1,905,401
(99) Subtotal	\$ 6,798,000	\$ 8,878,646	\$ (2,080,646)
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 6,798,000	\$ 8,878,646	\$ (2,080,646)
(e) Capital:			
(1) Investments	\$ 202	\$ 0	\$ 202
(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	\$ 202	\$ 0	\$ 202
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 202	\$ 0	\$ 202
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 6,798,000	\$ 8,878,646	\$ (2,080,646)

3. Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 3,147,097	\$ 874,654	\$ 2,272,443
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 3,147,097	\$ 874,654	\$ 2,272,443
(b) Capital:			
(1) Investments	\$ 4,287,528	\$ 7,145,880	\$ (2,858,352)
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 4,287,528	\$ 7,145,880	\$ (2,858,352)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 7,434,625	\$ 8,020,534	\$ (585,909)

4. Net deferred tax assets/liabilities (2i - 3c)	\$ (636,625)	\$ 858,112	\$ (1,494,737)
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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

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:

	12/31/2017	12/31/2016
Current income tax (benefit) expense incurred	\$ (546,000)	\$ (838,000)
Change in deferred income tax (without tax on unrealized gains and losses)	1,494,737	(116,130)
Total income tax (benefit) expense reported	948,737	(954,130)
Income before taxes	443,225	1,075,053
Statutory Tax Rate	35%	35%
Expected income tax benefit at statutory tax rate	155,129	376,269
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Tax-exempt interest	(909)	(940)
c. Nondeductible expenses for Meals and Entertainment	55,145	40,273
d. Change in deferred taxes on nonadmitted assets	3,404,414	(969,134)
e. Change in valuation allowance adjustment	0	0
f. Health Insurer Fee	0	107,424
g. Other - rounding	86,149	(516,022)
i. Effect of Change in Tax Law	(2,751,191)	0
Total income tax (benefit) expense reported	948,737	(954,130)

E. Operating loss carry-forward
 (1) As of December 31, 2017 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>
2017	\$ 0	\$ 0
2016	\$ 0	\$ 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 Services, Inc.
 AmeriHealth, Inc.
 CompServices, Inc.
 CSI Services, Inc.
 Healthcare Delaware, Inc
 Independence Assurance Company
 Independence Holdings, Inc.
 Independence Insurance, 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.

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, non-member corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
- B., C. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement, IHG 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, IHG contributed all of the issued and outstanding stock of AmeriHealth Insurance Company of New Jersey ("AHIC NJ"), as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of the Company 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.

In July 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 reinsurance agreement, the Company will cede to AHIC NJ gross earned 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.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
- I. Investments in a Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets - None
- J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities - None
- K. Investment in foreign insurance subsidiary - N/A
- L. Investment in a downstream noninsurance holding company - None
- M. All SCA Investments
 (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) - None
 (2) NAIC Filing Response Information - N/A
- N. Investment in Insurance SCAs - None

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

11. Debt

- A. Capital Notes – None
B. Federal Home Loan Bank ("FHLB") Agreements

(1) The Company is a member of the FHLB of Pittsburgh. Through its membership, the Company will be conducting business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as working capital. As of December 31, 2017, the Company has borrowed \$0 and collateral pledged of \$0 to the FHLB.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	55,600
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	55,600
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0
2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	0
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	0
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

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

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0	0	0	0	0	0
2. Class B	55,600	55,600	0	0	0	0
11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)						
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)						

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	0	0	0
2. Prior Year-end Total Collateral Pledged	0	0	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	0	0	0
2. Prior Year-end Total Maximum Collateral Pledged	0	0	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

2. Prior Year-end

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	0
2. Funding Agreements	0
3. Other	0
4. Aggregate Total (Lines 1+2+3)	0

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

c. FHLB – Prepayment Obligations

	Does the company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

C.

All Other Debt – None

On March 30, 2017, the Company and certain affiliates entered into a revolving line of credit ("LOC") agreement with PNC totaling \$690,000,000 maturing on March 28, 2018. This facility allows the Company to participate in the line with borrowing capacity limited to the lesser of the collateral value of the assets pledged by the Company or \$345,000,000. Outstanding balances will accrue interest at a variable rate which is based on LIBOR at the time of borrowing plus fifty-five basis points with an unused commitment fee of 10 basis points. As of December 31, 2017, the principal balance outstanding on this LOC was \$0.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

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. IBC LLC uses a December 31 measurement date for its pension plan.

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 \$790,651 in 2017 and \$1,585,936 in 2016. The postretirement benefit expense charged by IBC was \$86,278 in 2017 and \$140,091 in 2016.

The Company's employees also participate in a 401(k) savings plan, which is maintained by IHG through IBC LLC and is available to full-time employees. For employees hired prior to January 1, 2010, IBC LLC contributes an amount equal to 50% of the first 6% of salary deferral contributed by the employee. For all employees hired on or after January 1, 2010, who are not covered under the defined benefit plan, IBC LLC makes an automatic contribution equal to 3% of eligible earnings and an additional contribution equal to 50% of the first 8% of salary deferral contributed by the employee. The Company's 401(k) savings plan contribution charged by IBC LLC in 2017 and 2016 was \$440,298 and \$715,000, respectively.

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. As a result of the Company's negative balance in unassigned funds, dividend payments require approval of the PID.
- (4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None
- (5) As noted in (3) above, and as a result of negative unassigned funds, the Company cannot pay dividends to stockholders without prior approval of the PID.
- (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 \$(963)
- (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
- B. ASC Plans

The gain from operations from Administrative Services Contract ("ASC") uninsured plans and the uninsured portion of partially insured plans was as follows during 2017:

	<u>ASC</u> <u>Uninsured Plans</u>	<u>Uninsured Portion</u> <u>of Partially</u> <u>Insured Plans</u>	<u>Total</u> <u>ASC</u>
a. Gross reimbursement for medical cost incurred	\$ 16,377,307	\$ 0	\$ 16,377,307
b. Gross administrative fees accrued	\$ 963,905	\$ 0	\$ 963,905
c. Other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0	\$ 0
d. Gross expenses incurred (claims and administrative)	\$ 17,602,909	\$ 0	\$ 17,602,909
e. Total net gain or loss from operations	\$ (261,697)	\$ 0	\$ (261,697)

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

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

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.
NOTES TO FINANCIAL STATEMENTS**

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Bonds - Industrial and Misc	\$ 0	\$ 149,001	\$ 0	\$ 149,001
Total Bonds	\$ 0	\$ 149,001	\$ 0	\$ 149,001
Total assets at fair value	\$ 0	\$ 149,001	\$ 0	\$ 149,001
b. Liabilities at Fair Value – None				
Total Liabilities at Fair Value	\$ 0	\$ 0	\$ 0	\$ 0

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3) Transfers in and/or out of Level 3 are recognized at the beginning of the period None

(4) The Company classifies bonds, NAIC rated 3 through 6, such as certain U.S. Treasury and agency obligations, mortgage backed securities, municipal and corporate bonds, asset-backed securities and preferred stocks as Level 2. Because many fixed maturities and preferred stocks do not trade daily, fair values are determined using quoted values and other data provided by a nationally recognized independent pricing service (pricing service) as inputs into its process for determining fair values of its investments. For securities that generally do not trade on a daily basis, the pricing service prepares estimates of fair value measurements using its proprietary pricing. Typical inputs and assumptions include but are not limited to benchmark yields, reported trades, broker/dealer quotes, issuer spreads, liquidity, benchmark securities, bids, offers, reference data, and industry and economic events. For mortgage and asset-backed securities, inputs and assumptions may also include characteristics of the issuer, collateral attributes, prepayment speeds, default assumptions, and credit rating.

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

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 61,052,820	\$ 60,949,650	\$ 0	\$ 61,052,820	\$ 0	\$ 0
Cash Equivalents & Other						
Short Term Investments	\$ 3,076,973	\$ 3,078,644	\$ 1,720,763	\$ 1,356,210	\$ 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 Company's 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, 2017, 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, 2017.

On January 1, 2018, the Company will be subject to the fee under section 9010 of the ACA. The fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for a U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, is conducting health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$4,125,000. Reporting the ACA assessment as of December 31, 2017, would not have triggered an RBC action level.

The following table summarizes the portion of the annual health insurance industry fee payable and the impact to the risk-based capital ("RBC").

	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	\$ 4,125,000	\$ 0
C. ACA fee assessment paid	\$ 0	\$ 7,794,872
D. Premium written subject to ACA 9010 assessment	\$ 207,016,802	\$ 0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 21,139,154	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 17,014,154	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 975,293	
H. Would reporting the ACA assessment as of Dec. 31, 2017, have triggered an RBC action level (YES/NO)?	NO	

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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? – No

 If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? – N/A

 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

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	0	1,600,000	0	0	1,600,000
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	1,600,000	0	0	1,600,000
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	1,600,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	732,671	0	0	732,671
(8) Medical loss ratio rebates paid	0	1,132,671	0	0	1,132,671
(9) Medical loss ratio rebates unpaid	0	1,200,000	0	0	1,200,000
(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	1,200,000

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 | \$ 1,419,869 |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | \$ (41,026) |
| 3. Premium adjustments payable due to ACA Risk Adjustment | \$ (14,372,200) |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ 11,631,991 |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | \$ 67,844 |
| b. Transitional ACA Reinsurance Program | |
| Assets | |
| 1. Amounts recoverable for claims paid due to ACA Reinsurance | \$ 786,869 |
| 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) | \$ 0 |
| 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 | \$ 0 |
| 5. Ceded reinsurance premiums payable due to ACA Reinsurance | \$ (13,691,024) |
| 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | \$ 0 |
| Operations (Revenue & Expense) | |
| 7. Ceded reinsurance premiums due to ACA Reinsurance | \$ 0 |
| 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | \$ (640,444) |
| 9. ACA Reinsurance contributions – not reported as ceded premium | \$ 0 |
| c. Temporary ACA Risk Corridors Program | |
| Assets | |
| 1. Accrued retrospective premium due to ACA Risk Corridors | \$ 32,832 |
| 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) | \$ (1,063,680) |
| 4. Effect of ACA Risk Corridors on change in reserves for rate credits | \$ 0 |

24.E.2

On November 13, 2017, HHS issued *Risk Corridors Payments for 2016 Benefit Year* and confirmed 2016 benefit year risk corridor collections will be used to pay a portion of the balance on 2014 benefit year payment balances. Similar communications were received in prior years indicating that collections received would be applied to the 2014 benefit year. The Company has received 15.87% and 14.88% of 2014 benefit year payments as of the years-ended December 31, 2017 and 2016, respectively. Based on the correspondence from HHS, a total of 16.81% of 2014 benefit year payments are expected after all collections for 2014 through 2016 are fully received. The accrued retrospective premium due to ACA Risk Corridors Assets reflects the admitted total based on the filed HHS payments and charges as well as communications received from HHS.

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(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 Decr 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
		1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year	Ref	Cumulative	Cumulative
						Accrued Less Payments (Col 1 – 3)	Accrued Less Payments (Col 2 – 4)						Balance	Balance	Balance from Prior Years (Col 1 – 3 + 7)	Balance from Prior Years (Col 2 – 4 + 8)
Receivable	(Payable)	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	\$ (19,248,529)	\$ 0	\$ (17,928,190)	\$ 0	\$ (1,320,339)	\$ 0	\$ 1,320,339	B	\$ 0	\$ 0
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (19,248,529)	\$ 0	\$ (17,928,190)	\$ 0	\$ (1,320,339)	\$ 0	\$ 1,320,339		\$ 0	\$ 0
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$ 4,554,864	\$ 0	\$ 4,957,521	\$ 0	\$ (402,657)	\$ 0	\$ 1,189,526	\$ 0	C	\$ 786,869	\$ 0
	2. Amounts recoverable for claims unpaid (contra liability)	\$ 549,082	\$ 0	\$ 0	\$ 0	\$ 549,082	\$ 0	\$ (549,082)	\$ 0	D	\$ 0	\$ 0
	3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$ 0	\$ (793,421)	\$ 0	\$ (793,421)	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
	5. Ceded reinsurance premiums payable	\$ 0	\$ (420,460)	\$ 0	\$ (420,460)	\$ 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	\$ 5,103,946	\$ (1,213,881)	\$ 4,957,521	\$ (1,213,881)	\$ 146,425	\$ 0	\$ 640,444	\$ 0		\$ 786,869	\$ 0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	\$ 13,336,724	\$ 0	\$ 555,341	\$ 0	\$ 12,781,383	\$ 0	\$ 1,063,680	\$ 0	I	\$ 13,845,063	\$ 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	\$ 13,336,724	\$ 0	\$ 555,341	\$ 0	\$ 12,781,383	\$ 0	\$ 1,063,680	\$ 0		\$ 13,845,063	\$ 0
d.	Total for ACA Risk Sharing Provisions	\$ 18,440,670	\$ (20,462,410)	\$ 5,512,862	\$ (19,142,071)	\$ 12,927,808	\$ (1,320,339)	\$ 1,704,124	\$ 1,320,339		\$ 14,631,932	\$ 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 financial 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		
		1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year	Ref	Cumulative	Cumulative
						Accrued Less Payments (Col 1 – 3)	Accrued Less Payments (Col 2 – 4)						Balance	Balance	Balance from Prior Years (Col 1 – 3 + 7)	Balance from Prior Years (Col 2 – 4 + 8)
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a.	2014											
	1. Accrued retrospective premium	\$ 3,499,041	\$ 0	\$ 555,341	\$ 0	\$ 2,943,700	\$ 0	\$ 0	\$ 0	A	\$ 2,943,700	\$ 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	\$ 6,820,515	\$ 0	\$ 0	\$ 0	\$ 6,820,515	\$ 0	\$ 0	\$ 0	C	\$ 6,820,515	\$ 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	\$ 3,017,168	\$ 0	\$ 0	\$ 0	\$ 3,017,168	\$ 0	\$ 1,063,680	\$ 0	E	\$ 4,080,848	\$ 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	\$ 13,336,724	\$ 0	\$ 555,341	\$ 0	\$ 12,781,383	\$ 0	\$ 1,063,680	\$ 0		\$ 13,845,063	\$ 0

Explanations of Adjustments

- A Updated for current financial information
 - C Updated for current financial information
 - E Updated for current financial information
- 24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

**ANNUAL STATEMENT FOR THE YEAR 2017 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	\$ 555,341	\$ 2,943,700	\$ 2,910,868	\$ 32,832
b. 2015	\$ 6,820,515	\$ 0	\$ 0	\$ 6,820,515	\$ 6,820,515	\$ 0
c. 2016	\$ 4,080,848	\$ 0	\$ 0	\$ 4,080,848	\$ 4,080,848	\$ 0
d. Total (a+b+c)	\$ 14,400,404	\$ 0	\$ 555,341	\$ 13,845,063	\$ 13,812,231	\$ 32,832

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, 2016 were \$2,048,648. As of December 31, 2017 \$1,706,071 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$12,033 as a result of re-estimation of unpaid claims. Therefore, there has been a \$330,544 favorable year development. The decrease is generally the result of ongoing analysis of recent development of trends.

B. There were no significant changes in methodologies or assumptions used in calculating the liability for losses and loss adjustment expenses

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

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
12/31/2017	\$ 851,591	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2017	\$ 804,060	\$ 883,847	\$ 0	\$ 0	\$ 0
06/30/2017	\$ 853,441	\$ 836,849	\$ 4,187	\$ 863,623	\$ 0
03/31/2017	\$ 964,853	\$ 857,941	\$ 126,196	\$ 698,589	\$ 0
12/31/2016	\$ 1,858,705	\$ 2,028,652	\$ 140,567	\$ 1,903,288	\$ 93,288
09/30/2016	\$ 1,859,256	\$ 1,876,459	\$ 62,131	\$ 1,948,797	\$ 0
06/30/2016	\$ 1,940,977	\$ 1,865,532	\$ 3,440	\$ 1,946,507	\$ 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

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 12/31/2017
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, 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 involved _____0
 12.13 Total book/adjusted carrying value \$_____

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 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	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	55,600
25.28	On deposit with states	\$	35,397,778
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0

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? If no, attach a description with this statement. Yes No N/A

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
US Bank.....	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102.....
TD Wealth.....	1006 Astoria Boulevard, Cherry Hill, NJ 08034.....

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
Wells Capital Management.....	U.....
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 [X] 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 [X] 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
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
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 [X]

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.....	62,307,531	62,408,889	101,358
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	62,307,531	62,408,889	101,358

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 [X] 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 [X] 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 [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No []

OTHER

- 34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$19,210
- 34.2 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.....	\$19,210

- 35.1 Amount of payments for legal expenses, if any? \$7,158
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Morgan Lewis and Bockius.....	\$2,074
Copyright Clearance Center, Inc.....	\$5,084

- 36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 36.2 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 2017.

Throughout - References to Corporate Administrative Policies have been updated to reflect the current titles.

The Work Environment at Independence - Wording was added to reflect the ethical decision making model that is included in annual compliance training. Wording was also added to identify that Independence has established a policy to ensure that all individuals are able to work in an environment that is respectful of individual differences and inclusive of varying perspectives and capabilities.

Harassment Free Workplace - Wording has been modified to state that Independence is committed to a Harassment Free Workplace. Gender status has been included as a protected category.

Gifts, Entertainment and Honorarium - A paragraph was included which references that gifts to unions and / or union officials must be reported annually on an LM 10 form.

Fraud, Waste and Abuse - The definitions of fraud, waste and abuse have been updated to align with the definitions included in the CMS Fraud Handbook.

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?0
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$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	\$12,142,459	\$	.....14,906,752
2.2	Premium Denominator	\$12,142,459	\$	.....14,906,752
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$17,333,765	\$	.....22,888,614
2.5	Reserve Denominator	\$17,333,766	\$	.....22,888,615
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 year52,014
- 8.2 Number of providers at end of reporting year45,785
- 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 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] 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 | | \$.....1,385,830 |
| 10.24 Amount actually paid for year withholds | | \$.....488,235 |
- 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. \$.....2,081,625
- 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 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	105,604,649	162,044,766	259,540,475	293,786,750	1,326,732,782
2. Total liabilities (Page 3, Line 24)	84,465,495	143,478,108	240,234,039	242,378,314	67,862,083
3. Statutory minimum capital and surplus requirement	2,081,625	2,003,489	1,968,063	27,502,945	18,506,685
4. Total capital and surplus (Page 3, Line 33)	21,139,154	18,566,658	19,306,436	51,408,436	1,258,870,699
Income Statement (Page 4)					
5. Total revenues (Line 8)	12,142,459	14,906,752	17,226,465	335,868,570	391,688,080
6. Total medical and hospital expenses (Line 18)	11,433,198	12,645,983	13,518,597	265,141,095	319,530,766
7. Claims adjustment expenses (Line 20)	299,790	500,871	810,105	8,743,410	12,357,144
8. Total administrative expenses (Line 21)	1,071,038	1,905,776	2,471,966	55,762,423	54,934,334
9. Net underwriting gain (loss) (Line 24)	(661,567)	(145,878)	425,797	6,221,642	4,865,836
10. Net investment gain (loss) (Line 27)	1,093,792	1,235,930	1,111,731	1,096,901	807,340
11. Total other income (Lines 28 plus 29)	0	0	0	(6,691,197)	0
12. Net income or (loss) (Line 32)	989,225	1,913,052	933,528	(779,654)	5,697,176
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,580,386)	20,832,328	(21,817,928)	(44,272,169)	15,953,774
Risk-Based Capital Analysis					
14. Total adjusted capital	21,139,154	18,566,658	19,306,436	51,408,436	1,258,870,699
15. Authorized control level risk-based capital	975,293	1,470,686	1,900,878	10,819,052	153,854,862
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	30,624	58,852	64,736	84,290	84,282
17. Total members months (Column 6, Line 7)	418,538	753,809	771,914	1,218,238	942,310
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)	94.2	84.8	78.5	78.9	81.6
20. Cost containment expenses	1.3	1.9	3.4	0.8	0.8
21. Other claims adjustment expenses	1.1	1.5	1.3	1.9	2.4
22. Total underwriting deductions (Line 23)	105.4	101.0	97.5	98.1	98.8
23. Total underwriting gain (loss) (Line 24)	(5.4)	(1.0)	2.5	1.9	1.2
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	(4,660,314)	(6,421,556)	8,866,678	26,250,098	23,818,889
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	(4,491,854)	(5,379,000)	9,402,959	34,832,745	32,512,620
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	0	1,077,144,970
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	0	1,077,144,970
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	1,077,144,970

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								
		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	9 Deposit-Type Contracts	
1. Alabama	AL	N						0	0	
2. Alaska	AK	N						0	0	
3. Arizona	AZ	N						0	0	
4. Arkansas	AR	N						0	0	
5. California	CA	N						0	0	
6. Colorado	CO	N						0	0	
7. Connecticut	CT	N						0	0	
8. Delaware	DE	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	194,522,197	350,636				194,872,833	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	12,143,968					12,143,968	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	
59. Subtotal	XXX		206,666,165	350,636	0	0	0	207,016,801	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 3		206,666,165	350,636	0	0	0	207,016,801	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	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	

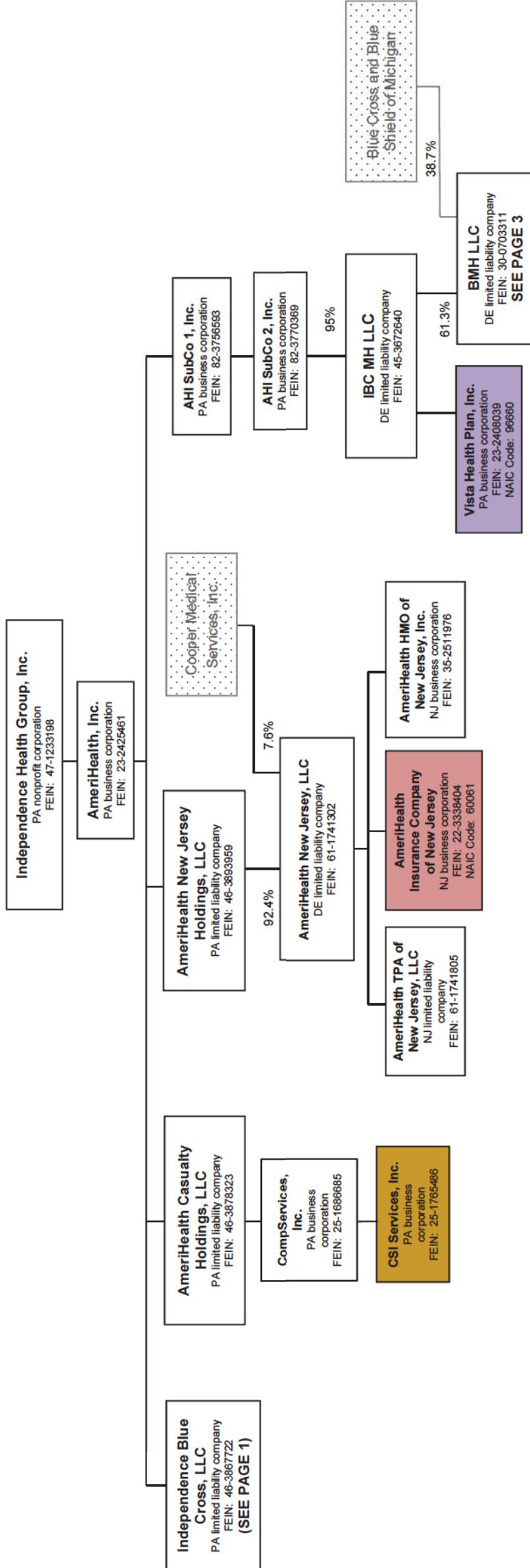
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation by states, premiums by state, etc. Customers are assigned State codes when they are set up in our billing system.

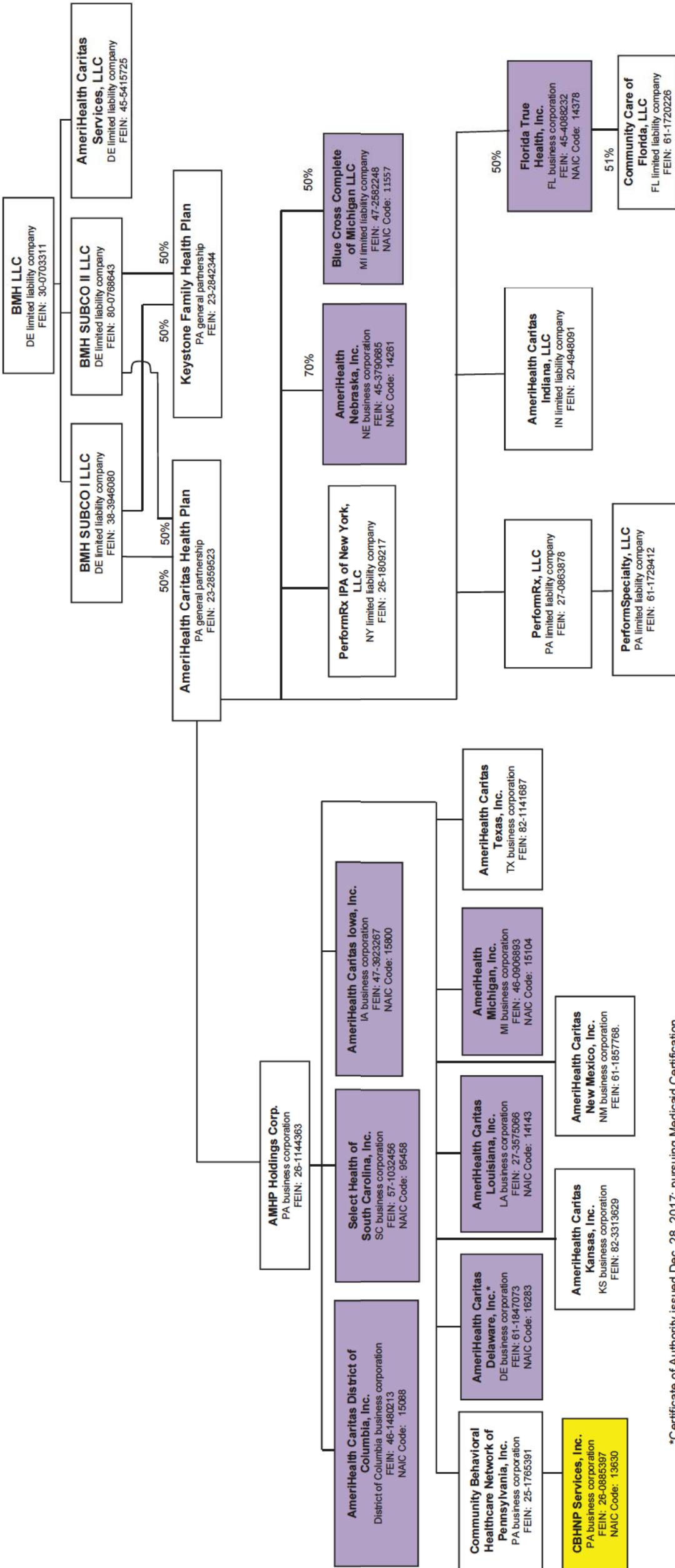
(a) Insert the number of L responses except for Canada and other Alien.

This Company does business in New Jersey and Pennsylvania.

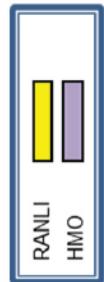
STATEMENT AS OF DECEMBER 31, 2017 OF THE AmeriHealth HMO, Inc.
 SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF DECEMBER 31, 2017 OF THE AmeriHealth HMO, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



*Certificate of Authority issued Dec. 28, 2017; pursuing Medicaid Certification



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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
 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.amerihealth.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>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley</u>
<u>Micheal Walsh Sullivan</u>			

State of Pennsylvania

ss

County of Philadelphia

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.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

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

Subscribed and sworn to before me this
23rd day of February, 2018

- 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	25,042,160	38.480	25,042,160		25,042,160	38.480
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	7,097,252	10.906	7,097,252		7,097,252	10.906
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	45,000	0.069	45,000		45,000	0.069
1.43 Revenue and assessment obligations	91,506	0.141	91,506		91,506	0.141
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	677,785	1.042	677,785		677,785	1.042
1.512 Issued or guaranteed by FNMA and FHLMC	8,770,286	13.477	8,770,286		8,770,286	13.477
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	265,000	0.407	265,000		265,000	0.407
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	109,523	0.168	109,523		109,523	0.168
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	15,355,029	23.595	15,355,029		15,355,029	23.595
2.2 Unaffiliated non-U.S. securities (including Canada)	3,496,110	5.372	3,496,110		3,496,110	5.372
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	55,600	0.085	55,600		55,600	0.085
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	4,072,464	6.258	4,072,464		4,072,464	6.258
11. Other invested assets		0.000			0	0.000
12. Total invested assets	65,077,715	100.000	65,077,715	0	65,077,715	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.....		
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.....		
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.....		
13. Subtotal (Line 11 plus Line 12).....		0
14. Deduct total nonadmitted amounts.....		
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.....		79,997,801
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		16,461,971
3. Accrual of discount.....		63,269
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	(963)	
4.2 Part 2, Section 1, Column 15.....	0	
4.3 Part 2, Section 2, Column 13.....	0	
4.4 Part 4, Column 11.....	0	(963)
5. Total gain (loss) on disposals, Part 4, Column 19.....		32,403
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		35,436,992
7. Deduct amortization of premium.....		112,240
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).....		61,005,250
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		61,005,250

SCHEDULE D - SUMMARY BY COUNTRYLong-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	25,719,945	25,732,788	25,575,271	25,764,828
	2. Canada				
	3. Other Countries				
	4. Totals	25,719,945	25,732,788	25,575,271	25,764,828
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	45,000	44,976	45,000	45,000
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	16,224,045	16,309,538	16,256,245	15,940,686
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	15,464,551	15,463,757	15,466,308	15,449,218
	9. Canada	1,447,109	1,449,141	1,447,428	1,446,564
	10. Other Countries	2,049,001	2,052,621	2,049,871	2,050,000
	11. Totals	18,960,661	18,965,519	18,963,607	18,945,782
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	60,949,650	61,052,820	60,840,123	60,696,297
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	55,600	55,600	55,600	
	21. Canada				
	22. Other Countries				
	23. Totals	55,600	55,600	55,600	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	55,600	55,600	55,600	
	26. Total Stocks	55,600	55,600	55,600	
	27. Total Bonds and Stocks	61,005,250	61,108,420	60,895,723	

ANNUAL STATEMENT FOR THE YEAR 2017 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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	2,013,039	24,894,376	42,494	2,840	4	XXX	26,952,753	43.3	45,438,550	54.1	26,952,753	
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	2,013,039	24,894,376	42,494	2,840	4	XXX	26,952,753	43.3	45,438,550	54.1	26,952,753	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	0	0.0		
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	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1		45,000				XXX	45,000	0.1	0	0.0	45,000	
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	45,000	0	0	0	XXX	45,000	0.1	0	0.0	45,000	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	6,678,484	5,291,550	2,227,865	1,726,627	299,518	XXX	16,224,045	26.0	15,956,895	19.0	16,224,045	
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	6,678,484	5,291,550	2,227,865	1,726,627	299,518	XXX	16,224,045	26.0	15,956,895	19.0	16,224,045	0

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ANNUAL STATEMENT FOR THE YEAR 2017 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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	6,914,869	7,813,338	79,579	35,723	7,819	XXX	14,851,329	23.8	18,786,738	22.4	11,662,873	3,188,456
6.2 NAIC 2	1,932,385	2,153,019				XXX	4,085,404	6.6	3,474,663	4.1	3,285,429	799,975
6.3 NAIC 3	149,001					XXX	149,001	0.2	275,000	0.3	149,001	
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	8,996,256	9,966,357	79,579	35,723	7,819	XXX	19,085,734	30.6	22,536,401	26.9	15,097,303	3,988,431
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	0	0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2017 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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 15,606,392	38,044,264	2,349,938	1,765,191	307,341	0	58,073,126	93.2	XXX	XXX	54,884,670	3,188,456
10.2 NAIC 2	(d) 1,932,385	2,153,019	0	0	0	0	4,085,404	6.6	XXX	XXX	3,285,429	799,975
10.3 NAIC 3	(d) 149,001	0	0	0	0	0	149,001	0.2	XXX	XXX	149,001	0
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	17,687,779	40,197,283	2,349,938	1,765,191	307,341	0	(b) 62,307,531	100.0	XXX	XXX	58,319,101	3,988,431
10.8 Line 10.7 as a % of Col. 7	28.4	64.5	3.8	2.8	0.5	0.0	100.0	XXX	XXX	XXX	93.6	6.4
11. Total Bonds Prior Year												
11.1 NAIC 1	18,040,354	56,992,850	2,702,722	2,029,428	416,830	0	XXX	XXX	80,182,183	95.5	77,023,571	3,158,612
11.2 NAIC 2	1,364,983	2,109,680	0	0	0	0	XXX	XXX	3,474,663	4.1	2,774,663	700,000
11.3 NAIC 3	275,000	0	0	0	0	0	XXX	XXX	275,000	0.3	275,000	0
11.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
11.7 Totals	19,680,337	59,102,531	2,702,722	2,029,428	416,830	0	XXX	XXX	(b) 83,931,846	100.0	80,073,234	3,858,612
11.8 Line 11.7 as a % of Col. 9	23.5	70.4	3.2	2.4	0.5	0.0	XXX	XXX	100.0	XXX	95.4	4.6
12. Total Publicly Traded Bonds												
12.1 NAIC 1	14,196,611	36,313,481	2,302,046	1,765,191	307,341	0	54,884,670	88.1	77,023,571	91.8	54,884,670	XXX
12.2 NAIC 2	1,432,385	1,853,044	0	0	0	0	3,285,429	5.3	2,774,663	3.3	3,285,429	XXX
12.3 NAIC 3	149,001	0	0	0	0	0	149,001	0.2	275,000	0.3	149,001	XXX
12.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	15,777,997	38,166,525	2,302,046	1,765,191	307,341	0	58,319,101	93.6	80,073,234	95.4	58,319,101	XXX
12.8 Line 12.7 as a % of Col. 7	27.1	65.4	3.9	3.0	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	25.3	61.3	3.7	2.8	0.5	0.0	93.6	XXX	XXX	XXX	93.6	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	1,409,781	1,730,783	47,892	0	0	0	3,188,456	5.1	3,158,612	3.8	XXX	3,188,456
13.2 NAIC 2	500,000	299,975	0	0	0	0	799,975	1.3	700,000	0.8	XXX	799,975
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	1,909,781	2,030,757	47,892	0	0	0	3,988,431	6.4	3,858,612	4.6	XXX	3,988,431
13.8 Line 13.7 as a % Col. 7	47.9	50.9	1.2	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	3.1	3.3	0.1	0.0	0.0	0.0	6.4	XXX	XXX	XXX	XXX	6.4

(a) Includes \$ 3,988,431 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 \$ 1,232,808 ; NAIC 2 \$ 125,073 ; NAIC 3 \$ _____ ; NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____

ANNUAL STATEMENT FOR THE YEAR 2017 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. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	1,731,004	24,543,964				XXX	26,274,968	42.2	44,579,990	53.1	26,274,968	
1.2 Residential Mortgage-Backed Securities	282,035	350,411	42,494	2,840		XXX	677,785	1.1	858,560	1.0	677,785	
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	2,013,039	24,894,376	42,494	2,840	4	XXX	26,952,753	43.3	45,438,550	54.1	26,952,753	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	0	0.0		
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	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations		45,000				XXX	45,000	0.1	0	0.0	45,000	
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	45,000	0	0	0	XXX	45,000	0.1	0	0.0	45,000	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	5,239,742	1,949,016				XXX	7,188,758	11.5	5,576,631	6.6	7,188,758	
5.2 Residential Mortgage-Backed Securities	1,292,904	3,223,371	2,227,865	1,726,627	299,518	XXX	8,770,286	14.1	10,380,264	12.4	8,770,286	
5.3 Commercial Mortgage-Backed Securities	145,837	119,163				XXX	265,000	0.4	0	0.0	265,000	
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	6,678,484	5,291,550	2,227,865	1,726,627	299,518	XXX	16,224,045	26.0	15,956,895	19.0	16,224,045	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	6,407,324	6,638,769				XXX	13,046,092	20.9	11,951,190	14.2	10,701,127	2,344,965
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities	8,568	29,454	27,958	35,723	7,819	XXX	109,523	0.2	225,481	0.3	109,523	
6.4 Other Loan-Backed and Structured Securities	2,580,364	3,298,134	51,621			XXX	5,930,119	9.5	10,359,730	12.3	4,286,654	1,643,466
6.5 Totals	8,996,256	9,966,357	79,579	35,723	7,819	XXX	19,085,734	30.6	22,536,401	26.9	15,097,303	3,988,431
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

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ANNUAL STATEMENT FOR THE YEAR 2017 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. 7 Prior Year	10 % From Col. 8 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	0	0.0		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations	13,378,070	33,176,749	0	0	0	XXX	46,554,819	74.7	XXX	XXX	44,209,853	2,344,965
10.2 Residential Mortgage-Backed Securities	1,574,940	3,573,783	2,270,360	1,729,468	299,522	XXX	9,448,071	15.2	XXX	XXX	9,448,071	0
10.3 Commercial Mortgage-Backed Securities	154,405	148,617	27,958	35,723	7,819	XXX	374,523	0.6	XXX	XXX	374,523	0
10.4 Other Loan-Backed and Structured Securities	2,580,364	3,298,134	51,621	0	0	XXX	5,930,119	9.5	XXX	XXX	4,286,654	1,643,466
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	17,687,779	40,197,283	2,349,938	1,765,191	307,341	0	62,307,531	100.0	XXX	XXX	58,319,101	3,988,431
10.7 Lines 10.6 as a % Col. 7	28.4	64.5	3.8	2.8	0.5	0.0	100.0	XXX	XXX	XXX	93.6	6.4
11. Total Bonds Prior Year												
11.1 Issuer Obligations	13,332,199	48,775,612	0	0	0	XXX	XXX	XXX	62,107,811	74.0	59,332,855	2,774,956
11.2 Residential Mortgage-Backed Securities	1,966,611	4,278,262	2,638,903	1,958,795	396,254	XXX	XXX	XXX	11,238,824	13.4	11,238,824	0
11.3 Commercial Mortgage-Backed Securities	17,609	60,186	56,477	70,633	20,576	XXX	XXX	XXX	225,481	0.3	225,481	0
11.4 Other Loan-Backed and Structured Securities	4,363,917	5,988,471	7,342	0	0	XXX	XXX	XXX	10,359,730	12.3	9,276,074	1,083,656
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
11.6 Totals	19,680,337	59,102,531	2,702,722	2,029,428	416,830	0	XXX	XXX	83,931,846	100.0	80,073,234	3,858,612
11.7 Line 11.6 as a % of Col. 9	23.5	70.4	3.2	2.4	0.5	0.0	XXX	XXX	100.0	XXX	95.4	4.6
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	12,103,070	32,106,783				XXX	44,209,853	71.0	59,332,855	70.7	44,209,853	XXX
12.2 Residential Mortgage-Backed Securities	1,574,940	3,573,783	2,270,360	1,729,468	299,522	XXX	9,448,071	15.2	11,238,824	13.4	9,448,071	XXX
12.3 Commercial Mortgage-Backed Securities	154,405	148,617	27,958	35,723	7,819	XXX	374,523	0.6	225,481	0.3	374,523	XXX
12.4 Other Loan-Backed and Structured Securities	1,945,583	2,337,342	3,729	0	0	XXX	4,286,654	6.9	9,276,074	11.1	4,286,654	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
12.6 Totals	15,777,997	38,166,525	2,302,046	1,765,191	307,341	0	58,319,101	93.6	80,073,234	95.4	58,319,101	XXX
12.7 Line 12.6 as a % of Col. 7	27.1	65.4	3.9	3.0	0.5	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	25.3	61.3	3.7	2.8	0.5	0.0	93.6	XXX	XXX	XXX	93.6	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	1,275,000	1,069,965				XXX	2,344,965	3.8	2,774,956	3.3	XXX	2,344,965
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	634,781	960,792	47,892	0	0	XXX	1,643,466	2.6	1,083,656	1.3	XXX	1,643,466
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
13.6 Totals	1,909,781	2,030,757	47,892	0	0	0	3,988,431	6.4	3,858,612	4.6	XXX	3,988,431
13.7 Line 13.6 as a % of Col. 7	47.9	50.9	1.2	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	3.1	3.3	0.1	0.0	0.0	0.0	6.4	XXX	XXX	XXX	XXX	6.4

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ANNUAL STATEMENT FOR THE YEAR 2017 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	3,534,018	406,174	0	3,127,844	0
2. Cost of short-term investments acquired	51,989,698	45,774,043		6,215,655	
3. Accrual of discount	1,769	1,769			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	(319)	(319)			
6. Deduct consideration received on disposals	54,166,882	44,823,384		9,343,499	
7. Deduct amortization of premium	402	402			
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)	1,357,881	1,357,881	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	1,357,881	1,357,881	0	0	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 – PART 2 – VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	400,027	400,027		0
2. Cost of cash equivalents acquired.....	1,720,763		1,720,763	
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	400,000	400,000		
7. Deduct amortization of premium.....	27	27		
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).....	1,720,763	0	1,720,763	0
11. Deduct total nonadmitted amounts.....	0			
12. Statement value at end of current period (Line 10 minus Line 11)	1,720,763	0	1,720,763	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 2017 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			1	1,828,279	98.8280	1,803,611	1,825,000	1,826,506	(656)			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	98.4910	5,220,023	5,300,000	5,303,809	(1,353)			1.375	1.348	MS	18,619	72,875		10/01/2015	09/30/2020	
912828-L8-1	UNITED STATES TREAS NTS	SD			1FE	497,559	99.3520	496,760	500,000	498,196	637			0.875	1.338	AO	938	2,188		09/21/2017	10/15/2018	
912828-L9-9	UNITED STATES TREAS NTS	SD			1FE	5,369,953	98.3870	5,362,092	5,450,000	5,403,443	15,934			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	102.7680	5,395,320	5,250,000	5,216,197	17,129			3.375	3.734	MN	23,005	177,188		01/13/2010	11/15/2019	
912828-M9-8	UNITED STATES TREAS NTS	SD			1FE	99,434	99.0200	99,020	100,000	99,661	112			1.625	1.745	MN	1,768	1,625		12/16/2015	11/30/2020	
912828-N6-3	UNITED STATES TREAS NTS	SD			1FE	6,006,328	99.2850	5,957,100	6,000,000	6,002,221	(2,116)			1.125	1.089	JJ	31,182	67,500		01/19/2016	01/15/2019	
912828-P8-7	UNITED STATES TREAS NTS	SD			1FE	689,382	97.2600	680,820	700,000	692,127	1,652			1.125	1.491	FA	2,676	2,250		09/30/2017	02/28/2021	
0199999 - Bonds - U.S. Governments - Issuer Obligations																						
						24,893,569	XXX	25,014,745	25,125,000	25,042,160	0	31,340	0	0	XXX	XXX	XXX	97,433	423,656	XXX	XXX	
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																						
36241L-DB-9	GNMA PASS-THRU X PLATINUM	SD			1FE	128,502	111.8020	134,929	120,686	128,347	(31)			6.000	2.749	MON	603	7,298		01/21/2010	11/15/2039	
36202E-4J-5	GNMA PT SINGLE FAMILY	SD			1FE	179,557	109.5060	186,154	169,994	178,274	(34)			5.500	2.865	MON	779	9,398		01/21/2010	04/20/2039	
36202F-B6-2	GNMA PT SINGLE FAMILY	SD			1FE	373,643	113.6940	396,960	349,148	371,163	(78)			6.000	2.360	MON	1,746	21,103		01/15/2010	10/20/2039	
0299999 - Bonds - U.S. Governments - Residential Mortgage-Backed Securities																						
						681,702	XXX	718,043	639,828	677,785	0	(144)	0	0	XXX	XXX	XXX	3,128	37,800	XXX	XXX	
0599999 - Bonds - U.S. Governments - Subtotals - U.S. Governments																						
						25,575,271	XXX	25,732,788	25,764,828	25,719,945	0	31,196	0	0	XXX	XXX	XXX	100,562	461,456	XXX	XXX	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
442331-2U-7	HOUSTON TEX				1FE	45,000	99.9460	44,976	45,000	45,000	0	0	0	0	2.203	2.203	MS	25	0		12/20/2017	03/01/2019
1899999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
						45,000	XXX	44,976	45,000	45,000	0	0	0	0	XXX	XXX	XXX	25	0	XXX	XXX	
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Subtotals - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)																						
						45,000	XXX	44,976	45,000	45,000	0	0	0	0	XXX	XXX	XXX	25	0	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																						
3137EA-DN-6	FEDERAL HOME LN MTG CORP				1FE	1,521,919	99.9840	1,524,756	1,525,000	1,524,948	1,682			0.750	0.861	JJ	5,369	11,438		03/31/2016	01/12/2018	
3130A9-AE-1	FEDERAL HOME LOAN BANKS				1FE	795,808	99.3350	794,680	800,000	797,893	2,085			0.875	1.229	AO	1,750	3,500		03/31/2017	10/01/2018	
3130AB-F9-2	FEDERAL HOME LOAN BANKS				1	999,323	99.3200	993,200	1,000,000	999,506	183			1.375	1.411	MN	1,260	7,486		06/29/2017	05/28/2019	
313376-BR-5	FEDERAL HOME LOAN BANKS				1FE	251,268	99.8910	249,728	250,000	250,935	(333)			1.750	1.353	JD	207	2,188		08/28/2017	12/14/2018	
313379-EE-5	FEDERAL HOME LOAN BANKS				1FE	401,785	99.6020	398,408	400,000	401,433	(352)			1.625	1.375	JD	307	3,250		08/21/2017	06/14/2019	
313560-E5-8	FEDERAL NATL MTG ASSN				1FE	573,889	99.4980	572,114	575,000	574,509	607			1.125	1.233	AO	1,294	6,469		12/23/2016	10/19/2018	
313560-J5-3	FEDERAL NATL MTG ASSN				1FE	547,481	99.0550	544,803	550,000	548,077	596			1.000	1.307	FA	1,910	2,750		08/21/2017	02/26/2019	
313560-J6-1	FEDERAL NATL MTG ASSN				1FE	1,999,608	99.8780	1,997,560	2,000,000	1,999,950	204			0.875	0.885	MS	4,521	17,500		04/25/2016	03/28/2018	
358266-BV-5	FRESNO CNTY CALIF PENSION				1FE	30,765	101.5820	30,475	30,000	30,441	(324)			4.658	2.267	FA	32	1,397		01/24/2017	08/15/2018	
45203H-WL-2	ILLINOIS FIN AUTH REV				1FE	62,342	101.3810	60,829	60,000	61,065	(1,277)			4.545	2.149	AO	682	2,727		01/31/2017	10/01/2018	
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																						
						7,184,188	XXX	7,166,551	7,190,000	7,188,758	0	3,071	0	0	XXX	XXX	XXX	17,331	58,704	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	4,477,978	103.2590	4,493,328	4,351,513	4,464,198	(2,498)			3.500	3.135	MON	12,692	152,678		10/04/2011	10/01/2041	
3128MC-KF-1	FHLMC PC GOLD COMB 15	SD			1FE	204,782	104.8820	206,954	197,321	201,324	(500)			4.500	4.157	MON	345	8,949		01/15/2010	11/01/2024	
3128PO-RC-7	FHLMC PC GOLD 15 YR	SD			1FE	451,962	104.6830	464,633	443,848	449,433	(405)			4.000	3.396	MON	1,479	17,837		01/19/2010	12/01/2024	
312936-ZD-2	FHLMC PC GOLD COMB 30	SD			1FE	687,434	107.2720	732,049	682,423	686,904	(26)			4.500	4.230	MON	2,559	30,738		01/15/2010	11/01/2039	
312938-LJ-0	FHLMC PC GOLD COMB 30	SD			1FE	446,270	107.8850	465,072	431,081	444,379	(52)			5.000	3.334	MON	1,796	22,474		01/15/2010	12/01/2039	
31418A-Y4-4	FNMA PASS-THRU INT 20 YEAR	SD			1FE	2,538,630	105.7170	2,515,536	2,379,500	2,524,048	(4,545)			4.000	2.658	MON	7,932	95,795		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																						
						8,807,056	XXX	8,877,573	8,485,686	8,770,286	0	(8,025)	0	0	XXX	XXX	XXX	26,804	328,471	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 - Commercial Mortgage-Backed Securities																						
3137FB-UW-4	FHLMC REMIC SERIES K-P04				1	200,000	100.1270	200,254	200,000	200,000				1.547	1.566	MON	58	217		11/15/2017	10/25/2019	

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ANNUAL STATEMENT FOR THE YEAR 2017 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 eign 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	
30258E-AA-3	FMPRE MULTI RSK TR 2017-KT01			1	65,000		100,2460	65,160	65,000		65,000			1.558	1.578	MON	19	809	01/31/2017	02/25/2020	
2799999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities				265,000	XXX	265,414	265,000	265,000	0	0	0	0	XXX	XXX	XXX	77	1,025	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				16,256,245	XXX	16,309,538	15,940,686	16,224,045	0	(4,955)	0	0	XXX	XXX	XXX	44,211	388,201	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
00084D-AP-5	ABN AMRO BK NY MTN SR SB 144A	D		1FE	200,000		100,4130	200,826	200,000		200,000			1.994	1.964	JAJ0	831	2,734	01/11/2017	01/18/2019	
056650-CW-6	BP CAP MKTS P L C	D		1FE	350,000		100,0240	350,084	350,000		350,000			1.838	1.199	FMAN	876	5,420	02/10/2015	02/13/2018	
60688X-AR-1	MIZUHO BANK LTD	D		1FE	250,000		100,1100	250,275	250,000		250,000			2.315	1.480	MJSD	80	4,637	03/19/2015	03/26/2018	
853254-AV-2	STANDARD CHARTERED PLC	D		2FE	200,000		100,1070	200,214	200,000		200,000			1.993	1.490	JAJ0	842	3,510	04/13/2015	04/17/2018	
865622-BP-8	SUMITOMO MITSUI BANKING	D		1FE	250,000		100,0080	250,020	250,000		250,000			1.939	1.329	JAJ0	1,037	4,052	01/08/2015	01/16/2018	
865622-CF-9	SUMITOMO MITSUI BANKING	D		1FE	250,000		100,3050	250,763	250,000		250,000			1.896	1.847	JAJ0	1,080	3,215	01/05/2017	01/11/2019	
88167A-AA-9	TEVA PHARMACEUTICAL FIN NETH	D		3FE	149,871		99,3340	149,001	150,000	(963)	64			1.400	1.444	JJ	939	2,094	07/18/2016	07/20/2018	
902674-XJ-4	UBS AG LONDON BRH	D	2	1FE	200,000		100,1450	200,290	200,000		200,000			1.959	1.988	MJSD	348		11/27/2017	12/01/2020	
00817Y-AS-7	AETNA INC NEW	D		2FE	149,880		99,8430	149,765	150,000		149,974	60		1.700	1.741	JD	170	2,550	06/02/2016	06/07/2018	
02665W-AX-9	AMERICAN HONDA FIN CORP MTN	D		1FE	150,000		100,2150	150,323	150,000		150,000			1.819	1.367	JAJ0	598	2,357	07/09/2015	07/13/2018	
031162-CL-2	AMGEN INC	D		2FE	150,000		100,1680	150,252	150,000		150,000			1.730	1.711	FMAN	375	1,194	05/08/2017	05/10/2019	
035242-AK-2	ANHEUSER BUSCH INBEV FIN	D	2	2FE	150,000		103,1930	154,790	150,000		150,000			2.641	2.503	FMAN	660	3,591	01/13/2016	02/01/2021	
037833-CE-8	APPLE INC	D		1FE	99,924		99,6740	99,674	100,000		99,958	34		1.550	1.588	FA	616	771	02/02/2017	02/08/2019	
037833-CT-5	APPLE INC	D		1FE	100,000		99,8850	100,000	100,000		100,000			1.483	1.475	FMAN	210	672	05/04/2017	05/11/2020	
06051G-GU-7	BANK AMER CORP	D	2	1FE	150,000		100,4640	150,696	150,000		150,000			1.971	2.027	JAJ0	862		09/13/2017	10/01/2021	
06406H-DC-0	BANK NEW YORK MTN BK ENT	D		1FE	249,925		100,1000	250,250	250,000		250,538	(115)		1.826	1.276	FMAN	507	3,786	05/22/2015	05/22/2018	
07177W-AJ-2	BAXALTA INC	D		2FE	200,000		100,2100	200,420	200,000		200,000			2.438	1.758	MJSD	135	3,998	06/18/2015	06/22/2018	
07330N-AP-0	BB&T CO GLOBAL BK MTN	D		1FE	250,000		100,4130	251,033	250,000		250,000			1.809	1.788	JAJ0	942	2,957	01/23/2017	01/15/2020	
084664-CE-9	BERKSHIRE HATHAWAY FIN CORP	D		1FE	99,961		99,9340	99,934	100,000		99,996	20		1.450	1.470	MS	459	1,450	03/08/2016	03/07/2018	
14149Y-BL-1	CARDINAL HEALTH INC	D		2FE	150,000		99,3850	149,078	150,000		150,000			1.948	1.948	JD	138	1,477	06/01/2017	06/14/2019	
14912L-6P-1	CATERPILLAR FINL SVCS MTNS BE	D		1FE	150,623		99,9580	149,937	150,000		150,048	(330)		1.500	1.278	FA	800	2,250	03/31/2016	02/23/2018	
149130-2D-0	CATERPILLAR FINL SVCS MTNS BE	D		1FE	125,000		99,9710	124,964	125,000		125,000			1.607	1.629	FMAN	184		11/27/2017	11/29/2019	
166764-BS-8	CHEVRON CORP NEW	D		1FE	150,000		99,7400	149,610	150,000		150,000			1.686	1.686	FA	864	1,229	02/28/2017	02/28/2019	
17275R-BA-9	CISCO SYS INC	D		1FE	150,000		99,9480	149,922	150,000		150,000			1.400	1.398	FA	718	2,100	02/22/2016	02/28/2018	
17325F-AA-6	CITIBANK NA N Y	D	2	1FE	249,795		99,8070	249,518	250,000		249,875	80		2.000	2.042	MS	1,403	2,500	03/13/2017	03/20/2019	
172967-JQ-5	CITIGROUP INC	D		2FE	175,000		100,1330	175,233	175,000		175,000			2.064	1.560	JAJ0	662	3,181	04/22/2015	04/27/2018	
17401Q-AH-4	CITIZENS BANK N A	D	2	2FE	250,000		100,1960	250,490	250,000		250,000			2.027	1.980	MJSD	420	3,339	02/27/2017	03/02/2020	
20826F-AM-8	CONOCOPHILLIPS CO 0.00001%	D		2FE	300,000		100,0130	300,039	300,000		300,000					FMAN	4,383		05/13/2015	05/15/2018	
225460-AW-7	CREDIT SUISSE NEW YORK BRANCH	D		1FE	275,000		100,1470	275,404	275,000		275,000			2.054	1.549	JAJ0	2,322	4,970	04/24/2015	04/27/2018	
225460-AU-1	CREDIT SUISSE NY BRANCH	D		1FE	275,000		100,0280	275,077	275,000		275,000			2.068	1.464	JAJ0	1,010	4,987	01/26/2015	01/29/2018	
233851-BT-0	DAIMLER FINANCE No AMER LLC	D		1FE	200,000		100,0920	200,184	200,000		200,000			1.886	1.325	FMAN	460	3,191	05/11/2015	05/18/2018	
24422E-TM-1	DEERE JOHN CAP CORP MTNS BE	D		1FE	99,935		99,7780	99,778	100,000		99,971	36		1.650	1.687	AO	348		01/03/2017	10/15/2018	
24422E-TR-0	DEERE JOHN CAP CORP MTNS BE	D		1FE	75,000		100,1060	75,080	75,000		75,000			1.948	1.915	MJSD	41	608	06/19/2017	06/22/2020	
263534-CM-9	DU PONT E I DE NEMOURS & CO	D		1FE	100,628		100,6280	100,628	100,000		100,000			1.907	1.911	FMAN	323	900	04/27/2017	05/01/2020	
26444H-AD-3	DUKE ENERGY FLA LLC	D		1FE	150,000		99,9190	149,879	150,000		150,000			2.100	2.100	MJSD	166		12/07/2017	12/15/2019	
23355L-AE-6	DXC TECHNOLOGY CO	D	2	2FE	100,000		100,2450	100,245	100,000		100,000			2.431	2.449	MJSD	209	667	08/14/2017	03/01/2021	
30231G-AU-6	EXXON MOBIL CORP	D		1FE	125,000		99,9580	124,948	125,000		125,000			1.439	1.439	MS	600	1,799	02/29/2016	03/01/2018	
31677Q-BL-2	FIFTH THIRD BK C IN OHIO MTN	D	2	1FE	200,000		99,8580	199,716	200,000		200,000			1.628	1.642	JAJ0	570		10/25/2017	10/30/2020	
345397-YR-8	FORD MOTOR CREDIT CO LLC	D		2FE	200,000		99,7340	199,468	200,000		200,000			1.811	1.838	FMAN	604		10/30/2017	11/02/2020	
37045V-AM-2	GENERAL MTRS CO	D	2	2FE	150,000		100,5990	150,899	150,000		150,000			2.192	2.217	FMAN	502	809	08/02/2017	08/07/2020	
375558-BR-3	GILEAD SCIENCES INC	D		1FE	64,977		99,5850	64,730	65,000		64,981	3		1.850	1.868	MS	334		09/14/2017	09/20/2019	
38141E-B7-3	GOLDMAN SACHS GRP INC MTN BE	D		2FE	202,443		100,6190	201,238	200,000	(502)	201,457			2.516	1.705	FMAN	657	4,483	05/19/2015	11/15/2018	
42824C-AZ-2	HEWLETT PACKARD ENTERPRISE CO	D		2FE	149,991		99,3160	148,974	150,000		149,992	1		2.100	2.103	AO	884		09/11/2017	10/04/2019	
437076-BR-2	HOME DEPOT INC	D		1FE	150,000		100,1710	150,257	150,000		150,000			1.645	1.627	MJSD	185	1,080	05/24/2017	06/05/2020	

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SCHEDULE D - PART 1

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

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		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For e i g n	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
438516-BK-1	HONEYWELL INTL INC.				1FE	150,000		100,3110	150,000	150,000					1.658	1.582	JAJO	1,032	2,097	10/24/2016	10/30/2019
446438-RR-6	HUNTINGTON NATL BANK			2	2FE	251,083		100,0890	250,000	250,857		(225)			2.200	1.791	MN	840	2,750	10/10/2017	11/06/2018
48125L-RJ-3	JP MORGAN CHASE BANK			2	1FE	250,000		100,7050	250,000	250,000					2.265	2.060	MJSD	132	4,574	09/20/2016	09/23/2019
49327M-2L-7	KEYBANK NATIONAL ASSOC.				1FE	275,000		100,1620	275,000	275,000					2.001	1.416	MJSD	474	4,590	05/27/2015	06/01/2018
50077L-AP-1	KRAFT HEINZ FOODS CO.				2FE	75,000		100,2510	75,000	75,000					1.980	2.003	FMAN	214	360	08/07/2017	02/10/2021
55279H-AE-0	MANUFACTURER AND TRADERS			2	1FE	251,085		100,2720	250,000	250,946		(139)			2.300	1.945	JJ	2,412		11/03/2017	01/30/2019
59217G-BT-5	METROPOLITAN LIFE GLOBAL FDG.				1FE	150,000		100,0900	150,000	150,000					1.914	1.631	MJSD	144	2,283	09/08/2016	09/14/2018
61746B-EH-5	MORGAN STANLEY			2	2FE	175,000		100,3990	175,000	175,000					2.213	2.183	FMAN	506	2,599	02/14/2017	02/14/2020
65339K-AJ-9	NEXTERA ENERGY CAP HLDGS INC.				2FE	30,075		99,7110	30,000	30,025		(37)			1.649	1.523	MS	165	495	08/25/2016	09/01/2018
654740-BC-2	NISSAN MTR ACCEP CORP.				1FE	100,000		100,1600	100,000	100,000					2.076	2.075	MJSD	23	435	09/25/2017	09/28/2020
694308-HT-7	PACIFIC GAS & ELEC CO.				1FE	175,000		99,9400	175,000	175,000					1.707	1.731	FMAN	274		11/27/2017	11/28/2018
713448-DK-1	PEPSICO INC.				1FE	125,000		100,4170	125,000	125,000					1.606	1.540	JAJO	496	1,700	10/03/2016	10/04/2019
69353R-FD-5	PNC BK N A PITTSBURGH PA.				1FE	250,000		100,3300	250,000	250,000					1.796	1.796	FMAN	511	2,064	05/16/2017	05/19/2020
74274T-AA-8	PRIVATE EXPT FDG CORP.				1FE	69,990		99,8660	70,000	69,990		0			2.100	2.107	JD	49		12/14/2017	12/19/2019
747525-AQ-6	QUALCOMM INC.				1FE	150,000		100,0430	150,000	150,000					1.886	1.881	FMAN	330	1,267	05/19/2017	05/20/2020
832696-AQ-1	SMUCKER J M CO.				2FE	149,883		99,8580	150,000	149,887		4			2.200	2.240	JD	220		12/04/2017	12/06/2019
86787E-AS-6	SUNTRUST BK ATL SR MD TM.			2	2FE	50,000		100,5490	50,000	50,000					1.910	1.885	JAJO	164	644	01/25/2017	01/31/2020
38148L-AB-2	THE GOLDMAN SACHS GROUP INC.			2	2FE	252,770		101,5410	250,000	253,157		311			2.523	1.997	JAJO	122	5,706	04/21/2015	02/23/2020
89236T-CX-1	TOYOTA MOTOR CRED.				1FE	124,970		99,8500	124,813	124,996		15			1.200	1.212	AO	354	1,500	04/05/2016	04/06/2018
89236T-DV-4	TOYOTA MOTOR CREDIT CORP.				1FE	75,000		100,1960	75,000	75,000					1.613	1.615	JAJO	255	569	04/11/2017	04/17/2020
91324P-DB-5	UNITEDHEALTH GROUP INC.				1FE	150,000		99,8810	150,000	150,000					1.419	1.440	JAJO	402		10/18/2017	10/15/2020
928668-AL-6	VOLKSWAGEN GROUP AMER FIN LLC.				2FE	300,000		100,0180	300,000	300,000					1.916	1.355	FMAN	639	4,818	05/19/2015	05/22/2018
94988J-5A-1	WELLS FARGO BANK NATL ASSN.				1FE	250,085		99,9800	250,000	250,003		(46)			1.650	1.631	JJ	1,822	4,125	03/16/2016	01/22/2018
01626P-AK-2	ALIMENTATION COUCHE 2.350%		A		2FE	149,982		99,9940	150,000	149,983		1			2.350	2.356	JD	166		12/07/2017	12/13/2019
06367T-PY-0	BANK OF MONTREAL		A		1FE	175,000		100,7230	175,000	175,000					2.149	2.041	MJSD	209	3,110	12/07/2016	12/12/2019
064159-GN-0	BANK OF NOVA SCOTIA		A		1FE	200,533		100,1190	200,000	200,386		(121)			2.006	1.593	MJSD	234	3,285	12/02/2016	06/11/2018
78012K-KA-4	ROYAL BK CDA		A		1FE	150,000		100,4830	150,000	150,000					2.236	1.836	MJSD	204	2,811	12/03/2015	12/10/2018
78013G-KP-9	ROYAL BK OF CDA BD CDS.		A		1FE	100,000		99,8940	100,000	100,000					1.611	1.635	JAJO	300		10/18/2017	10/26/2020
89114Q-B2-3	TORONTO DOMINION BANK		A		1FE	300,000		100,0370	300,000	300,000					1.863	1.120	MJSD	1,383	4,435	03/09/2015	03/13/2018
23636A-A6-6	DANSKE BK AS 144A		D		1FE	200,000		100,5740	200,000	200,000					2.088	1.933	MJSD	302	3,502	08/31/2016	09/06/2019
3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						12,922,780	XXX	12,936,740	12,915,000	12,921,019	(963)	(887)	0	0	XXX	XXX	XXX	41,454	153,940	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
50180L-AC-4	LB UBS COMM.				1FM	105,655		100,1700	99,810	99,640		3,605			6.324	4.839	MON	280	6,203	01/01/2017	04/15/2041
3499999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						105,655	XXX	99,810	99,640	109,523	0	3,605	0	0	XXX	XXX	XXX	280	6,203	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																					
02007H-AB-7	ALLY AUTO.				1FE	32,898		99,8810	32,862	32,899		1			1.490	1.496	MON	164	349	03/21/2017	11/15/2019
02007D-AB-6	ALLY AUTO RECV TR 2015-2				1FE	58,715		99,9000	58,476	58,700		24			1.490	1.071	MON	39	901	09/23/2016	11/15/2019
02007E-AB-4	ALLY AUTO RECV TR 2017-3				1FE	149,992		99,8550	149,783	149,995		3			1.530	1.533	MON	98	1,281	05/16/2017	03/16/2020
02005A-FR-4	ALLY MSTR OWNR TR 2017-1				1FE	150,000		100,2240	150,000	150,000					1.877	1.897	MON	122	1,862	02/15/2017	02/16/2021
02582J-HN-3	AMER EXPRESS CREDIT 2017-8				1FE	140,000		100,0460	140,000	140,000					1.597	1.615	MON	104	245	10/23/2017	05/16/2022
03065F-AB-8	AMERICREDIT AUTO RECV				1FE	9,883		99,8390	9,868	9,883		0			1.510	1.515	MON	5	124	02/13/2017	05/18/2020
03065H-AB-4	AMERICREDIT AUTO RECV 2017-3				1FE	34,997		99,8610	34,951	35,000		1			1.690	1.695	MON	20	200	08/08/2017	12/18/2020
03065K-AD-3	AMERICREDIT AUTO RECV 2015-1				1FE	4,224		99,9860	4,237	4,080		(148)			1.260	5.554	MON	3	59	12/08/2015	11/08/2019
03065D-AB-3	AMERICREDIT AUTO RECV 2016-3				1FE	20,772		99,9570	20,764	20,773		(1)			1.370	1.381	MON	18	300	08/02/2016	11/08/2019
03065T-AB-8	AMERICREDIT AUTO RECV 2016-4				1FE	31,628		99,8570	31,628	31,628		0			1.340	1.340	MON	27	436	10/05/2016	04/08/2020
03065G-AB-6	AMERICREDIT AUTO RECV 2017-2				1FE	39,701		99,8470	39,642	39,702		0			1.650	1.652	MON	24	388	05/09/2017	09/18/2020
03066F-AC-5	AMERICREDIT AUTO RECV 2017-4				1FE	94,996		99,8680	94,875	94,996		0			1.830	1.833	MON	61	159	11/07/2017	05/18/2021
05522R-CQ-9	BA CREDIT CARD TR 2014-1A				1FE	250,000		100,2790	250,000	250,000					1.857	1.877	MON	188	3,597	02/05/2014	06/15/2021
06742L-AN-3	BARCLAYS DRYROCK TR 2017				1FE	100,000		100,2790	100,000	100,000					1.807	1.829	MON	294	858	05/16/2017	03/15/2023
05581Q-AE-8	BMW VEH LEASE TR 2015-2				1FE	100,031		99,9520	100,000	100,013		(18)			1.550	1.550	MON	44	1,163	03/27/2017	02/20/2019
055857-AB-6	BMW VEH LEASE TR 2017-1				1FE	43,135		99,9070	43,099	43,137		2			1.640	1.647	MON	22	527	03/15/2017	07/22/2019
05584P-AB-3	BMW VEN LEASE TR 2017-2				1FE	34,997		99,7900	35,000	34,997		0			1.800	1.800	MON	19	96	10/17/2017	02/20/2020
139738-AE-8	CAPITAL AUTO RECV ABN				1FE	100,406		100,0310	100,031	100,216		(190)			1.970	1.755	MON	58	1,642	02/22/2017	01/21/2020
13975K-AC-3	CAPITAL AUTO RECV ABN 2015-1				1FE	25,114		99,9760	25,000	25,006		84			1.610	0.756	MON	12	413	06/21/2016	06/20/2019
13974M-AC-0	CAPITAL AUTO RECV ABN 2016-2																				

ANNUAL STATEMENT FOR THE YEAR 2017 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
14041N-EU-1	CAPITAL ONE CC TR 2015-1A			1FE	150,656		99,9420	149,913	150,000			(216)		1.390	1.224	MON	90	2,085	09/23/2016	01/15/2021
14314E-AB-7	CARMAX AUTO OWNER TR 2016-3			1FE	41,747		99,8810	41,701	41,750			(1)		1.170	1.180	MON	22	510	07/14/2016	08/15/2019
143120-AB-2	CARMAX AUTO OWNER TR 2016-4			1FE	35,618		99,7900	35,545	35,620			0		1.210	1.215	MON	19	442	10/19/2016	11/15/2019
143120-AC-0	CARMAX AUTO OWNER TR 2016-4			1FE	148,963		98,9920	148,488	150,000			171		1.400	1.739	MON	89	875	07/25/2017	08/16/2021
14314J-AB-6	CARMAX AUTO OWNER TR 2017-1			1FE	90,873		99,8680	90,753	90,873			(4)		1.540	1.544	MON	62	1,246	01/25/2017	02/18/2020
14314W-AJ-0	CARMAX AUTO OWNER TR 2017-3			1FE	60,000		100,0650	60,039	60,000			0		1.657	1.673	MON	46	335	07/18/2017	09/15/2020
161571-GT-5	CHASE ISSUANCE TRUST 2015-2A			1FE	151,066		99,9810	149,972	150,000			(420)		1.590	1.279	MON	102	2,385	09/23/2016	02/18/2020
17119Y-AD-9	CHRYSLER CAP AUTO RECV 2014-B			1FE	34,974		99,9900	34,898	34,901			19		1.760	1.488	MON	26	534	02/14/2017	12/16/2019
18978C-AB-9	CNH EQUIPMENT TR 2017-C			1FE	129,989		99,8490	129,804	130,000			1		1.840	1.845	MON	104	159	11/14/2017	03/15/2021
31680G-AD-8	FIFTH THIRD AUTO TR 2015-1			1FE	77,598		99,8040	77,199	77,351			(7)		1.420	1.172	MON	49	1,115	09/27/2016	03/16/2020
33844K-AA-4	FLAGSHIP CR AUTO TR 2017-3			1FE	85,252		99,7330	85,077	85,305			(1)		1.880	1.915	MON	71	267	11/10/2017	07/15/2020
34530R-AA-6	FORD CR AUTO OWN TR 2015-REV1			1FE	150,521		99,7960	149,694	150,000			(15)		2.120	2.024	MON	137	530	10/30/2017	07/15/2026
34531G-AB-7	FORD CREDIT AUTO LEASE			1FE	47,636		99,8640	47,574	47,637			1		1.560	1.565	MON	33	531	03/21/2017	11/15/2019
345300-AD-2	FORD CREDIT AUTO OWN 2015-A			1FE	70,556		99,8970	70,462	70,534			5		1.280	1.250	MON	40	935	11/04/2015	09/15/2019
345280-EJ-9	FORD CREDIT FLRPLN TR 2015-4			1FE	275,000		100,2690	275,740	275,000			0		2.077	2.098	MON	261	4,570	08/12/2015	08/15/2020
345280-EZ-3	FORD CREDIT FLRPLN 2016-4			1FE	85,000		100,1770	85,150	85,000			0		2.007	2.027	MON	78	1,352	07/19/2016	07/15/2020
38013G-AC-3	GM FINL AUTO LEASE TR 2015-2			1	14,563		99,9810	14,522	14,525			(6)		1.680	1.255	MON	7	247	12/13/2016	12/20/2018
36251L-AD-5	GM FINL AUTO LEASE TR 2015-2			1FE	149,924		99,8600	149,790	149,956			32		1.620	1.620	MON	71	1,620	05/10/2017	09/20/2019
36254A-AB-0	GM FINL CON AUTO REC 2017-1			1	31,021		99,8490	30,976	31,023			1		1.510	1.513	MON	19	321	04/03/2017	03/16/2020
361886-AX-2	GMF FLRPLN OWNER TR 2017-2			1FE	145,000		100,3510	145,509	145,000			0		1.907	1.930	MON	126	767	08/15/2017	07/15/2022
361886-AC-8	GMF FLRPLN OWNER TR 2015-1			1FE	170,000		100,1290	170,219	170,000			0		1.977	1.970	MON	255	2,653	05/13/2015	05/15/2020
41284A-AD-0	HARLEY-DAVIDSON MTR TR 2014-1			1FE	3,344		99,9720	3,353	3,354			(22)		1.100	2.199	MON	2	40	11/24/2015	09/16/2019
41284B-AD-8	HARLEY-DAVIDSON MTR TR 2015-1			1FE	66,572		99,8370	66,169	66,277			36		1.410	1.080	MON	42	954	06/24/2016	06/15/2020
43814J-AD-6	HONDA AUTO RECV 2014-4			1FE	150,803		99,9650	149,948	150,000			(276)		1.460	1.249	MON	94	2,190	09/23/2016	10/15/2020
44891B-AB-1	HYUNDAI AUTO LEASE 2016-B			1FE	17,462		99,9630	17,456	17,462			(3,377)		1.240	52.094	MON	10	221	05/17/2016	11/15/2018
44890U-AD-6	HYUNDAI AUTO RECV TR 2014-B			1FE	83,534		99,9420	83,102	83,151			(52)		1.460	1.109	MON	54	1,232	09/23/2016	11/15/2019
58768M-AB-7	MERC-BENZ AUTO LEASE 2016-B			1FE	9,851		99,9110	9,842	9,851			0		1.150	1.154	MON	5	116	10/18/2016	01/15/2019
58769D-AB-6	MERC-BENZ AUTO LEASE 2017-A			1FE	136,124		99,8380	135,903	136,124			0		1.530	1.530	MON	84	1,325	04/19/2017	08/15/2019
58768U-AD-5	MERC-BENZ MST OWNER 2015-B			1FE	200,000		100,0840	200,168	200,000			0		0.560	0.560	MON	48	2,878	04/14/2015	04/15/2020
55316A-AB-6	MMAF EQUIPMENT 1.930%			1FE	149,990		99,8260	149,739	150,000			1		1.930	1.935	MON	125	185	11/14/2017	10/15/2020
654780-AD-0	NISSAN AUTO LEASE TR 2016-A			1FE	129,981		99,8910	129,858	130,000			9		1.490	1.501	MON	81	1,627	05/10/2017	03/15/2019
65478V-AB-3	NISSAN AUTO RECV 2016-B			1FE	15,996		99,9600	15,991	15,997			0		1.050	1.061	MON	7	175	04/18/2016	04/15/2019
68267C-AA-6	ONEMAIN DIRECT AUTO 2017			1FE	124,985		99,9250	124,906	125,000			0		2.310	2.316	MON	160		12/06/2017	12/14/2021
74113Y-AB-0	PRESTIGE AUTO			1FE	75,000		99,9200	74,940	75,000			0		1.800	1.800	MON	58	420	08/16/2017	11/16/2020
74113F-AC-9	PRESTIGE AUTO RECV TR 2016-1			1FE	8,574		100,0000	8,547	8,547			86		1.780	0.128	MON	7	161	06/29/2016	08/15/2019
80284T-AD-7	SANTANDER DRIVE AUTO 2017-1			1FE	16,523		99,9010	16,507	16,523			2		1.490	1.484	MON	11	197	02/23/2017	02/18/2020
96042B-AC-7	WESTLAKE AUTO RECV TR 2016-2			1FE	37,047		99,9610	37,021	37,036			6		1.570	1.506	MON	26	433	05/18/2017	06/17/2019
96042E-AB-3	WESTLAKE AUTO RECV TR 2017-1			1FE	45,177		99,9320	45,150	45,180			1		1.780	1.784	MON	36	603	03/09/2017	04/15/2020
981464-ET-3	WORLD FIN NETWORK CCMT 2015-A			1FE	300,000		100,0800	300,240	300,000			0		1.957	1.980	MON	271	4,621	04/14/2015	02/15/2022
98161F-AB-1	WORLD OMNI AUTO LEASE 2016-A			1FE	61,551		99,7970	61,427	61,552			0		1.200	1.202	MON	252	763	07/12/2016	02/15/2019
98162K-AB-9	WORLD OMNI AUTO LEASE 2017-A			1FE	41,711		99,7680	41,711	41,712			1		1.680	1.686	MON	99	528	03/07/2017	12/16/2019
981600-AE-2	WORLD OMNI AUTO TR 2014-B			1FE	150,070		99,8050	149,708	150,000			(18)		1.680	1.655	MON	105	1,260	06/27/2017	12/15/2020
98161T-AB-1	WORLD OMNI AUTO TR 2017-B			1FE	129,986		99,7170	129,632	130,000			3		1.610	1.616	MON	88	773	07/25/2017	02/16/2021
136452-AB-5	CANADIAN PACER AUTO 2017		A	1FE	60,000		99,8440	59,906	60,000			0		1.772	1.772	MON	34	204	10/04/2017	12/19/2019
300220-AA-1	EVERGREEN CC TR 2016-1		A	1FE	105,349		100,1860	105,195	105,000			(110)		2.197	2.073	MON	105	1,873	08/17/2016	04/15/2020
81379J-AB-7	SEC TERM AUTO RECV TR 2017		A	1FE	21,535		99,8660	21,535	21,564			0		1.510	1.510	MON	5	291	02/08/2017	04/25/2019
81376N-AB-1	SECURITIZED TERM 1.775%		A	1FE	40,000		99,7880	39,915	40,000			0		1.775	1.775	MON	8	160	09/27/2017	01/27/2020
89621A-AA-7	TRILLIUM CC TR II 2016-1		A	1FE	145,000		100,2520	145,365	145,000			0		2.272	2.293	MON	51	2,624	06/08/2016	05/26/2021
3599999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities					5,935,171	XXX	5,928,970	5,931,141	5,930,119	0	(4,390)	0	XXX	XXX	XXX	4,910	64,538	XXX	XXX
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)					18,963,607	XXX	18,965,519	18,945,782	18,960,661	(963)	(1,672)	0	XXX	XXX	XXX	46,644	224,681	XXX	XXX
7799999	- Bonds - Total Bonds - Subtotals - Issuer Obligations					45,045,538	XXX	45,163,011	45,275,000	45,196,938	(963)	33,524	0	XXX	XXX	XXX	156,243	636,300	XXX	XXX
7899999	- Bonds - Total Bonds - Subtotals - Residential Mortgage-Backed Securities					9,486,756	XXX	9,595,616	9,125,514	9,448,071	0	(6,169)	0	XXX	XXX	XXX	29,932	366,271	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

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

1 CUSIP Identification	2 Description	3 Codes			6 NAIC Designation	7 Actual Cost	8 Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	12 Change in Book / Adjusted Carrying Value				16 Interest					21 Dates	
		4 F o r e i g n Code	5 Bond CHAR				9 Fair Value	13 Unrealized Valuation Increase/ (Decrease)			14 Current Year's (Amortization)/ Accretion	15 Total Foreign Exchange Change In B./A.C.V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date		
7999999	Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed Securities					370,655	XXX	365,224	364,640	374,523	0	3,605	0	0	XXX	XXX	XXX	357	7,226	XXX	XXX
8099999	Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities					5,935,171	XXX	5,928,970	5,931,141	5,930,119	0	(4,390)	0	0	XXX	XXX	XXX	4,910	64,538	XXX	XXX
8399999	Subtotals - Total Bonds					60,840,123	XXX	61,052,820	60,696,296	60,949,651	(963)	24,569	0	0	XXX	XXX	XXX	191,441	1,074,338	XXX	XXX

E10.4

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number Of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value					20 NAIC Designation	21 Date Acquired		
		3 Code	4 Foreign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization) Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change In B./A.C.V. (15+16-17)	19 Total Foreign Exchange Change In B./A.C.V.				
NONE																						
8999999 Total Preferred Stocks								0	XXX	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 2 - SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book / Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired	
		3 Code	4 Foreign			7 Rate per Share Used To Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13-14)	16 Total Foreign Exchange Change in B./A.C.V.			
16044Z-US-3	FHLB Capital Stock	RF		556,000	55,600	100.000	55,600	55,600	278	0				0			L	10/01/2017
9099999	Industrial and Miscellaneous (Unaffiliated)				55,600	XXX	55,600	55,600	278	0	0	0	0	0	0	0	XXX	XXX
9799999	Total Common Stocks				55,600	XXX	55,600	55,600	278	0	0	0	0	0	0	0	XXX	XXX
9899999	Total Preferred and Common Stocks				55,600	XXX	55,600	55,600	278	0	0	0	0	0	0	0	XXX	XXX

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(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____

ANNUAL STATEMENT FOR THE YEAR 2017 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-L8-1	UNITED STATES TREAS NTS		09/21/2017	HSBC SECURITIES, INC	XXX	497,569	500,000	1,913
912828-P8-7	UNITED STATES TREAS NTS		09/30/2017	HSBC SECURITIES, INC	XXX	296,382	300,000	
0599999 - Bonds - U.S. Governments						793,941	800,000	1,913
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)								
442331-2U-7	HOUSTON TEX		12/20/2017	BARCLAYS CAPITAL FIXD INC	XXX	45,000	45,000	
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)						45,000	45,000	0
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
3130A9-AE-1	FEDERAL HOME LOAN BANKS		03/31/2017	NOMURA SECURITIES INTERNATIONA	XXX	795,808	800,000	39
3130AB-F9-2	FEDERAL HOME LOAN BANKS		06/29/2017	VARIOUS	XXX	999,323	1,000,000	1,547
313376-BR-5	FEDERAL HOME LOAN BANKS		08/28/2017	BNY CAPITAL MARKETS INC	XXX	251,268	250,000	899
313379-EE-5	FEDERAL HOME LOAN BANKS		08/21/2017	MORGAN STANLEY & CO., INC	XXX	401,785	400,000	1,228
3135G0-J5-3	FEDERAL NATL MTG ASSN		08/21/2017	WELLS FARGO SECURITIES, LLC	XXX	547,481	550,000	2,689
3137FB-UW-4	FHLMC REMIC SERIES K-P04		11/15/2017	MORGAN STANLEY & CO., INC	XXX	200,000	200,000	
30258E-AA-3	FMPRE MULTI RSK TR 2017-KT01		01/31/2017	BARCLAYS CAPITAL FIXD INC	XXX	65,000	65,000	
358266-BV-5	FRESNO CNTY CALIF PENSION OBLI		01/24/2017	RAYMOND, JAMES & ASSOC	XXX	61,530	60,000	1,258
45203H-WL-2	ILLINOIS FIN AUTH REV		01/31/2017	GOLDMAN, SACHS & CO	XXX	62,342	60,000	924
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						3,384,537	3,385,000	8,584
Bonds - Industrial and Miscellaneous (Unaffiliated)								
00084D-AP-5	ABN AMRO BK NV MTN SR SB 144A	D	01/11/2017	MORGAN STANLEY & CO., INC	XXX	200,000	200,000	
865622-CF-9	SUMITOMO MITSUI BANKING	D	01/05/2017	PERSHING LLC	XXX	250,000	250,000	
902674-XJ-4	UBS AG LONDON BRH	D	11/27/2017	UBS SECURITIES LLC	XXX	200,000	200,000	
02007H-AB-7	ALLY AUTO		03/21/2017	MLPFS INC/FIXED INCOME	XXX	39,996	40,000	
02007E-AB-4	ALLY AUTO RECV TR 2017-3		05/16/2017	BARCLAYS CAPITAL FIXD INC	XXX	149,992	150,000	
02005A-FR-4	ALLY MSTR OWNR TR 2017-1		02/15/2017	J.P. MORGAN SECURITIES LLC	XXX	150,000	150,000	
02582J-HN-3	AMERICAN EXPRESS CREDIT 2017-8		10/23/2017	BARCLAYS CAPITAL FIXD INC	XXX	140,000	140,000	
03065F-AB-8	AMERICREDIT AUTO RECV		02/13/2017	J.P. MORGAN SECURITIES LLC	XXX	14,999	15,000	
03065H-AB-4	AMERICREDIT AUTO RECV 2017-3		08/08/2017	WELLS FARGO SECURITIES, LLC	XXX	34,997	35,000	
03065G-AB-6	AMERICREDIT AUTO RECV 2017-2		05/09/2017	RBC CAPITAL MARKETS CORP	XXX	44,999	45,000	
03066F-AC-5	AMERICREDIT AUTO RECV 2017-4		11/07/2017	BARCLAYS CAPITAL FIXD INC	XXX	94,996	95,000	
031162-CL-2	AMGEN INC		05/08/2017	MLPFS INC/FIXED INCOME	XXX	150,000	150,000	
037833-CE-8	APPLE INC		02/02/2017	GOLDMAN, SACHS & CO	XXX	99,924	100,000	
037833-CT-5	APPLE INC		05/04/2017	GOLDMAN, SACHS & CO	XXX	100,000	100,000	
06051G-GU-7	BANK AMER CORP		09/13/2017	MLPFS INC/FIXED INCOME	XXX	150,000	150,000	
06742L-AN-3	BARCLAYS DRYROCK TR 2017		05/16/2017	BARCLAYS CAPITAL FIXD INC	XXX	100,000	100,000	
07330N-AP-0	BB&T CO GLOBAL BK MTN		01/23/2017	MORGAN STANLEY & CO., INC	XXX	250,000	250,000	
05581Q-AE-8	BMW VEH LEASE TR 2015-2		03/27/2017	GOLDMAN, SACHS & CO	XXX	100,031	100,000	43
055657-AB-6	BMW VEH LEASE TR 2017-1		03/15/2017	BARCLAYS CAPITAL FIXD INC	XXX	49,995	50,000	
05584P-AB-3	BMW VEN LEASE TR 2017-2		10/17/2017	RBC CAPITAL MARKETS CORP	XXX	34,997	35,000	
139738-AE-8	CAPITAL AUTO RECV ABN		02/22/2017	BARCLAYS CAPITAL FIXD INC	XXX	100,406	100,000	38
14149Y-BL-1	CARDINAL HEALTH INC		06/01/2017	GOLDMAN, SACHS & CO	XXX	150,000	150,000	
143120-AC-0	CARMAX AUTO OWNER TR 2016-4		07/25/2017	GOLDMAN, SACHS & CO	XXX	148,963	150,000	76
14314J-AB-6	CARMAX AUTO OWNER TR 2017-1		01/25/2017	BARCLAYS CAPITAL FIXD INC	XXX	135,000	135,000	
14314W-AJ-0	CARMAX AUTO OWNER TR 2017-3		07/18/2017	MLPFS INC/FIXED INCOME	XXX	60,000	60,000	
149130-2D-0	CATERPILLAR FINL SVCS MTNS BE		11/27/2017	MLPFS INC/FIXED INCOME	XXX	125,000	125,000	
166764-BS-8	CHEVRON CORP NEW		02/28/2017	BARCLAYS CAPITAL FIXD INC	XXX	150,000	150,000	
17119Y-AD-9	CHRYSLER CAP AUTO RECV 2014-B		02/14/2017	J.P. MORGAN SECURITIES LLC	XXX	95,197	95,000	9
17325F-AA-6	CITIBANK NA N Y		03/13/2017	CITIGROUP GLOBAL MARKETS INC	XXX	249,795	250,000	
17401Q-AH-4	CITIZENS BANK N A		02/27/2017	MORGAN STANLEY & CO., INC	XXX	250,000	250,000	
18978C-AB-9	CNH EQUIPMENT TR 2017-C		11/14/2017	BARCLAYS CAPITAL FIXD INC	XXX	129,989	130,000	
24422E-TM-1	DEERE JOHN CAP CORP MTNS BE		01/03/2017	MLPFS INC/FIXED INCOME	XXX	99,935	100,000	
24422E-TR-0	DEERE JOHN CAP CORP MTNS BE		06/19/2017	DEUTSCHE BANK SECURITIES, INC	XXX	75,000	75,000	
263534-CM-9	DU PONT E I DE NEMOURS & CO		04/27/2017	CREDIT SUISSE SECURITIES (USA)	XXX	100,000	100,000	
26444H-AD-3	DUKE ENERGY FLA LLC		12/07/2017	CITIGROUP GLOBAL MARKETS INC	XXX	150,000	150,000	
23355L-AE-6	DXC TECHNOLOGY CO		08/14/2017	MLPFS INC/FIXED INCOME	XXX	100,000	100,000	
316770-BL-2	FIFTH THIRD BK C IN OHIO MTN BE		10/25/2017	MORGAN STANLEY & CO., INC	XXX	200,000	200,000	
33844K-AA-4	FLAGSHIP CR AUTO TR 2017-3		11/10/2017	GOLDMAN, SACHS & CO	XXX	93,396	93,454	142
34530R-AA-6	FORD CR AUTO OWNR TR 2015-REV1		10/30/2017	Toronto Dominion Securities	XXX	150,521	150,000	141
34531G-AB-7	FORD CREDIT AUTO LEASE		03/21/2017	CITIGROUP GLOBAL MARKETS INC	XXX	54,996	55,000	
345397-YR-8	FORD MOTOR CREDIT CO LLC		10/30/2017	GOLDMAN, SACHS & CO	XXX	200,000	200,000	
37045V-AM-2	GENERAL MTRS CO		08/02/2017	DEUTSCHE BANK SECURITIES, INC	XXX	150,000	150,000	

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ANNUAL STATEMENT FOR THE YEAR 2017 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
375558-BR-3	GILEAD SCIENCES INC.		09/14/2017	MLPFS INC/FIXED INCOME	XXX	64,977	65,000	
36251L-AD-5	GM FINL AUTO LEASE TR 2016-2		05/10/2017	VARIOUS	XXX	149,924	150,000	169
36254A-AB-0	GM FINL CON AUTO REC TR 2017-1		04/03/2017	J.P. MORGAN SECURITIES LLC	XXX	34,998	35,000	
361886-AX-2	GMF FLRPLN OWNER TR 2017-2		08/15/2017	BARCLAYS CAPITAL FIXD INC	XXX	145,000	145,000	
42824C-AZ-2	HEWLETT PACKARD ENTERPRISE CO		09/11/2017	J.P. MORGAN SECURITIES LLC	XXX	149,991	150,000	
437076-BR-2	HOME DEPOT INC		05/24/2017	J.P. MORGAN SECURITIES LLC	XXX	150,000	150,000	
446438-RR-6	HUNTINGTON NATL BANK		10/10/2017	BARCLAYS CAPITAL FIXD INC	XXX	251,083	250,000	2,383
50077L-AP-1	KRAFT HEINZ FOODS CO		08/07/2017	BARCLAYS CAPITAL FIXD INC	XXX	75,000	75,000	
50180L-AC-4	LB UBS COMM		01/01/2017	MLPFS INC/FIXED INCOME	XXX	40,797	39,100	116
55279H-AE-0	MANUFACTURER AND TRADERS		11/03/2017	CLEARVIEW CORRESPONDENT SVCS	XXX	251,085	250,000	1,549
58769D-AB-6	MERC-BENZ AUTO LEASE TR 2017-A		04/19/2017	J.P. MORGAN SECURITIES LLC	XXX	145,000	145,000	
55316A-AB-6	MMAF EQUIPMENT 1.930% 10/15/		11/14/2017	J.P. MORGAN SECURITIES LLC	XXX	149,990	150,000	
61746B-EH-5	MORGAN STANLEY		02/14/2017	MORGAN STANLEY & CO., INC.	XXX	175,000	175,000	
65478D-AD-0	NISSAN AUTO LEASE TR 2016-A		05/10/2017	DEUTSCHE	XXX	49,984	50,000	
65474D-BC-2	NISSAN MTR ACOEP CORP		09/25/2017	J.P. MORGAN SECURITIES LLC	XXX	100,000	100,000	
68267C-AA-6	ONEMAIN DIRECT AUTO RCV 2017-2		12/06/2017	RBC CAPITAL MARKETS CORP	XXX	124,985	125,000	
694308-HT-7	PACIFIC GAS & ELEC CO		11/27/2017	BARCLAYS CAPITAL FIXD INC	XXX	175,000	175,000	
69353R-FD-5	PNC BK N A PITTSBURGH PA		05/16/2017	J.P. MORGAN SECURITIES LLC	XXX	250,000	250,000	
74113Y-AB-0	PRESTIGE AUTO		08/16/2017	J.P. MORGAN SECURITIES LLC	XXX	75,000	75,000	
74274T-AA-8	PRIVATE EXPT FDG CORP		12/14/2017	MLPFS INC/FIXED INCOME	XXX	69,990	70,000	
747525-AQ-6	QUALCOMM INC		05/19/2017	GOLDMAN, SACHS & CO	XXX	150,000	150,000	
80284T-AD-7	SANTANDER DRIVE AUTO 2017-1		02/23/2017	CITIGROUP GLOBAL MARKETS INC	XXX	29,999	30,000	
832696-AQ-1	SMUCKER J M CO		12/04/2017	MLPFS INC/FIXED INCOME	XXX	149,883	150,000	
86787E-AS-6	SUNTRUST BK ATL SR MD TM BK NT		01/25/2017	BNV/ITC-DEALERS CLEARANCE	XXX	50,000	50,000	
89236T-DV-4	TOYOTA MOTOR CREDIT CORP		04/11/2017	MLPFS INC/FIXED INCOME	XXX	75,000	75,000	
91324P-DB-5	UNITEDHEALTH GROUP INC		10/18/2017	US BANCORP INVESTMENTS INC	XXX	150,000	150,000	
96042E-AB-7	WESTLAKE AUTO REC TR 2016-2		05/18/2017	WELLS FARGO SECURITIES, LLC	XXX	80,822	80,784	28
96042E-AB-3	WESTLAKE AUTO REC TR 2017-1		03/09/2017	EMO CAPITAL MARKETS	XXX	59,996	60,000	
98162K-AB-9	WORLD OMNI AUTO LEASE 2017-A		03/07/2017	MLPFS INC/FIXED INCOME	XXX	49,996	50,000	
981600-AE-2	WORLD OMNI AUTO TR 2014-B		06/27/2017	GOLDMAN, SACHS & CO	XXX	150,070	150,000	105
98161T-AB-1	WORLD OMNI AUTO TR 2017-B		07/25/2017	BARCLAYS CAPITAL FIXD INC	XXX	129,986	130,000	
01626P-AK-2	ALIMENTATION COUCHE 2.350% 12/13/	A	12/07/2017	HSBC SECURITIES, INC	XXX	149,982	150,000	
136452-AB-5	CANADIAN PACER AUTO REC 2017-1	A	10/04/2017	EMO CAPITAL MARKETS	XXX	60,000	60,000	
78013G-KP-9	ROYAL BK OF CDA BD CDS	A	10/18/2017	RBC CAPITAL MARKETS CORP	XXX	100,000	100,000	
81379J-AB-7	SEC TERM AUTO REC TR 2017	A	02/08/2017	BARCLAYS CAPITAL FIXD INC	XXX	40,000	40,000	
81376N-AB-1	SECURITIZED TERM 1.775% 1/27/	A	09/27/2017	BARCLAYS CAPITAL FIXD INC	XXX	40,000	40,000	
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated)					9,416,661	9,413,339	4,800
8399997	- Bonds - Subtotals - Bonds - Part 3					13,640,139	13,643,339	15,296
8399998	- Bonds - Summary item from Part 5 for Bonds					2,766,232	2,800,000	0
8399999	- Bonds - Subtotals - Bonds					16,406,371	16,443,339	15,296
Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
16044Z-US-3	FHBL Capital Stock		10/01/2017	FHBL of Pittsburgh	556,000	55,600	XXX	
9099999	- Common Stocks - Industrial and Miscellaneous (Unaffiliated)					55,600	XXX	0
9799997	- Common Stocks - Subtotals - Common Stocks - Part 3					55,600	XXX	0
9799999	- Common Stocks - Subtotals - Common Stocks					55,600	XXX	0
9899999	- Common Stocks - Subtotals - Preferred and Common Stocks					55,600	XXX	0
9999999	Totals					16,461,971	XXX	15,296

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ANNUAL STATEMENT FOR THE YEAR 2017 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																				
36241L-D8-9	GNMA PASS-THRU X PLATINUM		12/20/2017	PRINCIPAL RECEIPT		35,089	35,089	37,362	37,326		(2,237)		(2,237)		35,089			.0	1,001	11/15/2039
36202E-4J-5	GNMA PT SINGLE FAMILY		12/15/2017	PRINCIPAL RECEIPT		45,525	45,525	48,086	47,751		(2,226)		(2,226)		45,525			.0	1,248	04/20/2039
36202F-B6-2	GNMA PT SINGLE FAMILY		12/20/2017	PRINCIPAL RECEIPT		89,868	89,868	96,173	95,555		(5,687)		(5,687)		89,868			.0	2,488	10/20/2039
912828-P8-7	UNITED STATES TREAS NTS		09/30/2017	J.P. MORGAN SECURITIES LLC		3,062,614	3,100,000	3,048,355	3,054,731		7,883		7,883		3,062,614			.0	37,125	02/28/2021
912828-TB-6	UNITED STATES TREAS NTS		06/30/2017	MATURITY		4,000,000	4,000,000	4,028,594	4,002,909		(2,909)		(2,909)		4,000,000			.0	30,000	06/30/2017
912828-WL-0	UNITED STATES TREAS NTS		09/26/2017	J.P. MORGAN SECURITIES LLC		9,538,022	9,525,000	9,417,472	9,471,483		16,054		16,054		9,487,537		50,485	50,485	117,501	05/31/2019
912828-XJ-4	UNITED STATES TREAS NTS		06/30/2017	MATURITY		150,000	150,000	149,883	149,970		30		30		150,000			.0	938	06/30/2017
0599999 - Bonds - U.S. Governments						16,921,119	16,945,482	16,823,924	16,859,725	0	10,909	0	10,909	0	16,870,634	0	50,485	50,485	190,301	XXX
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		08/01/2017	MATURITY		80,000	80,000	81,414	80,622		(622)		(622)		80,000			.0	2,160	08/01/2017
31384U-TN-7	F N M A #A3256		12/15/2017	PRINCIPAL RECEIPT		415,182	415,182	427,248	426,172		(10,990)		(10,990)		415,182			.0	6,243	10/01/2041
3133EG-MC-6	FEDERAL FARM CR BKS		02/22/2017	NOMURA SEC INT		449,747	450,000	449,584	449,715		50		50		449,766			.0	1,039	10/18/2017
3137EA-DN-6	FEDERAL HOME LN MTG CORP		12/11/2017	VARIOUS		674,623	675,000	673,877	674,379		500		500		674,939		(19)	(19)	7,083	01/12/2016
3128MC-KF-1	FHLMC PC GOLD COMB 15		12/01/2017	PRINCIPAL RECEIPT		65,125	65,125	67,588	66,611		(1,486)		(1,486)		65,125			.0	1,457	11/01/2024
3128PO-RC-7	FHLMC PC GOLD 15 YR		12/15/2017	PRINCIPAL RECEIPT		92,282	92,282	93,970	93,528		(1,246)		(1,246)		92,282			.0	1,713	12/01/2024
312936-ZD-2	FHLMC PC GOLD COMB 30		12/15/2017	PRINCIPAL RECEIPT		68,047	68,047	68,547	68,497		(449)		(449)		68,047			.0	2,518	11/01/2039
312938-LJ-0	FHLMC PC GOLD COMB 30		12/15/2017	PRINCIPAL RECEIPT		436,478	436,478	451,857	449,995		(13,517)		(13,517)		436,478			.0	12,288	12/01/2039
31418A-Y4-4	FINMA PASS-THRU INT 20 YEAR		12/15/2017	PRINCIPAL RECEIPT		467,836	467,836	499,122	497,149		(29,313)		(29,313)		467,836			.0	8,942	10/01/2033
358266-BV-5	FRESNO CNTY CALIF PENSION OBLI		08/15/2017	Cal's		30,000	30,000	30,765	30,765		(60)		(60)		30,705		(705)	(705)	1,397	08/15/2018
456561-AO-1	INDUSTRY CALIF PUB FACS		01/01/2017	MATURITY		275,000	275,000	275,000	275,000		0		0		275,000			.0	2,426	01/01/2017
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						3,054,321	3,054,951	3,118,972	3,081,668	0	(57,072)	0	(57,072)	0	3,055,361	0	(1,039)	(1,039)	47,265	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
80283L-AC-7	ABBEY NATL TREAS SVCS PLC		03/13/2017	MATURITY		200,000	200,000	200,000	200,000		0		0		200,000			.0	733	03/13/2017
055300-AJ-9	B.A.T. INT FIN PLC		10/25/2017	MIZUHO SECURITIES USA INC		275,547	275,000	275,000	275,000		0		0		275,000		547	547	3,987	06/15/2018
70659F-AF-8	PENARTH MASTER		04/18/2017	VARIOUS		240,000	240,000	240,000	240,000		0		0		240,000			.0	740	03/18/2019
02007H-AB-7	ALLY AUTO		12/15/2017	PRINCIPAL RECEIPT		7,099	7,099	7,098	7,098		1		1		7,099			.0	71	11/15/2019
02007D-AA-8	ALLY AUTO RECV TR 2015-2		03/15/2017	PRINCIPAL RECEIPT		41,399	41,399	41,398	41,398		1		1		41,399			.0	58	03/15/2018
02007D-AB-6	ALLY AUTO RECV TR 2015-2		12/15/2017	PRINCIPAL RECEIPT		91,524	91,524	91,900	91,838		(314)		(314)		91,524			.0	808	11/15/2019
02005A-DJ-9	ALLY NSTR OWN TR 2014-1		01/17/2017	PRINCIPAL RECEIPT		240,000	240,000	240,638	240,174		(174)		(174)		240,000			.0	258	01/15/2019
02005A-EJ-3	ALLY NSTR OWN TR 2014-4		06/15/2017	PRINCIPAL RECEIPT		290,000	290,000	290,000	290,000		0		0		290,000			.0	1,840	06/17/2019
02005A-EQ-7	ALLY NSTR OWN TR 2014-5		10/15/2017	PRINCIPAL RECEIPT		300,000	300,000	300,000	300,000		0		0		300,000			.0	3,784	10/15/2019
02005A-ER-5	ALLY NSTR OWN TR 2014-5		10/15/2017	PRINCIPAL RECEIPT		150,000	150,000	150,527	150,437		(437)		(437)		150,000			.0	2,000	10/15/2019
025821-GU-8	AMERICAN EXPRESS CREDIT 2014-3		09/15/2017	PRINCIPAL RECEIPT		150,000	150,000	150,668	150,568		(568)		(568)		150,000			.0	1,676	04/15/2020
025821-GY-0	AMERICAN EXPRESS CREDIT 2014-5		10/15/2017	PRINCIPAL RECEIPT		250,000	250,000	249,932	250,010		(10)		(10)		250,000			.0	2,729	05/15/2020
03065F-AB-8	AMERICREDIT AUTO RECV		12/18/2017	PRINCIPAL RECEIPT		5,116	5,116	5,116	5,116		0		0		5,116			.0	51	05/18/2020
03065K-AD-3	AMERICREDIT AUTO RECV 2015-1		12/08/2017	PRINCIPAL RECEIPT		163,421	163,421	162,895	163,014		408		408		163,421			.0	1,046	11/08/2019
03065M-AB-3	AMERICREDIT AUTO RECV 2015-4		08/08/2017	PRINCIPAL RECEIPT		92,173	92,173	92,167	92,167		6		6		92,173			.0	410	04/08/2019
03065V-AB-3	AMERICREDIT AUTO RECV 2016-1		10/10/2017	PRINCIPAL RECEIPT		42,234	42,234	42,234	42,234		0		0		42,234			.0	276	06/10/2019
03065D-AB-3	AMERICREDIT AUTO RECV 2016-3		12/08/2017	PRINCIPAL RECEIPT		79,227	79,227	79,222	79,223		4		4		79,227			.0	633	11/08/2019
03065T-AB-8	AMERICREDIT AUTO RECV 2016-4		12/08/2017	PRINCIPAL RECEIPT		43,370	43,370	43,367	43,368		2		2		43,370			.0	379	04/08/2020
03065E-AB-6	AMERICREDIT AUTO RECV 2017-2		12/18/2017	PRINCIPAL RECEIPT		5,297	5,297	5,297	5,297		0		0		5,297			.0	47	09/18/2020
05522R-CR-7	BA CREDIT CARD TR 2014-2A		04/17/2017	PRINCIPAL RECEIPT		250,000	250,000	250,000	250,000		0		0		250,000			.0	905	09/16/2019
055657-AB-6	BMW VEH LEASE TR 2017-1		12/20/2017	PRINCIPAL RECEIPT		6,860	6,860	6,860	6,860		1		1		6,860			.0	79	07/22/2019
126802-CU-9	CABELAS CC MSTR TR 2014-1		04/15/2017	PRINCIPAL RECEIPT		80,000	80,000	80,000	80,000		0		0		80,000			.0	219	03/16/2020
13975K-AC-3	CAPITAL AUTO RECV ABN 2015-1		12/20/2017	PRINCIPAL RECEIPT		124,994	124,994	125,531	125,363		(369)		(369)		124,994			.0	1,368	06/20/2019
13974M-AC-0	CAPITAL AUTO RECV ABN 2016-2		12/20/2017	PRINCIPAL RECEIPT		3,464	3,464	3,464	3,464		0		0		3,464			.0	51	06/22/2020
14041M-DX-6	CAPITAL ONE CC TR 2007-7A		09/15/2017	PRINCIPAL RECEIPT		150,000	150,000	156,738	155,820		(5,820)		(5,820)		150,000			.0	6,469	07/15/2020
14041M-ET-4	CAPITAL ONE CC TR 2014-5A		09/15/2017	PRINCIPAL RECEIPT		150,000	150,000	150,645	150,554		(554)		(554)		150,000			.0	1,665	07/15/2020
14313X-AB-6	CARMAX AUTO OWNER TR 2015-4		09/15/2017	PRINCIPAL RECEIPT		117,716	117,716	117,706	117,715		0		0		117,716			.0	500	04/15/2019
14314E-AB-7	CARMAX AUTO OWNER TR 2016-3		12/15/2017	PRINCIPAL RECEIPT		108,250	108,250	108,241	108,243		6		6		108,250			.0	750	08/15/2019
14312D-AB-2	CARMAX AUTO OWNER TR 2016-4		12/15/2017	PRINCIPAL RECEIPT		39,380	39,380	39,378	39,378		2		2		39,380			.0	337	11/15/2019
14314J-AB-6	CARMAX AUTO OWNER TR 2017-1		12/15/2017	PRINCIPAL RECEIPT		44,127	44,127	44,127	44,127		0		0		44,127			.0	476	02/18/2020
17119Y-AD-9	CHRYSLER CAP AUTO RECV 2014-B		12/15/2017	PRINCIPAL RECEIPT		60,099	60,099	60,223	60,223		(124)		(124)		60,099			.0	646	12/16/2019
17305E-DY-8	CITIBANK CCIT 2007-AB		09/20/2017	PRINCIPAL RECEIPT		150,000	150,000	156,703	155,644		(5,644)		(5,644)		150,000			.0	8,475	09/20/2019
172967-HX-2	CITIGROUP INC		08/14/2017	MATURITY		200,000	200,000	200,000	200,000		0		0		200,000			.0	2,320	08/14/2017
22549V-WV-1	CREDIT SUISSE GROUP AG NY INST		11/14/2017	MATURITY		150,000	150,000	150,000	150,000		0		0		1					

ANNUAL STATEMENT FOR THE YEAR 2017 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	
345300-AD-1	FORD CREDIT AUTO OWN TR 2013-C		PRINCIPAL RECEIPT		147,466	147,466	147,927	147,757		(291)		(291)		147,466			.0	.494	10/15/2018	
345300-AD-2	FORD CREDIT AUTO OWN TR 2015-A		PRINCIPAL RECEIPT		194,969	194,969	195,030	195,004		(35)		(35)		194,969			.0	1,247	09/15/2019	
345301-AB-9	FORD CREDIT AUTO OWN TR 2015-C		PRINCIPAL RECEIPT		52,210	52,210	52,210	52,210		.1		.1		52,210			.0	.129	08/15/2018	
345280-DF-8	FORD CREDIT FLRPLN TR A 2014-1		PRINCIPAL RECEIPT		210,000	210,000	210,000	210,000						210,000			.0	.410	02/15/2019	
345397-XD-0	FORD MOTOR CREDIT CO 1.461% 3/27/17		MATURITY		250,000	250,000	250,000	250,000						250,000			.0	1,826	03/27/2017	
36159J-DH-1	GE CAP CMNT 2012-6		PRINCIPAL RECEIPT		109,000	109,000	109,234	109,202		(202)		(202)		109,000			.0	.988	08/17/2020	
369626-7H-1	GENERAL ELEC CAP CORP MTN BE		Call's		200,000	200,000	200,000	200,000						200,000			.0	1,024	05/15/2017	
36967F-AB-7	GENERAL ELECTRIC CAPITAL CORP		MATURITY		275,000	275,000	275,000	275,000						275,000			.0	.795	01/09/2017	
38013P-AC-3	GM FINL AUTO LEASE TR 2015-1		PRINCIPAL RECEIPT		150,000	150,000	150,545	150,411		(411)		(411)		150,000			.0	1,370	09/20/2018	
38013G-AC-3	GM FINL AUTO LEASE TR 2015-2		PRINCIPAL RECEIPT		35,475	35,475	35,568	35,564		(89)		(89)		35,475			.0	.447	12/20/2018	
36254A-AB-0	GM FINL CON AUTO REC TR 2017-1		PRINCIPAL RECEIPT		3,977	3,977	3,977							3,977			.0	.36	03/16/2020	
380881-CD-2	GOLDEN CREDIT CARD		VARIOUS		215,000	215,000	215,000	215,000						215,000			.0	.632	03/15/2019	
41284A-AD-0	HARLEY-DAVIDSON MTR TR 2014-1		PRINCIPAL RECEIPT		110,814	110,814	110,468	110,531		283		283		110,814			.0	.616	09/16/2019	
41284B-AB-2	HARLEY-DAVIDSON MTR TR 2015-1		PRINCIPAL RECEIPT		15,085	15,085	15,084							15,085			.0	.18	01/15/2019	
41284B-AD-8	HARLEY-DAVIDSON MTR TR 2015-1		PRINCIPAL RECEIPT		83,723	83,723	84,096	84,005		(281)		(281)		83,723			.0	.722	06/15/2020	
437076-BJ-0	HOME DEPOT INC		MATURITY		225,000	225,000	225,000	225,000						225,000			.0	2,542	09/15/2017	
438146-AD-2	HONDA AUTO RECV 2014-2		PRINCIPAL RECEIPT		150,000	150,000	150,229	150,195		(195)		(195)		150,000			.0	1,285	05/18/2020	
446438-RJ-4	HUNTINGTON NATL BANK		MATURITY		250,000	250,000	250,000	250,000						250,000			.0	1,753	04/24/2017	
44891B-AB-1	HYUNDAI AUTO LEASE TR 2016-B		PRINCIPAL RECEIPT		106,363	106,363	106,359	106,361		.2		.2		106,363			.0	.786	11/15/2018	
44890L-AD-6	HYUNDAI AUTO REC TR		PRINCIPAL RECEIPT		97,435	97,435	97,536	97,536		(101)		(101)		97,435			.0	.207	02/15/2019	
44890U-AD-6	HYUNDAI AUTO RECV TR 2014-B		PRINCIPAL RECEIPT		66,849	66,849	67,157	67,106		(257)		(257)		66,849			.0	.865	11/15/2019	
44918L-AB-8	HYUNDAI AUTO RECV TR 2015-C		PRINCIPAL RECEIPT		65,366	65,366	65,364							65,366			.0	.253	11/15/2018	
50180L-AC-4	LB UBS COMM		VARIOUS		115,186	113,489	120,841	103,258		(4,666)		(4,666)		116,542		(1,355)	(1,355)	3,453	04/15/2041	
58768L-AD-5	MERC-BENZ AUTO LEASE TR 2015-A		PRINCIPAL RECEIPT		7,113	7,113	7,112	7,111		.2		.2		7,113			.0	.7	08/15/2017	
58768M-AB-7	MERC-BENZ AUTO LEASE TR 2016-B		PRINCIPAL RECEIPT		15,149	15,149	15,149	15,149						15,149			.0	.126	01/15/2019	
58769D-AB-6	MERC-BENZ AUTO LEASE TR 2017-A		PRINCIPAL RECEIPT		8,876	8,876	8,876							8,876			.0	.86	08/15/2019	
587729-AD-6	MERC-BENZ AUTO RECV TR 2014-1		PRINCIPAL RECEIPT		150,000	150,000	150,375	150,326		(326)		(326)		150,000			.0	1,927	11/16/2020	
58769A-AD-8	MERCEDES BENZ		PRINCIPAL RECEIPT		190,000	190,000	189,993	189,997		.3		.3		190,000			.0	1,797	07/16/2018	
64952M-BX-0	NEW YORK LIFE GBL FDG MTN		GOLDMAN SACHS & CO		250,092	250,000	250,000	250,000						250,000		92	92	2,389	12/15/2017	
65478T-AD-4	NISSAN AUTO LEASE TR 2015-B		PRINCIPAL RECEIPT		235,000	235,000	235,000	235,000						235,000			.0	2,286	04/16/2018	
65478A-AB-9	NISSAN AUTO RECV 2015-C		PRINCIPAL RECEIPT		95,361	95,361	95,353	95,356		.5		.5		95,361			.0	.362	11/15/2018	
65478V-AB-3	NISSAN AUTO RECV 2016-B		PRINCIPAL RECEIPT		64,003	64,003	63,998	64,000		.3		.3		64,003			.0	.353	04/15/2019	
694308-HO-3	PACIFIC GAS		MATURITY		100,000	100,000	100,000	100,000						100,000			.0	1,313	11/30/2017	
717081-DP-5	PFIZER INC		MATURITY		250,000	250,000	250,000	250,000						250,000			.0	1,409	05/15/2017	
74113F-AC-9	PRESTIGE AUTO RECV TR 2016-1		PRINCIPAL RECEIPT		90,671	90,671	90,954	90,971		(300)		(300)		90,671			.0	.859	08/15/2019	
74256L-AT-6	PRINCIPAL LIFE GLOBAL FDG		MATURITY		275,000	275,000	275,000	275,000						275,000			.0	4,535	12/01/2017	
802840-AB-7	SANTANDER DRIVE AUTO 2015-5		PRINCIPAL RECEIPT		28,756	28,756	28,755	28,753		.3		.3		28,756			.0	.38	12/17/2018	
80284T-AD-7	SANTANDER DRIVE AUTO 2017-1		PRINCIPAL RECEIPT		13,477	13,477	13,477							13,477			.0	.126	02/18/2020	
806851-AA-9	SCHLUMBERGER HLDGS CORP		MATURITY		275,000	275,000	274,909	274,956		.44		.44		275,000			.0	5,225	12/21/2017	
86787E-AO-0	SUNTRUST BK ATL SR MD TM BK NT		MATURITY		250,000	250,000	250,000	250,000						250,000			.0	.860	02/15/2017	
89231U-AB-3	TOYOTA AUTO RECV OWN TR 2016-B		PRINCIPAL RECEIPT		150,000	150,000	149,997	149,999		.2		.2		150,000			.0	.788	10/15/2018	
90331H-MJ-9	US BK NATL ASSN MINNEAPOLISMTN		Call's		250,000	250,000	250,000	250,000						250,000			.0	2,158	09/11/2017	
92343V-CD-4	VERIZON COMMUNICATIONS INC		MATURITY		150,000	150,000	150,000	150,000						150,000			.0	1,084	06/09/2017	
92867P-AD-5	VOLKSWAGEN AUTO ENH 2013-2		PRINCIPAL RECEIPT		95,000	95,000	94,799	94,843		.158		.158		95,000			.0	.506	03/20/2020	
96042C-AC-5	WESTLAKE AUTO RECV TR 2015-2		PRINCIPAL RECEIPT		24,342	24,342	24,342	24,342						24,342			.0	.58	07/16/2018	
96042B-AC-7	WESTLAKE AUTO RECV TR 2016-2		PRINCIPAL RECEIPT		98,748	98,748	98,772	43,682		(24)		(24)		98,748			.0	.617	06/17/2019	
96042E-AB-3	WESTLAKE AUTO RECV TR 2017-1		PRINCIPAL RECEIPT		14,820	14,820	14,819			.1		.1		14,820			.0	.176	04/15/2020	
929360-AC-2	WFRBS COML MTG TR 2012-06		PRINCIPAL RECEIPT		38,319	38,319	38,522	39,152		(834)		(834)		38,319			.0	.283	04/17/2045	
981464-FD-7	WORLD FIN NETWORK COMT 2015-C		PRINCIPAL RECEIPT		245,000	245,000	244,971	245,000						245,000			.0	1,286	03/15/2021	
98161D-AE-0	WORLD OMNI AUTO LEASE 2014-A		PRINCIPAL RECEIPT		100,000	100,000	100,203	100,146		(146)		(146)		100,000			.0	.396	01/15/2020	
98161F-AB-1	WORLD OMNI AUTO LEASE 2016-A		PRINCIPAL RECEIPT		88,448	88,448	88,445			.2		.2		88,448			.0	.582	02/15/2019	
98162K-AB-9	WORLD OMNI AUTO LEASE 2017-A		PRINCIPAL RECEIPT		8,285	8,285	8,285			.1		.1		8,285			.0	.86	12/16/2019	
98160V-AB-1	WORLD OMNI AUTO TR 2015-B		PRINCIPAL RECEIPT		123,374	123,374	123,363	123,364		.10		.10		123,374			.0	.518	07/15/2019	
78010U-NY-9	ROYAL BK OF CDA BD		MATURITY		150,000	150,000	150,000	150,000						150,000			.0	.459	01/23/2017	
81379J-AB-7	SEC TERM AUTO RECV TR 2017		PRINCIPAL RECEIPT		18,436	18,436	18,436							18,436			.0	.187	04/25/2019	
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)				12,711,645	12,709,309	12,742,955	12,454,604	0	(27,377)	0	(27,377)	0	12,712,362	0	(717)	(717)	119,351	XXX	
8399997	Bonds - Subtotals - Bonds - Part 4				32,687,085	32,709,742	32,685,851	32,395,997	0	(73,540)	0	(73,540)	0	32,638,356	0	48,729	48,729	356,916	XXX	
8399998	Bonds - Summary Item from Part 5 for Bonds				2,749,906	2,800,000	2,766,232		0	0	0	0	0	2,766,232	0	(16,326)	(16,326)	2,262	XXX	
8399999	Bonds - Subtotals - Bonds				35,436,992	35,509,742	35,452,084	32,395,997	0	(73,540)	0	(73,540)	0	35,404,588	0	32,403	32,403	359,179	XXX	
9999999	Totals				35,436,992	XXX	35,452,084	32,395,997	0	(73,540)	0	(73,540								

ANNUAL STATEMENT FOR THE YEAR 2017 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	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21	
											12	13	14	15	16						
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change In B./A. C.V. (12 + 13 - 14)	Total Foreign Exchange Change in B./A. C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends	
Bonds - U.S. Governments																					
912828-P8-7	UNITED STATES TREAS NTS		09/30/2017	HSBC SECURITIES, INC	09/30/2017	DEUTSCHE	2,800,000	2,766,232	2,749,906	2,766,232				0				(16,326)	(16,326)	2,262	
0599999 - Bonds - U.S. Governments							2,800,000	2,766,232	2,749,906	2,766,232	0	0	0	0	0	0	0	(16,326)	(16,326)	2,262	0
8399998 - Bonds - Subtotals - Bonds							2,800,000	2,766,232	2,749,906	2,766,232	0	0	0	0	0	0	0	(16,326)	(16,326)	2,262	0
9999999 Totals								2,766,232	2,749,906	2,766,232	0	0	0	0	0	0	0	(16,326)	(16,326)	2,262	0

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 2017 OF THE AmeriHealth HMO, Inc.

SCHEDULE DA - PART 1

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

1	Codes		4	5	6	7	Change In Book/Adjusted Carrying Value				12	13	Interest					20	
	2	3					8	9	10	11			14	15	16	17	18		19
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	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.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Bonds - U.S. Governments Issuer Obligations																			
U S TREASURY NT 1.000% 2/15/			02/21/2017	GOLDMAN SACHS & CO	02/15/2018	500,056		(93)			500,000	500,449	1,889		1.000	0.908	FA	2,500	97
UNITED STATES TREAS NTS			10/19/2017	BARCLAYS CAPITAL FIXD INC	10/15/2018	497,886		542			500,000	497,344	938		0.875	1.418	AO		60
UNITED STATES TREAS NTS	SD		10/27/2017	CITIGROUP GLOBAL Mkts	06/15/2018	234,866		126			235,000	234,740	348		1.125	1.251	JD	1,322	276
0199999 - Bonds - U.S. Governments - Issuer Obligations						1,232,808	0	275	0	0	1,235,000	1,232,533	3,175	0	XXX	XXX	XXX	3,822	433
0599999 - Bonds - Subtotals - U.S. Governments						1,232,808	0	275	0	0	1,235,000	1,232,533	3,175	0	XXX	XXX	XXX	3,822	433
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																			
ROPER TECHNOLOGIES INC			11/29/2017	GOLDMAN SACHS & CO	10/01/2018	125,073		(9)			125,000	125,081	641		2.050	1.972	AO		427
3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						125,073	0	(9)	0	0	125,000	125,081	641	0	XXX	XXX	XXX	0	427
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)						125,073	0	(9)	0	0	125,000	125,081	641	0	XXX	XXX	XXX	0	427
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						1,357,881	0	267	0	0	1,360,000	1,357,614	3,815	0	XXX	XXX	XXX	3,822	860
8399999 - Bonds - Total Bonds - Subtotals - Bonds						1,357,881	0	267	0	0	1,360,000	1,357,614	3,815	0	XXX	XXX	XXX	3,822	860
9199999 Totals						1,357,881	0	267	0	0	XXX	1,357,614	3,815	0	XXX	XXX	XXX	3,822	860

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 2017 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	B	Multiple Purposes	102,256	102,256		
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	34,914,852	35,036,836		
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	380,670	380,028		
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	35,397,778	35,519,120	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

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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
 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>Michael Walsh Sullivan #</u>	<u>President & C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Daniel Joseph Hilferty</u>	<u>Brian Lobley</u>
<u>Micheal Walsh Sullivan</u>			

State of Pennsylvania

ss

County of Philadelphia

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.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

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

Subscribed and sworn to before me this
23rd day of February, 2018

- 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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	3,757,760	(1,507,078)	1	1,699,311	3,757,761	3,731,456
2. Claim overpayment receivables	1,530,040	(248,843)	741,332	248,765	2,271,372	2,800,483
3. Loans and advances to providers	2,373,636			595,675	2,373,636	2,373,636
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	7,661,436	(1,755,921)	741,333	2,543,751	8,402,769	8,905,575

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 2017 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	673,991	0.4	30,624	100.0		673,991
2. Intermediaries	0	0.0		0.0		
3. All other providers	1,685,761	0.9	30,624	100.0		1,685,761
4. Total capitation payments	2,359,752	1.3	61,248	200.0	0	2,359,752
Other Payments:						
5. Fee-for-service	14,984,274	8.3	XXX	XXX		14,984,274
6. Contractual fee payments	162,096,494	89.5	XXX	XXX		162,096,494
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,747,651	1.0	XXX	XXX		1,747,651
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	178,828,419	98.7	XXX	XXX	0	178,828,419
13. Total (Line 4 plus Line 12)	181,188,171	100 %	XXX	XXX	0	181,188,171

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	1,171,984		685,083	486,901	486,901	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,171,984	0	685,083	486,901	486,901	0



ANNUAL STATEMENT FOR THE YEAR 2017 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 2017

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	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(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 2017 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 2017						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	56,593	14,453	23,156					18,984			
2. First Quarter	35,870	14,277	21,593								
3. Second Quarter	33,702	13,391	20,311								
4. Third Quarter	31,778	12,684	19,094								
5. Current Year	28,964	11,995	16,969								
6. Current Year Member Months	396,377	156,400	239,977								
Total Member Ambulatory Encounters for Year:											
7. Physician	452,354	170,999	281,355								
8. Non-Physician	61,107	26,060	35,047								
9. Total	513,461	197,059	316,402	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	17,869	6,883	10,986								
11. Number of Inpatient Admissions	3,044	1,123	1,921								
12. Health Premiums Written (b)	194,872,833	71,822,903	122,107,553		183,988	407,753		350,636			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	194,872,833	71,822,903	122,107,553		183,988	407,753		350,636			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	170,570,992	59,696,099	95,805,518		81,445	137,861		14,850,069			
18. Amount Incurred for Provision of Health Care Services	149,298,419	59,696,223	94,355,303		81,445	137,861		(4,972,413)			

(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 \$ 350,636

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ANNUAL STATEMENT FOR THE YEAR 2017 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 2017						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	2,259		2,259								
2. First Quarter	1,979		1,979								
3. Second Quarter	1,959		1,959								
4. Third Quarter	1,765		1,765								
5. Current Year	1,660		1,660								
6. Current Year Member Months	22,161		22,161								
Total Member Ambulatory Encounters for Year:											
7. Physician	25,117		25,117								
8. Non-Physician	4,193		4,193								
9. Total	29,310	0	29,310	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	573		573								
11. Number of Inpatient Admissions	131		131								
12. Health Premiums Written (b)	12,143,969		12,123,056		17,481	3,432					
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	12,143,969		12,123,056		17,481	3,432					
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	10,617,177	(16,670)	10,611,103		22,368	376					
18. Amount Incurred for Provision of Health Care Services	11,433,263		11,410,519		22,368	376					

(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 2017 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 2017							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	58,852	14,453	25,415	0	0	0	0	18,984	0	0		
2. First Quarter	37,849	14,277	23,572	0	0	0	0	0	0	0		
3. Second Quarter	35,661	13,391	22,270	0	0	0	0	0	0	0		
4. Third Quarter	33,543	12,684	20,859	0	0	0	0	0	0	0		
5. Current Year	30,624	11,995	18,629	0	0	0	0	0	0	0		
6. Current Year Member Months	418,538	156,400	262,138	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	477,471	170,999	306,472	0	0	0	0	0	0	0		
8. Non-Physician	65,300	26,060	39,240	0	0	0	0	0	0	0		
9. Total	542,771	197,059	345,712	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	18,442	6,883	11,559	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	3,175	1,123	2,052	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	207,016,802	71,822,903	134,230,609	0	201,469	411,185	0	350,636	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	207,016,802	71,822,903	134,230,609	0	201,469	411,185	0	350,636	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	181,188,169	59,679,429	106,416,621	0	103,813	138,237	0	14,850,069	0	0		
18. Amount Incurred for Provision of Health Care Services	160,731,682	59,696,223	105,765,822	0	103,813	138,237	0	(4,972,413)	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 \$ 350,636

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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 2017 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	1,469,388						
60061	22-3338404	07/01/2014	AMERHEALTH INS CO OF NJ	NJ	.OTH/G/A	CMM	192,628,624						
60061	22-3338404	07/01/2014	AMERHEALTH INS CO OF NJ	NJ	.OTH/G/A	MR	350,636						
93688	23-2184623	01/01/2017	QCC INS CO	PA	.OTH/G/A	D	424,185						
0299999 - General Account - Authorized - Affiliates - U.S. - Other							194,872,833	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							194,872,833	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							194,872,833	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
95253	52-1542269	01/01/2015	UNITED CONCORDIA DENTAL PLANS	MD	.OTH/G/A	D	1,510						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,510	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							1,510	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							194,874,343	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							194,874,343	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)							194,874,343	0	0	0	0	0	0
9999999 Totals							194,874,343	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 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	194,524	225,021	222,671	164,011	515
2. Title XVIII-Medicare.....	351	205,907	198,076	106,718	19
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	37,147	77,749	79,683	42,060	0
5. Total hospital and medical expenses.....	149,298	370,772	394,224	244,004	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	23,389	47,541	59,896	0	0
8. Reinsurance recoverable on paid losses.....	10,757	31,044	117,412	122,246	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	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).....	65,077,715		65,077,715
2. Accident and health premiums due and unpaid (Line 15).....	19,585,433		19,585,433
3. Amounts recoverable from reinsurers (Line 16.1).....	10,756,656	(10,756,656)	0
4. Net credit for ceded reinsurance.....	XXX	981,633	981,633
5. All other admitted assets (Balance).....	10,184,845	(3,219,026)	6,965,819
6. Total assets (Line 28)	105,604,649	(12,994,049)	92,610,600
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,559,174	23,389,444	24,948,618
8. Accrued medical incentive pool and bonus payments (Line 2).....	40,556	660,715	701,271
9. Premiums received in advance (Line 8).....	3,186,935		3,186,935
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	24,358,311	(24,358,311)	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).....	55,320,519	(12,685,897)	42,634,622
15. Total liabilities (Line 24).....	84,465,495	(12,994,049)	71,471,446
16. Total capital and surplus (Line 33).....	21,139,154	XXX	21,139,154
17. Total liabilities, capital and surplus (Line 34)	105,604,649	(12,994,049)	92,610,600
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	23,389,444		
19. Accrued medical incentive pool.....	660,715		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	10,756,656		
22. Other ceded reinsurance recoverables.....	3,219,026		
23. Total ceded reinsurance recoverables.....	38,025,841		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	24,358,311		
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.....	12,685,897		
30. Total ceded reinsurance payables/offsets.....	37,044,208		
31. Total net credit for ceded reinsurance.....	981,633		

ANNUAL STATEMENT FOR THE YEAR 2017 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 2017 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	25.2	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	JA	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	JA	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	JA	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. (93.7%) / OCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	PR	NIA		Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	93688	23-2184623				OCC Insurance Company	PA	JA	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 2017 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	JA	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	JA	Independence Blue Cross, LLC. Keystone Health Plan East, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	82-3774494				KHPE SubCo, Inc	PA	NIA	Independence Hospital Indemnity Plan, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	54704	23-0370270				Independence Hospital Indemnity Plan, Inc	PA	JA	Independence Blue Cross, LLC. Independence Hospital Indemnity Plan, Inc	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	JA	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	JA	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
		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	92.4	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	92.4	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	JA	AmeriHealth New Jersey, LLC	Ownership	92.4	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	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc	N	0
		00000	82-3756593				AHI SubCo 1, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	0

ANNUAL STATEMENT FOR THE YEAR 2017 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	82-3770369				AHI SubCo 2, Inc.	PA	NIA	AHI SubCo 1, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	45-3672640				IBC MH LLC	DE	NIA	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	N	0
		96660	23-2408039				Vista Health Plan, Inc.	PA	JA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	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	JA	AMHP Holdings Corp.	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	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0	
00936	Independence Health Group, Inc.	15104	46-0906893			AmeriHealth Michigan, Inc.	MI	JA	AMHP Holdings Corp.	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	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0	

ANNUAL STATEMENT FOR THE YEAR 2017 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.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	JA	AMHP Holdings Corp.	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	JA	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
00936	Independence Health Group, Inc.	14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	JA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Nebraska	N	0

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

Asterisk	Explanation
1	Certificate of Authority issued Dec. 28, 2017; pursuing Medicaid Certification.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

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.					(29,789,925)	755,688			(29,034,237)	402,517
00000	47-1233198	Independence Health Group, Inc.					97,037,315				97,037,315	
00000	46-3867722	Independence Blue Cross, LLC	25,500,000	(25,000,000)			788,359,838			39,950,000	828,809,838	
93688	23-2184623	OCC Insurance Company	(40,000,000)				(414,160,212)			(10,000,000)	(464,160,212)	
00000	23-2425461	AmeriHealth, Inc.	196,000,000	(9,050,010)			(47,611,424)			40,500,000	179,838,566	
95056	23-2405376	Keystone Health Plan East, Inc.	(90,000,000)				(353,943,998)			(57,950,000)	(501,893,998)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(59,310,239)	(10,520,659)			(69,830,898)	
95044	23-2314460	AmeriHealth HMO, Inc.					(15,912,397)	10,520,659		(12,500,000)	(17,891,738)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(22,712)				(22,712)	
00000	23-2521508	AmeriHealth Administrators, Inc.		25,000,000			38,359,226				63,359,226	
00000	23-2795357	AmeriHealth Services, Inc.	(2,500,000)				(915,000)				(3,415,000)	
00000	25-1686685	CompServices, Inc.					(59,338)				(59,338)	
00000	25-1765486	CSI Services, Inc.	(1,000,000)				47,000				(953,000)	
96660	23-2408039	Vista Health Plan, Inc.					(1,734,834)				(1,734,834)	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(527,663)				(527,663)	
00000	30-0703311	BMH LLC	(351,984)								(351,984)	
00000	13-3155962	Self Funded Benefits, Inc.					70,000				70,000	
00000	61-1741302	AmeriHealth New Jersey, LLC					94,905				94,905	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(755,688)			(755,688)	(402,517)
00000	46-5339475	Tandigm Health, LLC		4,050,000							4,050,000	
00000	46-3893959	AmeriHealth New Jersey Holdings, LLC					19,458				19,458	
16053	81-3078234	Independence Assurance Company		5,000,010							5,000,010	
00000	46-3878323	AH Casualty Holdings, LLC	(88,000,000)								(88,000,000)	
00000	45-3672640	IBC MH LLC	351,984								351,984	
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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
14. 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.....
15. 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.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17. 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.....
18. 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.....
19. 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	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. 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	
24. 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. The Company did not file for approval
- 18. The Company did not file for approval
- 19. The Company did not file for approval
- 20.
- 21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. The Company falls below the materiality threshold

Bar code:

11. 
9 5 0 4 4 2 0 1 7 3 6 0 5 9 0 0 0

12. 
9 5 0 4 4 2 0 1 7 2 0 5 0 0 0 0 0

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

14. 
9 5 0 4 4 2 0 1 7 3 7 1 0 0 0 0 0

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

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

20. 
9 5 0 4 4 2 0 1 7 3 0 6 0 0 0 0 0

21. 
9 5 0 4 4 2 0 1 7 2 1 1 5 9 0 0 0

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The AmeriHealth HMO, Inc. Insurance Company
 Address (City, State and Zip Code) Philadelphia, PA 19103-1480
 NAIC Group Code 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460

Barcode : Statement of Actuarial Opinion

Doc # 440 Placement : Statement of Actuarial Opinion

CompanyName : Amerihealth HMO Inc



AmeriHealth HMO, Inc.
Statement of Actuarial Opinion for the year ending December 31, 2017

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, 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, 2017.

A. Claims Unpaid (Page 3, Line 1, Column 3)	\$ 1,559,174
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2, Column 3)	\$ 40,556
C. Unpaid claims adjustment expenses (Page 3, Line 3, Column 3)	\$ 17,759
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)	\$ 15,734,036
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)	\$ 1,699,316
2. Part D Reconciliation (Page 2, Line 15.1 in part, Column 1)	\$ 68,721
3. Reinsurance Recoverable on Paid Losses (Page 2, Line 16.1 in part, Column 3)	\$ 786,868
4. Risk Adjustment Receivables (Page 2, Line 15.3, Column 3)	\$ 1,419,869
5. Risk Corridor Receivables (Page 2, Line 25 in part, Column 3)	\$ 32,833

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

2/23/18

Date Opinion was Rendered



SUPPLEMENT FOR THE YEAR 2017 OF THE AmeriHealth HMO, Inc.

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1) PART 1 - INTERROGATORIES

RECEIVED 2018 APR -4 A 11: 00

- 1. Is the reporting insurer a member of a group of insurers or other holding company system? 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 [X] No [] or 2) allocation to each insurer: Yes [] No [X].
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 [X]
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 [X] No []

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

Table with 10 columns: Name and Principal Position, Year, Salary, Bonus, Stock Awards, Option Awards, Sign-on Payments, Severance Payments, All Other Compensation, Totals. Rows include Michael W. Sullivan, Daniel J. Hillferty, Russell P. Heird, Gregory E. Deavens, Alan Krugstein, Paul A. Tufano, Anthony V. Coletta, and Yvette D. Bright.

PART 3 - DIRECTOR COMPENSATION

Table with 7 columns: Name and Principal Position or Occupation and Company (if Outside Director), Paid or Deferred for Services as Director (Direct Compensation, Stock Awards, Option Awards, Other), All Other Compensation Paid or Deferred, Totals.

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, Michael W. Sullivan's total compensation in 2017 is \$ 1,070,706. (2) There are no employees whose compensation exceeds \$100,000. (3) Current year bonus payments are for previous year's performance.