

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

			(Na	ame)				
NAIC Group Code	0936 , , (F	0936 I Prior Period)	NAIC Compa	any Code	60061	Employer's	ID Number	22-3338404
Organized under the Laws	of	New Jersey		, State of	f Domicile (or Port of Entry	N	ew Jersey
Country of Domicile				United S	states	-		
Licensed as business type:	Life, Accident & He Dental Service Cor Other []	• •	Vision Se	Casualty [] rvice Corporat , Federally Qua	ion []	Health Maintena		vice or Indemnity [] on []
Incorporated/Organized	04/	/06/1994		Commenced	Business		06/16/199	5
Statutory Home Office	259 Pro:	spect Plains Roa (Street and Numb		И,			NJ, US 08512 State, Country and	
Main Administrative Office			2	259 Prospect P	lains Road	Building M		
					et and Number	r)	400	
	ury, NJ, US 08512-37 wn, State, Country and Zip					609-662-24 (Area Code) (Telepho		
Mail Address	259 Prospect Plair		g M	,		Cranbury, NJ,		
Drimony Location of Decks	,	mber or P.O. Box)		250 D		(City or Town, State,		ode)
Primary Location of Books a	and Records			209 P		ains Road, Buildin and Number)		
	ury, NJ, US 08512-37 wn, State, Country and Zip		,		(0	609-662-2		
Internet Web Site Address		code)		www.amer		i Code) (Telephone Ni m	Imper) (Extension)	
Statutory Statement Contac	t	Frederick E. Fe	lter				-241-4397	
2		(Name)		,		(Area Code) (Tele	phone Number) (Ex	tension)
FI	ed.Felter@ibx.com (E-Mail Address)					215-241-2 (Fax Numbe		
Name		Title	OFFI	CERS	Name			Title
Michael Walsh Sulliv	an	President & C.E	.0.	R	ussell Paul	Heid	Vice Pres	ident & Treasurer
Lilton Roosevelt Taliafer		& Corporate Se				, ,		
				OFFICERS	S			
Stephen Paul Fera		enior Vice Presi			phne Klaus			Vice President
Kenneth Edwin Kobylo Ryan Jeffrey Petrizz		Senior Vice Presiden			ael Anthony			Vice President
Richard Lamar Snyder,	·	ecutive Vice Pres				, , , , , , , , , , , , , , , , , , ,		
		DIREC	CTORS (OR TRUS	TEES			
Gregory Eugene Deav Michael Walsh Sulliv	ens an	Brian Lobley			gina Heffer	man #	Richard La	imar Snyder, M.D.
State of	Pennsylvania							
County of	Philadelphia	SS						
The officers of this reporting er above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ad- may differ; or, (2) that state rul knowledge and belief, respectiv when required, that is an exac regulators in lieu of or in additio	ed assets were the abs ith related exhibits, sch nd affairs of the said re cordance with the NAIC es or regulations require rely. Furthermore, the s t copy (except for forma	solute property of the nedules and explan porting entity as of <i>Annual Statemen</i> e differences in re- prope of this attests atting differences of	he said report nations therein f the reporting t Instructions a porting not rela- ation by the de	ing entity, free an contained, ann period stated ab and Accounting F ated to accountir escribed officers	nd clear from nexed or refe pove, and of <i>Practices</i> and ng practices also include	n any liens or claim erred to, is a full a its income and dec d <i>Procedures</i> manu and procedures, a es the related corre	is thereon, excepted true statement ductions therefro al except to the eccording to the b sponding electro	bt as herein stated, and nt of all the assets and m for the period ended, extent that: (1) state law eest of their information, nic filing with the NAIC,
	Michael Walsh Sullivan President & C.E.O.			Paul Heid ent & Treasure	r		on Roosevelt T P. & Corporate	
Subscribed and sworn to t 25day of					b. lf n 1. S 2. D	his an original fili io: State the amendn Date filed Jumber of pages	nent number	Yes [X] No []
Marla Matteo, Notary Public April 27, 2022	;							

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal		0	0			0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group					1,175,280	
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,780,058	1,438,725	1,284,469	6,467,387	7 ,067 ,389	4,903,250

EXHIBIT 3 - HEALTH CARE RECEIVABLES

				-		
	2	3	4	5 Over 90 Days	6	7
Name of Debtor Pharmaceut ical Rebate Receivables	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
OptumRx						
0199999 - Pharmaceutical Rebate Receivables	10,541,984	·····	0		1,458	10,541,984
Claim Overpayment Receivables	10,341,964		0	1,400	1,430	10,541,964
Amounts not individually listed						0
Amounts not individually listed	3,127,463		0		3,127,463	0
0299999 - Claim Overpayment Receivables Loans and Advances to Providers	5,127,405		0	0	5,127,403	0
Children's Hospital of Philadelpia					I	1,107,290
0399999 - Loans and Advances to Providers	1,107,290		0	0	0	1,107,290
Other Receivables	1,107,230		0	0	0	1,107,230
University of Pennsylvania Health System						
0699999 - Other Receivables	71,555	 ۲	0	Λ	0	71,555
	11,000		, ,	Ů	Ű	71,000
0799999 Gross Health Care Receivables	14,848,292		0	1,458	3,128,921	11,720,829

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

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables				10,543,442	9,758,326	9,561,214
2. Claim overpayment receivables		(1,461,940)	1,116,635	2,010,828	6,741,391	2,463,169
3. Loans and advances to providers				1 , 107 , 290	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables		(71,555)		71,555	0	C
7. Totals (Lines 1 through 6)	15,383,082	11,269,473	1,116,635	13,733,115	16,499,717	12,024,383

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

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

	Aging Analysis of Unpaid	Claims		-	_	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0299999 Aggregate accounts not individually listed-uncovered 0399999 Aggregate accounts not individually listed-covered	9,490,988	1,740	282	47	0	9,493,057
0499999 Subtotals	9,490,988	1,740	282	47	0	9,493,057
0599999 Unreported claims and other claim reserves						124,754,525
0699999 Total amounts withheld						
0799999 Total claims unpaid						134,247,582
0899999 Accrued medical incentive pool and bonus amounts						7,440,776

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Independence Blue Cross, LLC. QCC Insurance Company. Independence Hospital Indemnity Plan. AmeriHealth HMO, Inc.							
QCC Insurance Company							
Independence Hospital Indemnity Plan							
AmeriHealth HMO, Inc							
Keystone Health Plan East, Inc AmeriHealth Administrators, Inc						1 , 102 , 985	
AmeriHealth Administrators, Inc							
0199999 Individually listed receivables		0	0	0	0		0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	20,078,449	0	0	0	0	20,078,449	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Independence Health Group, Inc AmeriHealth, Inc AmeriHealth New Jersey, LLC	Intercompany Settlements Intercompany Settlements Intercompany Settlements			
AmeriHealth, Inc	Intercompany Settlements	13,032,192		
AmeriHealth New Jersey, LLC	Intercompany Settlements			
0100000 ladividually listed psychles				0
0199999 Individually listed payables 0299999 Payables not individually listed				0
020000 Total proce payerbas		13,175,320	13,175,320	0
0399999 Total gross payables		13,173,320	13,173,320	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0				
2. Intermediaries		0.0				
3. All other providers		0.4				
4. Total capitation payments		0.4			0	
Other Payments:						
5. Fee-for-service				XXX		
6. Contractual fee payments						
7. Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments		0.3	XXX	XXX		
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements			xxx	XXX		
11. All other payments			xxx	XXX		
12. Total other payments	826,483,853	99.6	XXX	XXX	0	826,483,853
13. Total (Line 4 plus Line 12)	830,051,635	100 %	XXX	XXX	0	830,051,635

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
			1		
			1		
			.		
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	42,588	258,568	258,568	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Insurance	Company of New Jersey	/				2				
NAIC Group Code 0936 BUSINESS IN THE STATE OF 1	New Jersev			DURING THE YEAR	2019			(LOCATION) IAIC Company Code	60061
	1	Compre	hensive	4	5	6	7	8	9	10
	Total	(Hospital 8 2 Individual	4 Medical) 3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter				6,953						
4. Third Quarter			60,389	6,930						
5. Current Year	164,323	98,227	59,275	6,821						
6 Current Year Member Months	2,068,366	1,250,087	735,281	82,998						
Total Member Ambulatory Encounters for Year:										
7. Physician		1,935,637	1,399,835							
8. Non-Physician	. 366,095	188,073	131,903	46,119						
9. Total	4,030,732	2,123,710	1,531,738	375,284	0	0	0	() 0	0
10. Hospital Patient Days Incurred	70,628	36,888	21,975	11,765						
11. Number of Inpatient Admissions	10,784	5,522	3,963	1,299						
12. Health Premiums Written (b)					1,345,549					
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned					1,345,549	1,684,846				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		431,496,941								
18. Amount Incurred for Provision of Health Care Services	834,017,687	440,444,477	377,702,384	14,349,925	675,967	844,934				

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION <u>AmeriHealth Insurance (</u>	Company of New Jersey	/				2				
NAIC Group Code 0936 BUSINESS IN THE STATE OF C	consolidated			DURING THE YEAR 2	2019			(LOCATION) NA	IC Company Code	60061
	1	Compre		4	5	6	7	8	9	10
	Total	(Hospital & 2 Individual	s Medical) 3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year			65,239		0	0	0	0	0	0
2 First Quarter			63,276		0	0	0	0	0	0
3 Second Quarter				6,953	0	0	0	0	0	0
4. Third Quarter			60,389	6,930	0	0	0	0	0	0
5. Current Year	164,323	98,227	59,275	6,821	0	0	0	0	0	0
6 Current Year Member Months	2,068,366	1,250,087	735,281	82,998	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician			1,399,835		0	0	0	0	0	0
8. Non-Physician	366,095	188,073	131,903	46,119	0	0	0	0	0	0
9. Total	4,030,732	2,123,710	1,531,738	375,284	0	0	0	0	0	0
10. Hospital Patient Days Incurred	70,628	36,888	21,975	11,765	0	0	0	0	0	0
11. Number of Inpatient Admissions	10,784	5,522	3,963	1,299	0	0	0	0	0	0
12. Health Premiums Written (b)		467 , 142 , 780	457 , 022 , 680	17 , 846 , 175	1,345,549	1,684,846	0	0	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		467 , 142 , 780	457 ,022 ,680	17 ,846 , 175 .		1,684,846	0	0	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		431,496,941		14 , 146 , 367			0	0	0	0
18. Amount Incurred for Provision of Health Care Services	834,017,687	440,444,477	377,702,384	14,349,925	675,967	844,934	0	0	0	0

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

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6 Type	7 Type	8	9	10 Reserve Liability	11	12	13
NAIC					Öf	Type Of			Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums		and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -		•										
95044	23-2314460 23-2314460	11/01/1996	AMERIHEALTH HMO INC. AMERIHEALTH HMO INC.	PA	OTH/G	CMM						
95044	23-2314460		AMERIHEALTH HMO INC	PA	QA/I	CMM						
)5044)5044	23-2314460		AMERIHEALTH HMO INC	PA	QA/G	CMM						
95044			AMERIHEALTH HMO INC	PA	QA/I	MR	1, 155, 456					
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC	PA	QA/G	MR	0			(26,265)		
	Total Affiliates	s – U.S. Other	· · · · · · · · · · · · · · · · · · ·				163,365,909	0	0	27,102,419	0	0
0399999 -	Total Affiliates	s - U.S Total					163,365,909	0	0	27,102,419	0	0
0799999 - 1	Affiliates - Tot	al Affiliates					163,365,909	0	0	27,102,419	0	0
	es - U.S. Non-Af						, ,,					
95253			UNITED CONCORDIA DENTAL PLANS	MD.	QA/G	D.						
0899999 -	Total Non-Affili	ates - U.S. Non-	Affiliates				47,348	0	0	28,935	0	0
		ates - Total Non					47,348	0	0		0	0
1100000 -	Total ILS (Sum	of 0399999 and 0	800000)				163,413,257	0			0	0
1133333 -	10121 0.5. (500		1000000				100,410,207	0	0	27,101,004	0	0
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9999999	Totals						163,413,257	0	0	27,131,354	0	0

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

90000 - 1cd, dow and waith - host fill inter - 100 kost f		2 Re	3		nsuring Company as of December 31, Current 5	6	7
Concease Number Effective of Domolation Paid Under Concease 0000 Market Name Concease Name	1						
us car and solut - Affiliant - 33 - 7597	NAIC Company			of			
13880 -Codert af warth - Milliple - US - Other 34.4.63 10880 -Codert af warth - Milliple - US - Other 34.2.3 10880 -Codert af warth - Milliple - US - Other 34.2.3 10880 -Codert af warth - Name 34.2.3 10880 -Codert af warth - Nam	Accident and Hea	alth – Affiliates	- U.S Other				LUSSES
19893 - Cardini and Radini - Millingia - US - Soluti - Millingia - Soluti - Millingia - Soluti - So					PA		0
	1499999 - Acc	ident and Health	- Affiliates - U.S.	- Total		344,423	0
0000 27-000029 0.990,2111 35.85 02004 -65.04 might in baseling in 12.5 might in 12.5						344,423	0
988000 Academia variation 95.80, 111 25.	00000	21-6000928		State of New Jersev	NJ.		
220000 - Kockler, and Hachto - Data / Accident and Hachto - State / Sta	1999999 - Acc	ident and Health	- Non-Affiliates - U	U.S. Non-Affiliates			8,885,865
							8,885,865
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999999 Totals—Life, Annuty and Accident and Health 58,906,54 8,88,8							
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999999 Totals—Life, Annuity and Accident and Health 55, 906, 53 8, 885, 8							
999999 Totas—Life, Annuity and Accident and Health 58, 906, 53 8, 885, 8							
999999 Totals—Life, Annuity and Accident and Health 58,906,534 8,885,8							
999999 Totals—Life, Annuity and Accident and Health 58, 906, 554 8, 885, 8							
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999999 Totals—Life, Annuity and Accident and Health 58,906,534 8,885,8							
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	99999999 To	tals—Life, Annu	ity and Accident ar	nd Health	·	58,906,534	8,885,865

SCHEDULE S - PART 3 - SECTION 2

Rei	insurance Ceded /	Accident and Healt	h Insurance Listed	l by Reinsuring (Company	/ as of Decemb	er 31, Cu	rrent Year	

1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
NAIC	_	-	Name	-	Type of	Type of	-	Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count – Authorize	ed – Affiliates – U	U.S Other										
93688 93688	23-2184623	01/01/2017 01/01/2017	QCC_INS_CO	PA PA	OTH/I OTH/G	D.							
	23-2184023		ffiliates - U.S Other	PA	UIH/G		1,157,485	0					
			ffiliates - U.S Total				1,227,060	0	Ŷ	0	0		0
			ffiliates - Total Authorized Affiliates				1,227,060	0	0	0	0		0
			otal General Account Authorized				1,227,060	0	0	0	0	(0
			Account Authorized, Unauthorized and Certified				1,227,060	0	0	0	0	0	0
			999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	1,227,060	0	0	0	0	C	0
											-		
		·····											
											-		
		l											
		<u> </u>											
											-		
		[
9999999	9 Totals						1,227,060	0	0	0	0	0	0



Schedule S - Part 5

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted) 1 2 3 2017 5 4 2019 2018 2016 2015 A. OPERATIONS ITEMS 1. Premiums.. 1 227 1.866 2 314 1 440 1 568 0 0 0 2. Title XVIII-Medicare. 0 0 3. Title XIX-Medicaid. 0 .0 0 .0 0 4. Commissions and reinsurance expense allowance 398 ..694 .648 .0 0 5. Total hospital and medical expenses. .68 , 633 ..739 ..10,482 .29,313 .66.522 **B. BALANCE SHEET ITEMS** ..0 ...0 .0 ...0 6. Premiums receivable .8,886 ..0 .0 ..4,045 14,180 7. Claims payable. .58,907 .431 ..7,337 .33,758 .38,529 8. Reinsurance recoverable on paid losses. .0 .0 .0 .0 9. Experience rating refunds due or unpaid. 0 0 0 0 10. Commissions and reinsurance expense allowances due 0 0 0 0 0 11 Unauthorized reinsurance offset .0 0 .0 .0 12 Offset for reinsurance with Certified Reinsurers. .0 C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) .0 .0 .0 .0 .0 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) .. D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) .0 .0 .0 .0 .0 17. Multiple Beneficiary Trust. .0 .0 .0 0 18. Funds deposited by and withheld from (F) 0 .0 .0 19. .0 .0 0 Letters of credit (L)... .0 .0 .0 ..0 .0 20. Trust agreements (T) ... 0 0 0 0 0 21. Other (O)

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)			
2.	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)		(58,906,534)	0
4.	Net credit for ceded reinsurance	xxx	67,461,412	
5.	All other admitted assets (Balance)	64,779,211		64,779,211
6.	Total assets (Line 28)	508,862,211	8,554,878	517,417,089
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		8,885,865	
8.	Accrued medical incentive pool and bonus payments (Line 2)	7,440,776		7,440,776
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).		(330,987)	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)	155,110,581		155,110,581
15.	Total liabilities (Line 24)			
16.	Total capital and surplus (Line 33)	186,065,974	XXX	186,065,974
17.	Total liabilities, capital and surplus (Line 34)	508,862,211	8,554,878	517,417,089
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	8,885,865		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	67,792,399		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	330,987		
31.	Total net credit for ceded reinsurance	67,461,412		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		7 41000	ted By States and Terri		iness Only		
		1	2	3	4	5	6
			2	Disability	-	5	0
		Life		Income	Long-Term Care		
		(Group and	Annuities (Group	(Group and	(Group and	Deposit-Type	
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	A7						
4. Arkansas							
5. California							
6. Colorado							
7. Connecticut							
8. Delaware							
9. District of Columbia							
10. Florida							
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois							
15. Indiana			[[
16. Iowa							
			•				
17. Kansas			-				
18. Kentucky							
19. Louisiana							
20. Maine							
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota							
25. Mississippi							
26. Missouri							
27. Montana				•••••			
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota							
36. Ohio							
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island			.				
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas							
45. Utah			[[
46. Vermont							
			•				
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
						·	
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien	OT						
59. Totals		0	0	0	0	0	1

Group Code Group	NAIC Compa Name Code 00000				Name of Securities Exchange if		-		11	12 Type of Control (Ownership,				
	Name Compa									(Ownership,				
	Name Compa				Evohongo if									
	Name Compa							Relationship		Board,	If Control is		Is an SCA	
	Name Code	ny ID			Publicly	Names of		to		Management,	Ownership		Filing	
Code Group			Federal		Traded (U.S. or	Parent, Subsidiaries		Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
			RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
		47 - 1233198				Independence Health Group, Inc.	PA	UIP	Independence Health Group,		0.0	Independence	N	0
	00000	23-2425461				AmeriHealth, Inc	PA	UIP	Inc.	Ownership	100_0	Health Group, Inc.	N	0
										ownersnip	100.0	Independence		
	00000	46-5339475				Tandigm Health, LLC	DE	N I A	AmeriHealth. Inc	Ownership	100_0	Health Group, Inc	N	0
		10 0000 11 0								o #1101 0111 p		Independence		
		82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership		Health Group, Inc.	Ν	0
						ő			5			Independence		
												Health Group, Inc.		
									AmeriHealth, Inc. (50%) /			/ Comcast		
									Comcast Connected Health, LLC			Connected Health,		
		82-5264307				1819 LLC	DE	NIA	(50%)	Ownership		LLC	N	0
	00000	46-3867722					D.4	NUA	AmeriHealth. Inc	Ownership	100.0	Independence	N	0
		40-3807722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	ownersnip	100.0	Health Group, Inc Independence	N	0
	00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC.	Ownership	10.5	Health Group, Inc.	N	0
		30-07 33343				, SDE Hordings, EEG				ownersnip		Independence		
	00000	98-0438502				InsPro Technologies Corp	DE	NIA	Independence Blue Cross, LLC	Ownershin	25.2	Health Group, Inc	N	0
										o #nor on p		Independence		
	00000	23-2800586				The AmeriHealth Agency, Inc	PA	N I A	Independence Blue Cross, LLC	Ownership		Health Group, Inc.	N	0
Independence Hea	alth Group,											Independence		
00936 Inc		30-0326654				Region 6 Rx Corp	PA	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	0
Independence Hea												Independence		
00936 Inc		51-0296135				Healthcare Delaware, Inc	DE	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N	0
Independence Hea		00.0005040				Ladara de la construcción de la	DE	1.4	Lada and a Rive Orace 110	Owner and the	400.0	Independence		
00936 Inc		23-2865349				Independence Insurance, Inc	DE	I A	Independence Blue Cross, LLC	Ownersnip	100.0	Health Group, Inc Independence	N	0
	00000	98-0426648				AmeriHealth Assurance. Ltd	BMU	NIA	Independence Blue Cross, LLC.	Ownorchin	100_0	Health Group, Inc	N	0
		30-0420040								ownersnip	100.0	Independence		
	00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100 0	Health Group, Inc.	N	0
		20 21 00001				NS Assisted Living Communities,				•		Independence		
		23-2824200	.			Inc.	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc.	N	0
												Independence		
		23-2982367	.			Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N	0
												Independence		
												Health Group, Inc.		
	00000	00.0044000					D.4		Ladrace design the Latin sec. The	Owner and the	50.0	/ Mercy Health		
		23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership		Plan	N	0
									Independence Holdings, Inc. (93.7%) / QCC Insurance			Independence		
	00000	66-0195325				PRHP, Inc	PR		Company (6.3%)	Ownership	100 0	Health Group, Inc	N	0
Independence Hea			-						(0.5%)	omioranip		Independence		
00936 Inc	93688.	23-2184623				QCC Insurance Company		ΙΑ	Independence Blue Cross, LLC.	Ownership	100.0	Health Group, Inc	N	0
												Independence		
		81-0681081				Veridign Health Solutions, LLC.	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc.	N	0
						International Plan Solutions,						Independence		
		27 -0204996				LLC	DE	NIA	QCC Insurance Company	Ownership		Health Group, Inc.	N	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company		Federal	011/	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person) International Plan Solutions,	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	^
		00000	23-2903313				Highway to Health, Inc	DE.	NIA	LLC	Ownership	12 0	Health Group, Inc.	N	0
			23-2903313				Inighway to nearth, nic	<i>D</i> ⊏	NTA	LLU			Independence		0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13 0	Health Group, Inc.	N	0
							Worldwide Insurance Services.	Dmo					Independence		
			54-1867679					VA	NIA	Highway to Health, Inc	Ownership	13 0	Health Group, Inc.	N	0
							AmeriHealth Administrators,			inginay to nourth, mo			Independence		
			23-2521508				Inc.		NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N	0
	Independence Health Group,										'		Independence		
00936	Inc	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership		Health Group, Inc.	N	0
	Independence Health Group,												Independence		
00936	Inc	95044	23-2314460				. AmeriHealth HMO, Inc	PA	I A	Independence Blue Cross, LLC	0wnership		Health Group, Inc	N	0
	Independence Health Group,												Independence		
00936	Inc	95056	23-2405376				.Keystone Health Plan East, Inc	PA	I A	Independence Blue Cross, LLC	.0wnership		Health Group, Inc.	N	0
		00000	00 0774404					D.4	NUA	Keystone Health Plan East,	Owne neb in	100.0	Independence Health Group, Inc.	V	
	Independence Health Crown	00000	82 - 3774494				. KHPE SubCo, Inc Independence Hospital Indemnity	PA	NIA	Inc	.Ownership			۲	0
00936	Independence Health Group,	54704	23-0370270				Plan, Inc	PA	IA	Independence Blue Cross, LLC.	Ownorchin	100 0	Independence Health Group, Inc	N	0
00930			23-03/02/0				Independence Blue Cross	FA		Independence Hospital			Independence		
		00000	36-4685801				Foundation	PA		Indemnity Plan, Inc	Board	0.0	Health Group, Inc.	N	0
										Independence Hospital	bour a		Independence		
	Independence Health Group,						Inter-County Hospitalization			Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc.		23-0724427				Plan, Inc.	PA	IA	Highmark, Inc. (50%)	Ownership		/ Highmark Health	ΝΝ	0
										Independence Hospital	'		Independence		
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	53252	23-2063810				. Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Ownership		/ Highmark Health	N	0
							AmeriHealth Casualty Holdings,						Independence		
		00000	46-3878323				./LLC	PA	NIA	AmeriHealth, Inc	.Ownership		Health Group, Inc	N	0
		00000	25-1686685				CompConvision	PA	NUA	AmeriHealth Casualty	Owne neb in	100.0	Independence	N	0
		00000	25-1080085				. CompServices, Inc	PA	NIA	Holdings, LLC	Ownership		Health Group, Inc Independence	ΝΝ	0
		00000	25-1765486				CSI Services, Inc		NIA	CompServices, Inc	Ownership	100 0	Health Group, Inc.	N	0
			20-1700400				AmeriHealth New Jersey	· · · · · · · · · · · · · · · · · · ·					Independence		
		00000	46-3893959				Holdings, LLC	PA	UIP	AmeriHealth, Inc	Ownership	100 0	Health Group, Inc.	N	0
			10 00000000										Independence		
													Health Group, Inc.		
										AmeriHealth New Jersey			/ Cooper Medical		
		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	UDP	Holdings, LLC	Ownership		Services, Inc	N	0
										-			Independence		
													Health Group, Inc.		
		00000	04 4744005				AmeriHealth TPA of New Jersey,						/ Cooper Medical		
		00000	. 61 - 1741805				. LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Uwnership		Services, Inc	N	0
													Independence		
	Independence Health Group,						AmeriHealth Insurance Company						Health Group, Inc. / Cooper Medical		
00936	Inc.	60061	22-3338404				of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC	Ownershin	92.4	Services, Inc	N	n
	1110.		22-0000404					1	· · · · · · · · · · · · · · · · · · ·	runor mourth now Jersey, LLU		JZ.4			U

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management.	If Control is Ownership		Is an SCA Filing	
Group		Company		Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
	•					,							Independence		
													Health Group, Inc.		
		00000	05 0544070				AmeriHealth HMO of New Jersey,					00.4	/ Cooper Medical		
		00000	. 35-2511976				Inc	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership		Services, Inc	. N	0
		00000	82-3756593				AHI SubCo 1, Inc		NIA	AmeriHealth. Inc	Ownership	100.0	Health Group, Inc	N	0
			. 02-37 00095								. ownersnip		Independence		
			. 82-3770369				AHI SubCo 2, Inc		NIA	AHI SubCo 1, Inc	Ownership	100 0	Health Group, Inc.	N	0
										AHI SubCo 2, Inc. (95%) /			Independence		
			45-3672640				IBC MH LLC	DE	NIA	KHPE SubCo, Inc. (5%)	Ownership		Health Group, Inc.	N	0
	Independence Health Group,												Independence		
00936	Inc	96660	. 23-2408039				Vista Health Plan, Inc	PA	IA	IBC MH LLC	Ownership		Health Group, Inc	N	0
													Independence		
													Health Group, Inc.		
		00000	. 30-0703311				BMH LLC		NIA	IBC MH LLC.	Ownership	61.2	/ Blue Cross Blue Shield of Michigan	N	0
			. 50-0/05511						NTA				Independence		0
													Health Group, Inc.		
							AmeriHealth Caritas Services.						/ Blue Cross Blue		
			45-5415725				LLC.	DE	NIA	BMH LLC.	Ownership		Shield of Michigan	Ν	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
		00000	. 38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership		Shield of Michigan	N	0
													Independence		
1													Health Group, Inc. / Blue Cross Blue		
			80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC.	Ownership	61.3	Shield of Michigan.	N	0
											. o #nor on p		Independence		
													Health Group, Inc.		
										BMH SUBCO I LLC (50%) / BMH			/ Blue Cross Blue		
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBCO LLC (50%)	Ownership	61.3	Shield of Michigan	N	0
1													Independence		
													Health Group, Inc.		
		00000	23-2859523				 AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.2	/ Blue Cross Blue Shield of Michigan	N	0
			. 23-2009025					F A	NTA	. SUBCU II LLC (50%)	. ownersnip		Independence		
													Health Group, Inc.		
	Independence Health Group,						AmeriHealth Caritas Louisiana.						/ Blue Cross Blue		
00936	Inc	14143	27-3575066				Inc	LA	IA	AMHP Holdings Corp	Ownership		Shield of Michigan	N	0
1			1						1	- '			Independence		
i i													Health Group, Inc.		
00000	Independence Health Group,	45000	47 0000007							ANUE Haldiana C	Owner web 1		/ Blue Cross Blue		
00936	Inc	15800	. 47 - 3923267				AmeriHealth Caritas Iowa, Inc		I A	AWHP Holdings Corp	Ownership		Shield of Michigan	N	0

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	СІК	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)		*
00936	Independence Health Group, Inc	15104	. 46 - 0906893				AmeriHealth Michigan, Inc	MI	I A	AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence	N .	0
00936	Independence Health Group, Inc	95458	. 57 - 1032456				Select Health of South Carolina, Inc	SC	I A	AMHP Holdings Corp	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan Independence	N .	0
00936	Independence Health Group, Inc	15088	. 46-1480213				AmeriHealth Caritas District of Columbia, Inc	DC	I A	AMHP Holdings Corp	Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence	N .	0
		00000	. 27 -0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N .	0
		00000	. 61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership		/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N .	0
		00000	. 26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N .	0
		00000	. 26-1144363				AMHP Holdings Corp Community Behavioral	PA	NIA	AmeriHealth Caritas Health Plan	Ownership		/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N .	0
		00000	. 25-1765391				Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp Community Behavioral	Ownership	61.3	/ Blue Cross Blue Shield of Michigan Independence Health Group, Inc.	N .	0
00936	Independence Health Group, Inc	13630	. 26-0885397				CBHNP Services, Inc	PA	I A	Healthcare Network of Pennsylvania, Inc	Ownership		/ Blue Cross Blue Shield of Michigan. Independence Health Group. Inc.	N .	0
		00000	. 20 - 4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership		/ Blue Cross Blue Shield of Michigan Independence Health Group, Inc.	N .	0
		00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership		/ Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska	N .	0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	y ID Number	Federal RSSD	СІК	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)	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00936	Independence Health Group, Inc	14378	45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00572	Blue Cross Blue Shield of .Michigan	11557	47 - 2582248				Blue Cross Complete of Michigan LLC	MI		AmeriHealth Caritas Health Plan	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	0
00936	Independence Health Group, .Inc	16451	82 - 1141687				AmeriHealth Caritas Texas, Inc	TX	I A	AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence	N	0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	.Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence	N	1
00936	Independence Health Group, .Inc	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	I A	AMHP Holdings Corp	.Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	Ownership	61.3	/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N	0
		00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	Ownership	61.3	/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	Ownership	61.3	/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc.	N	0
		00000	84-2266837				AmeriHealth Caritas West Virigina, Inc	WV		AMHP Holdings Corp	Ownership	61.3	/ Blue Cross Blue Shield of Michigan. Independence Health Group, Inc. / Blue Cross Blue	N	0
		00000	. 84-2435374				AmeriHealth Caritas Ohio, Inc	0H	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	0
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Explanation

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

Asterisk

SCHEDULE Y

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

NAIC Company Conde Names of Insurers and Parent, Subsidiaries or Affiliates Shareholder Dividends Capital Contributions Purchases, Sales or Estate, Rouge Utility Loans, Scuttines, Control Utility (Grad 2) Management Real Management Base, Norge Utility (Grad 2) Management Base, Norge Utility (Grad 2)	r Ordinary Course of the Insurer's Business 72	f Totals 	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000 47-123198_ Independence Heal th Group, Inc. 109.668, 251 00000 46-3867722 Independence Blue Cross, LLC 32, 600,000 768, 501,083 93688 23-2184623 QCC Insurance Company (193, 000,000) (340, 704, 770) (10, 089, 522) 95056 23-2425376 Amer Heal th 1 Insurance Company of NJ. (154, 000,000) (17, 931, 830) (362, 127, 899) 00000 28-3374404 Amer Heal th I Insurance Company of NJ. (50, 000,000) (17, 931, 830) (362, 127, 899) 95064 22-3338404 Amer Heal th Agency, Inc. (100,000) (17, 931, 830) (362, 127, 899) 00000 23-2800586 The Amer Heal th Agency, Inc. (100,000) (12, 85, 642) 6, 080, 00000 23-2521508 Amer Heal th Agency, Inc. (2000,000) (499, 606) 00000 23-252557 Amer Heal th Services, Inc. (200,000) (499, 606) 00000 23-186865349 Independence Insurance, Inc. (500,000) (499, 606) 00000 23-2805476 Independence Insurance, Inc. (500,000,000) (
00000 47-1233198_1 Independence Heal th Group, Inc. 109,658,251 00000 46-3867722 Independence Blue Cross, LLC. 32,600,000 748,501,003 93688 23-2184623 QCC Insurance Company. (193,000,000) (340,704,770) (10,003, 522) 95056 23-2445376 AmeriHeal th Plan Est, Inc. (154,000,000) (17,931,830) (362,127,889) 00000 82-3774494 KHPE SubCo, Inc. (10,000) (17,931,830) (362,127,889) 00000 82-374494 KHPE SubCo, Inc. (100,000) (17,931,830) (362,127,889) 00000 23-238404A AmeriHeal th Mounc. (50,000,000) (17,931,830) (362,127,889) 00000 23-2521508 AmeriHeal th Agency, Inc. (100,000) (10,83,837) (6,080, 000) 00000 23-2521508 AmeriHeal th Agency, Inc. (2,000,000) (499,606) (309,388) 00000 23-1686685 Compsort cose, Inc. (2,000,000) (499,606) (309,388) (300,308) (309,368) (309,368) (309,368) (41,619) (41,619))	
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95056 23-2405376 Keystone Health Plan East, Inc.			
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96660. 23-2408039		(500,884)	
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12812 30-0326654 Region 6 Rx Corp.		(50,000,000)	
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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							

0. 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?

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

YES

	MARCH FILING						
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES					
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO					
13.	Will 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?	N0					
15.		N0					
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					
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES					
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES					
AUGUST FILING							
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES					

Explanation:

- 12. Business not written
- 13. Business not written
- 14. Business not written
- 15. Business not written
- 16. Business not written
- 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. Business not written

- $\begin{array}{c} 12. \\ 13. \\ 13. \\ 13. \\ 13. \\ 14. \\$

21. Business not written

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets_____

_A00E10 - A35et3				
	1	2	3	4
	I			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Reinsurance Receivable				
2597. Summary of remaining write-ins for Line 25 from Page 2	3,299,679	0	3,299,679	0



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016 Policies Issued in 2017, 2018, 2019							
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	16877	A	No	. 0234000	01/01/2015 01/01/2015 01/01/2015 01/01/2015				AH Medigap Security Plan A.				27				7
Yes	16866	C	No	0204060 0234000 0234000	01/01/2015				AH Medigap Security Plan X. AH Medigap Security Plan C. AH Medigap Security Plan F. AH Medigap Security Plan N.		1,059,968						
Yes	16867 16868	F	No	. 0234000	01/01/2015				AH Medigap Security Plan F.		8,319,134 1,005,148		3,911		2,878,444 		
Yes		N	No		01/01/2015				AH Medigap Security Plan N.	1,190,700							
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							13,008,443	10,410,328	80.0	4,774	4,837,732	3,939,596	81.4	2,046
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02999991	OTAL EXPERIEN	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
2.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
3.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413
4. Explain any policies identified above as policy type "O"

ANNUAL STATEMENT BLANK

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Schedule DB – Part B – Verification Between Years	SI11
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