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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

(Name)

NAIC Group Code 0936 (Current Period), 0936 (Prior Period) NAIC Company Code 60061 Employer's ID Number 22-3338404

Organized under the Laws of New Jersey, State of Domicile or Port of Entry New Jersey

Country of Domicile United States

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

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M (Street and Number), Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M (Street and Number)
Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code) 609-662-2400 (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M (Street and Number or P.O. Box), Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M (Street and Number)
Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code), 609-662-2400 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealth.com

Statutory Statement Contact Frederick E. Felter (Name), 215-241-4397 (Area Code) (Telephone Number) (Extension)
Fred.Felter@ibx.com (E-Mail Address) 215-241-2309 (Fax Number)

OFFICERS

Name	Title	Name	Title
Susan Elizabeth Larkin	President & C.E.O.	Megan Elizabeth Gatto, Esq.	Secretary
Juan Alfonso Lopez, Jr.	E.V.P., Chief Financial Officer and Treasurer		

OTHER OFFICERS

Rodrigo Cerda, M.D.	Senior Vice President	Kortney Lyn Cruz	Senior Vice President
Stephen Paul Fera	Executive Vice President	Michael Anthony Munoz	Senior Vice President
Richard Lamar Snyder, M.D.	Executive Vice President		

DIRECTORS OR TRUSTEES

Stephen Paul Fera	Susan Elizabeth Larkin	Juan Alfonso Lopez, Jr.	Michael Anthony Munoz
Richard Lamar Snyder, M.D.			

State of Pennsylvania
County of Philadelphia ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Susan Elizabeth Larkin
President & C.E.O.

Megan Elizabeth Gatto, Esq.
Secretary

Juan Alfonso Lopez, Jr.
E.V.P., Chief Financial Officer and Treasurer

Subscribed and sworn to before me this
26th day of February, 2026

Marla Matteo, Notary Public
April 27, 2026

a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	30,731,453	643,651	365,548	11,077,880	11,835,105	30,983,427
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	3,237,193	345,876	94,431	397,454	873,203	3,201,751
0299999 Total group	3,237,193	345,876	94,431	397,454	873,203	3,201,751
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)	33,968,646	989,527	459,979	11,475,334	12,708,308	34,185,178

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
OptumRx	34,751,352			1,801,036	1,801,036	34,751,352
0199999 - Pharmaceutical Rebate Receivables	34,751,352	0	0	1,801,036	1,801,036	34,751,352
Other Receivables						
AmeriHealth Administrators, Inc	4,990,828					4,990,828
Medicare Prescription Payment Plan	50,452					50,452
Amounts not individually listed	372,818					372,818
0699999 - Other Health Care Receivables	5,414,098	0	0	0	0	5,414,098
0799999 Gross Health Care Receivables	40,165,450	0	0	1,801,036	1,801,036	40,165,450

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	30,503,444	78,104,843	(597,840)	37,150,228	29,905,604	29,987,592
2. Claim overpayment receivables	7,702,799	(18,268,160)			7,702,799	4,914,766
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables		2,788,210	372,818	5,041,280	372,818	3,259,996
7. Totals (Lines 1 through 6)	38,206,243	62,624,893	(225,022)	42,191,508	37,981,221	38,162,354

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	8,823,739	2,841	331			8,826,911
0499999 Subtotals	8,823,739	2,841	331	0	0	8,826,911
0599999 Unreported claims and other claim reserves						220,803,406
0699999 Total amounts withheld						
0799999 Total claims unpaid						229,630,317
0899999 Accrued medical incentive pool and bonus amounts						19,689,765

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
AmeriHealth Inc	7,753,102					7,753,102	
Independence Assurance Company	52,714					52,714	
Independence Blue Cross Foundation	16					16	
Independence Hospital Indemnity Plan	308,813					308,813	
Keystone Health Plan East, Inc.	84,285					84,285	
QCC Insurance Company	92,916					92,916	
0199999 Individually listed receivables	8,291,846	0	0	0	0	8,291,846	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	8,291,846	0	0	0	0	8,291,846	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth Administrators, Inc.	Intercompany Settlements	1,888,896	1,888,896	
AmeriHealth HMO, Inc.	Intercompany Settlements	294,182	294,182	
Independence Blue Cross, LLC	Intercompany Settlements	16,106,416	16,106,416	
Independence Health Group, Inc.	Intercompany Settlements	501,408	501,408	
0199999 Individually listed payables		18,790,902	18,790,902	0
0299999 Payables not individually listed				
0399999 Total gross payables		18,790,902	18,790,902	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	15,996	0.0	2,888	1.5		15,996
2. Intermediaries	0	0.0		0.0		
3. All other providers	573,828	0.0	2,888	1.5		573,828
4. Total capitation payments	589,824	0.0	5,776	2.9	0	589,824
Other Payments:						
5. Fee-for-service	75,445,672	5.6	XXX	XXX		75,445,672
6. Contractual fee payments	1,178,457,279	88.1	XXX	XXX		1,178,457,279
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	12,858,604	1.0	XXX	XXX		12,858,604
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	69,598,896	5.2	XXX	XXX		69,598,896
12. Total other payments	1,336,360,451	100.0	XXX	XXX	0	1,336,360,451
13. Total (Line 4 plus Line 12)	1,336,950,275	100 %	XXX	XXX	0	1,336,950,275

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	359,446	0	230,216	129,230	129,230	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	359,446	0	230,216	129,230	129,230	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0936 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 60061

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	167,872	108,652	35,264	5,393				4,188					14,375	
2 First quarter	194,830	130,785	35,291	5,260				9,248					14,246	
3 Second quarter	195,323	130,440	36,674	5,151				9,609					13,449	
4. Third quarter	197,579	132,780	37,628	5,093				9,809					12,269	
5. Current year	198,676	132,922	39,433	5,034				9,841					11,446	
6 Current year member months	2,322,500	1,547,015	442,478	61,414				114,654					156,939	
Total Member Ambulatory Encounters for Year:														
7. Physician	4,582,226	2,777,593	974,022	319,996				510,615						
8. Non-physician	469,796	278,732	85,909	35,406				69,749						
9. Total	5,052,022	3,056,325	1,059,931	355,402	0	0	0	580,364	0	0	0	0	0	0
10. Hospital patient days incurred	101,877	52,566	11,951	15,649				21,711						
11. Number of inpatient admissions	14,618	8,224	2,323	1,557				2,514						
12. Health premiums written (b)	1,409,044,206	836,339,927	356,397,554	16,385,125	473,918	667,832		137,227,489					61,552,361	
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	1,441,498,659	861,039,927	364,152,007	16,385,125	473,918	667,832		137,227,489					61,552,361	
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	1,336,950,275	814,087,980	305,043,443	15,184,264	287,731	351,056		132,396,905					69,598,896	
18. Amount incurred for provision of health care services	1,386,946,311	858,533,498	308,143,884	14,733,103	287,731	453,275		139,169,849					65,624,971	

(a) For health business: number of persons insured under PPO managed care products 179,308 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 $ 137,227,489

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0936 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2025 NAIC Company Code 60061

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	167,872	108,652	35,264	5,393	0	0	0	4,188	0	0	0	0	14,375	0
2 First quarter	194,830	130,785	35,291	5,260	0	0	0	9,248	0	0	0	0	14,246	0
3 Second quarter	195,323	130,440	36,674	5,151	0	0	0	9,609	0	0	0	0	13,449	0
4. Third quarter	197,579	132,780	37,628	5,093	0	0	0	9,809	0	0	0	0	12,269	0
5. Current year	198,676	132,922	39,433	5,034	0	0	0	9,841	0	0	0	0	11,446	0
6 Current year member months	2,322,500	1,547,015	442,478	61,414	0	0	0	114,654	0	0	0	0	156,939	0
Total Member Ambulatory Encounters for Year:														
7. Physician	4,582,226	2,777,593	974,022	319,996	0	0	0	510,615	0	0	0	0	0	0
8. Non-physician	469,796	278,732	85,909	35,406	0	0	0	69,749	0	0	0	0	0	0
9. Total	5,052,022	3,056,325	1,059,931	355,402	0	0	0	580,364	0	0	0	0	0	0
10. Hospital patient days incurred	101,877	52,566	11,951	15,649	0	0	0	21,711	0	0	0	0	0	0
11. Number of inpatient admissions	14,618	8,224	2,323	1,557	0	0	0	2,514	0	0	0	0	0	0
12. Health premiums written (b)	1,409,044,206	836,339,927	356,397,554	16,385,125	473,918	667,832	0	137,227,489	0	0	0	0	61,552,361	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	1,441,498,659	861,039,927	364,152,007	16,385,125	473,918	667,832	0	137,227,489	0	0	0	0	61,552,361	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	1,336,950,275	814,087,980	305,043,443	15,184,264	287,731	351,056	0	132,396,905	0	0	0	0	69,598,896	0
18. Amount incurred for provision of health care services	1,386,946,311	858,533,498	308,143,884	14,733,103	287,731	453,275	0	139,169,849	0	0	0	0	65,624,971	0

(a) For health business: number of persons insured under PPO managed care products 179,308 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 $ 137,227,489

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 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G	D	(332)					
0899999 - Total Non-Affiliates - U.S. Non-Affiliates							(332)	0	0	0	0	0
1099999 - Total Non-Affiliates - Total Non-Affiliates							(332)	0	0	0	0	0
1199999 - Total U.S. (Sum of 0399999 and 0899999)							(332)	0	0	0	0	0
9999999 Totals							(332)	0	0	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	21-6000928	01/01/2019	State of New Jersey	NJ	129,334,816	13,638,679
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					129,334,816	13,638,679
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					129,334,816	13,638,679
2299999 - Accident and Health - Total Accident and Health					129,334,816	13,638,679
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					129,334,816	13,638,679
9999999 Totals—Life, Annuity and Accident and Health					129,334,816	13,638,679

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 11 Current Year	Outstanding Surplus Relief 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
93688	23-2184623	01/01/2017	QCC INS CO	PA	OTH/G	D	(9,399)						
0299999 - General Account - Authorized - Affiliates - U.S. - Other							(9,399)	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							(9,399)	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							(9,399)	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							(9,399)	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							(9,399)	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							(9,399)	0	0	0	0	0	0
9999999 Totals							(9,399)	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 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	(9)	304	1,164	1,469	1,657
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	(3)	106	387	491	552
5. Total hospital and medical expenses	153,608	106,085	91,555	90,711	85,313
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	13,639	8,900	8,248	10,406	5,867
8. Reinsurance recoverable on paid losses	129,335	96,547	85,020	84,126	79,603
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	112	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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	554,978,242		554,978,242
2.	Accident and health premiums due and unpaid (Line 15)	35,158,848		35,158,848
3.	Amounts recoverable from reinsurers (Line 16.1)	129,334,816	(129,334,816)	0
4.	Net credit for ceded reinsurance	XXX	142,973,495	142,973,495
5.	All other admitted assets (Balance)	55,501,868		55,501,868
6.	Total assets (Line 28)	774,973,774	13,638,679	788,612,453
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	215,991,641	13,638,679	229,630,320
8.	Accrued medical incentive pool and bonus payments (Line 2)	19,689,765		19,689,765
9.	Premiums received in advance (Line 8)	28,861,268		28,861,268
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		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)	283,302,190		283,302,190
15.	Total liabilities (Line 24)	547,844,864	13,638,679	561,483,543
16.	Total capital and surplus (Line 33)	227,128,910	XXX	227,128,910
17.	Total liabilities, capital and surplus (Line 34)	774,973,774	13,638,679	788,612,453
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	13,638,679		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	129,334,816		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	142,973,495		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
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	0		
31.	Total net credit for ceded reinsurance	142,973,495		

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

Allocated By States and Territories

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

NONE

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

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		00000	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0		NO	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	88-2021720				Pearl Moorestown Associates LLC	DE	NIA	AmeriHealth, Inc. (29%)	Ownership	29.0	Independence Health Group, Inc.	NO	0
		00000	92-0826129				AmeriHealth Franklin, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc. (99%) / AmeriHealth Franklin, LLC (1%)	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	NO	0
		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	85.2	Independence Health Group, Inc.	NO	0
		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	88-3900008				Doylestown Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	60.0	Independence Health Group, Inc. / Doylestown Hospital	NO	0
		00000	88-3890709				Penn Medicine Healthcare Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Independence Health Group, Inc.	NO	0
		00000	39-2468883				Tandigm Health Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	39-2468918				Tandigm Health Partners PA1, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	39-2469246				Tandigm Health Partners PA2, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	41-2598564				PMHP Holdings, LLC	PA	NIA	Tandigm HVN, LLC (50%) / University of Pennsylvania Health System (50%)	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	0

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		00000	39-2451336				Penn Medicine Healthcare Partners 2, LLC	PA	NIA	PMHP Holdings, LLC	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	0
		00000	39-2468674				Penn Medicine Healthcare Partners 3, LLC	PA	NIA	PMHP Holdings, LLC	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	0
		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (17.4%)	Ownership	17.4	Independence Health Group, Inc.	NO	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	1
00671	Elevance Health, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	33-4608450				AmeriHealth Insurance Company of Georgia	GA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	NO	0
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	NO	0

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		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	NO	0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	0
		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Board	0.0	Independence Health Group, Inc.	NO	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	UDP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	0
		00000	45-3672640				IBC MH LLC	DE	NIA	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc.	NO	0

SCHEDULE Y
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00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	Vista Holdco, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	92-3644953				Vista Holdco, LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	85-4321302				Social Determinants of Life, Inc.	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	47-5496220				Wider Circle, Inc.	DE	NIA	Social Determinants of Life, Inc.	Ownership	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	IBC MH LLC (30.6%), Michigan Medicaid Holdings Company (69.4%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	2
		00000	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	33-3723677				AmeriHealth Caritas Indiana, Inc.	IN	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
		00000	84-2266837				AmeriHealth Caritas West Virginia, Inc.	WV	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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		00000	36-5071692				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00936	Independence Health Group, Inc.	17544	37-2065928				AmeriHealth Caritas Georgia, Inc.	GA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.		8,000,000			(38,633,014)			8,600,000	(22,033,014)	
00000	47-1233198	Independence Health Group, Inc.					(31,746,378)			3,563,000	(28,183,378)	
00000	46-3867722	Independence Blue Cross, LLC	25,320,000	(3,900,000)			1,376,488,988			47,089,000	1,444,997,988	
93688	23-2184623	QCC Insurance Company	1,840,000	165,000,000			(568,442,521)	1,491,323		(22,171,000)	(422,282,198)	(23,421,246)
00000	23-2425461	AmeriHealth, Inc.	14,549,250	(529,000,000)			2,339,987			(77,088,000)	(589,198,763)	
95056	23-2405376	Keystone Health Plan East, Inc.	2,605,750	40,000,000			(1,176,707,910)			40,241,000	(1,093,861,160)	
60061	22-3338404	AmeriHealth Insurance Company of NJ		81,000,000			(154,217,496)			19,700,000	(53,517,496)	
95044	23-2314460	AmeriHealth HMO, Inc.					(2,219,503)			1,700,000	(519,503)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(27,850)				(27,850)	
00000	23-2521508	AmeriHealth Administrators, Inc.					(80,727,776)			(22,682,000)	(103,409,776)	
00000	23-2795357	AmeriHealth Services, Inc.	(6,000,000)				(584,325)			206,000	(6,378,325)	
00000	46-3878323	AmeriHealth Casualty Holdings, LLC								842,000	842,000	
00000	25-1686685	CompServices, Inc.					(3,105,275)				(3,105,275)	
95794	51-0296135	Healthcare Delaware, Inc.					(8,966)				(8,966)	
60254	23-2865349	Independence Insurance, Inc.					(9,643)				(9,643)	
00000	23-2982367	Independence Holdings, Inc.					(5,017)				(5,017)	
96660	23-2408039	Vista Health Plan, Inc.					(15,488,300,392)				(15,488,300,392)	
00000	98-0426648	AmeriHealth Assurance, Ltd.	(15,000,000)				(2,018,571)				(17,018,571)	
00000	45-3672640	IBC MH LLC	(15,315,000)								(15,315,000)	
00000	46-5339475	Tandigm Health, LLC		10,000,000			826,282,648				836,282,648	
16053	81-3078234	Independence Assurance Company		225,000,000			(146,657,378)				78,342,622	
00000	85-1428394	1901 Market, LLC	(8,000,000)								(8,000,000)	
12812	30-0326654	Group Retiree Health Solutions, Inc.						(1,491,323)			(1,491,323)	23,421,246
00000	84-4672692	GR Health Solutions LLC		3,900,000							3,900,000	
00000	23-2842344	Keystone Family Health Plan					10,159,902,731				10,159,902,731	
00000	23-2859523	AmeriHealth Caritas Health Plan					5,328,397,660				5,328,397,660	
95458	57-1032456	Select Health of South Carolina, Inc.	(52,600,000)				(235,893,646)				(288,493,646)	
13630	26-0885397	CBHNP Services, Inc.									0	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		5,000,000			(100,155,653)				(95,155,653)	
14378	45-4088232	AmeriHealth Caritas Florida, Inc.	(90,000,000)				(45,897,903)				(135,897,903)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.	(16,300,000)				(61,034,187)				(77,334,187)	
17544	37-2065928	AmeriHealth Caritas Georgia, Inc.					222,876				222,876	
15104	46-0906893	AmeriHealth Michigan, Inc.		18,000,000			(14,051,151)				3,948,849	
00000	23-2859523	AmeriHealth Caritas Health Plan	90,000,000								90,000,000	
00000	45-5415725	AmeriHealth Caritas Services, LLC					600,049,578				600,049,578	
16451	82-1141687	AmeriHealth Caritas Texas, Inc.					15,143				15,143	
00000	61-1857768	AmeriHealth Caritas New Mexico, Inc.					14,033				14,033	
16496	83-0987716	AmeriHealth Caritas New Hampshire, Inc.		25,000,000			(41,781,532)				(16,781,532)	
16539	83-1481671	AmeriHealth Caritas North Carolina, Inc.					(151,262,722)				(151,262,722)	
16980	84-2435374	AmeriHealth Caritas Ohio, Inc.		37,000,000			(87,988,477)				(50,988,477)	
00000	27-0863878	PerformRx, LLC					41,358,144				41,358,144	
00000	61-1729412	PerformSpecialty, LLC					109,121,371				109,121,371	
17293	87-4065041	AmeriHealth Caritas VIP Next, Inc.		18,000,000			(12,715,873)				5,284,127	
00000	26-1144363	AMHP Holdings Corp.	68,900,000	(103,000,000)							(34,100,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an Actuarial Opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an Audited Financial Report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

16. The Company did not file for approval

17. The Company did not file for approval

18. The Company did not file for approval

Bar code:

11. 6006120252055900000

12. 6006120254200000000

13. 6006120253710000000

14. 6006120253700000000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15. 

20. 

21. 

OVERFLOW PAGE FOR WRITE-INS

SUPPLEMENT FOR THE YEAR 2025 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 NAIC Company Code 60061
Address (City, State and Zip Code) Cranbury, NJ 08512-3706
Person Completing This Exhibit Jonathan Woodworth
Title Director, Actuary Reserve and Planning Telephone Number 215-241-3633

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023, 2024, 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	16877	A	No	0234000	01/01/2015			04/01/2024	AmeriHealth Medicare Supplement Plan A	50,836	33,193	65.3	28	5,019	839	16.7	3
Yes	16866	C	No	0204060	01/01/2015			04/01/2024	AmeriHealth Medicare Supplement Plan C	763,897	1,327,053	173.7	275	9,720	5,276	54.3	3
Yes	16867	F	No	0234000	01/01/2015			04/01/2024	AmeriHealth Medicare Supplement Plan F	12,367,018	10,288,544	83.2	3,373	48,422	85,971	177.5	14
Yes	16868	N	No	0234000	01/01/2015			04/01/2024	AmeriHealth Medicare Supplement Plan N	1,441,095	1,376,958	95.5	592	44,353	48,133	108.5	25
Yes	18796	D	No	0204060	01/01/2020			04/01/2024	AmeriHealth Medicare Supplement Plan D	40,021	128,853	322.0	17	18,496	46,298	250.3	9
Yes	18797	G	No	0234000	01/01/2020			04/01/2024	AmeriHealth Medicare Supplement Plan G and Plan G High Deductible	1,284,836	1,085,862	84.5	537	311,412	306,123	98.3	158
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										15,947,703	14,240,463	89.3	4,822	437,422	492,640	112.6	212
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.NJ

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: Lisa Perfetto 215-241-4126
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: Lisa Perfetto 215-241-4126
4. Explain any policies identified above as policy type "O"

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Insurance Company of New Jersey

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 NAIC Company Code 60061

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