



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NAIC Group Code	0671 (Current)	0671 (Prior)	NAIC Company Code	10767	Employer's ID Number	13-4212818
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		Ohio
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
Incorporated/Organized	03/08/2002		Commenced Business	09/01/2005		
Statutory Home Office	4361 Irwin Simpson Road, C/O Community Ins. Co.			Mason , OH, US 45040		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	4425 Corporation Lane					
	(Street and Number)					
Virginia Beach , VA, US 23462 (City or Town, State, Country and Zip Code)				757-490-6900 (Area Code) (Telephone Number)		
Mail Address	N17 W24340 Riverwood Drive			Waukesha , WI, US 53188		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	N17 W24340 Riverwood Drive					
	(Street and Number)					
Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)				262-523-2439 (Area Code) (Telephone Number)		
Internet Website Address	www.amerigroup.com					
Statutory Statement Contact	Brenda J. Buss			262-523-2439		
	(Name)			(Area Code) (Telephone Number)		
brenda.buss@bcbswi.com (E-mail Address)				262-523-4945 (FAX Number)		

## OFFICERS

President/Chief Executive Officer Gary Michael Radtke Treasurer Robert David Kretschmer  
Secretary Kathleen Susan Kiefer Vice President/Assistant Secretary Jack Louis Young

**OTHER**

Eric (Rick) Kenneth Noble Assistant Treasurer Tunde Sotayo Sotunde Chairperson JoAnn Carol Stuckmeyer # Valuation Actuary

**DIRECTORS OR TRUSTEES**

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.

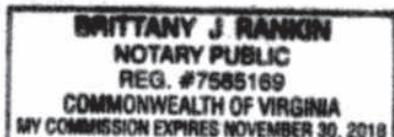
Gary Michael Radtke  
President/Chief Executive Officer

Kathleen Susan Kiefer  
Secretary

Robert David Kretschmer  
Treasurer

Subscribed and sworn to before me this  
1<sup>st</sup> day of February  
Brittany Rankin

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



## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities				90,465		90,465
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	90,465	0	90,465

Exhibit 3 - Health Care Receivables  
**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued  
**N O N E**

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus  
**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
AMERIGROUP Corporation .....	21,137					21,137	
Anthem, Inc. .....	10,455					10,455	
0199999. Individually listed receivables	31,592	0	0	0	0	31,592	0
0299999. Receivables not individually listed	82					82	
0399999 Total gross amounts receivable	31,674	0	0	0	0	31,674	0

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amerigroup Texas, Inc.	Administrative expenses	8,569	8,569	
Amerigroup New York, LLC	Administrative expenses	9,037	9,037	
0199999. Individually listed payables		17,606	17,606	0
0299999. Payables not individually listed		35,197	35,197	
0399999 Total gross payables		52,803	52,803	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries.....	0	0.0		0.0		
3. All other providers.....	0	0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	641	0.0	XXX	XXX		641
6. Contractual fee payments .....	3,435,127	100.0	XXX	XXX		3,435,127
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	3,435,768	100.0	XXX	XXX	0	3,435,768
13. TOTAL (Line 4 plus Line 12)	3,435,768	100%	XXX	XXX	0	3,435,768

## **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
	<b>NONE</b>				
9999999 Totals			XXX	XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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 .....	327		327	.0		
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	327	0	327	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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

REPORT FOR: 1. CORPORATION

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Ohio		DURING THE YEAR				NAIC Company Code	10767	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....		0									
2. First Quarter .....		0									
3. Second Quarter .....		0									
4. Third Quarter .....		0									
5. Current Year .....		0									
6. Current Year Member Months .....		0									
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician .....		0									
8. Non-Physician .....		0									
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		134									134
11. Number of Inpatient Admissions .....		0									
12. Health Premiums Written (b) .....		293,313									293,313
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		338,313									338,313
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services.....		3,435,768									3,435,768
18. Amount Incurred for Provision of Health Care Services.....		219,730									219,730

(a) For health business: number of persons insured under PPO managed care products .....

and number of persons insured under indemnity only products .....

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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

REPORT FOR: 1. CORPORATION

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	10767	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		0	0	0	0	0	0	0	0	0	0
2. First Quarter		0	0	0	0	0	0	0	0	0	0
3. Second Quarter		0	0	0	0	0	0	0	0	0	0
4. Third Quarter		0	0	0	0	0	0	0	0	0	0
5. Current Year		0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		134	0	0	0	0	0	0	0	134	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		293,313	0	0	0	0	0	0	0	293,313	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		338,313	0	0	0	0	0	0	0	338,313	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		3,435,768	0	0	0	0	0	0	0	3,435,768	0
18. Amount Incurred for Provision of Health Care Services		219,730	0	0	0	0	0	0	0	219,730	0

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

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

30.GT

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	.0	0	0	.0	0
2. Title XVIII - Medicare .....	.0	0	0	.0	0
3. Title XIX - Medicaid .....	.0	2,037	4,265	3,513	2,944
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	.0	0	0	.0	0
8. Reinsurance recoverable on paid losses .....	.0	328	168	489	900
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....				XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....				0	XXX
18. Funds deposited by and withheld from (F) .....				0	XXX
19. Letters of credit (L) .....				0	XXX
20. Trust agreements (T) .....				0	XXX
21. Other (O) .....				0	XXX

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	14,238,513		14,238,513
2. Accident and health premiums due and unpaid (Line 15) .....	90,465		90,465
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	479,064		479,064
6. Total assets (Line 28)	14,808,042	0	14,808,042
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	0		0
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	0		0
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) .....	4,717,752		4,717,752
15. Total liabilities (Line 24)	4,717,752	0	4,717,752
16. Total capital and surplus (Line 33) .....	10,090,290	XXX	10,090,290
17. Total liabilities, capital and surplus (Line 34)	14,808,042	0	14,808,042
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		0
19. Accrued medical incentive pool .....	0		0
20. Premiums received in advance .....	0		0
21. Reinsurance recoverable on paid losses .....	0		0
22. Other ceded reinsurance recoverables .....	0		0
23. Total ceded reinsurance recoverables .....	0		0
24. Premiums receivable .....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
26. Unauthorized reinsurance .....	0		0
27. Reinsurance with Certified Reinsurers .....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		0
29. Other ceded reinsurance payables/offsets .....	0		0
30. Total ceded reinsurance payables/offsets .....	0		0
31. Total net credit for ceded reinsurance	0		0

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

NONE

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	Anthem, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						AMERIGROUP Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12354	20-2073598				AMERIGROUP Corporation	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		54-1739323				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95093	65-0318864				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14078	45-2485907				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14276	45-3358287				AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14064	26-4674149				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95832	51-0387398				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12586	20-3317697				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95373	22-3375292				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-3865627				AMERIGROUP Ohio, Inc.	OH	RE	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	0100
0671	Anthem, Inc.	10767	13-4212818				AMERIGROUP Pennsylvania, Inc.	PA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-4212819				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		80-0771594				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12941	20-4776597				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95314	75-2603231				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14073	27-3510384				AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12229	06-1696189				Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	62825	95-4331852				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1898945				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-1498094				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95120	61-1237516				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	52618	31-1705652				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	53759	02-0510530				Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	71835	54-0357120	40003317			Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	60217	06-1475928				Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		61-1459939				Anthem, Inc.	IN	UIP					
0671	Anthem, Inc.		35-2145715		6324	-NYSE)								
0671	Anthem, Inc.	28207	35-0781558											
0671	Anthem, Inc.	15543	47-0992859											
0671	Anthem, Inc.	13573	20-5876774											
0671	Anthem, Inc.	61069	35-0980405											
0671	Anthem, Inc.		32-0031791											
0671	Anthem, Inc.		35-2129194											
0671	Anthem, Inc.		30-0606541											
0671	Anthem, Inc.		30-0606541											
0671	Anthem, Inc.		95-4640529											
0671	Anthem, Inc.		20-2858384											
0671	Anthem, Inc.		35-1292384											
0671	Anthem, Inc.		11-3713086											
0671	Anthem, Inc.		54801	58-0469845										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	Anthem, Inc.	96962	58-1638390			Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	54003	39-0138065			Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	95-3760980				Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.		.0101
0671	Anthem, Inc.		20-2994048			Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	.100.000	Anthem, Inc.		.0102
0671	Anthem, Inc.		20-4307514			CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		95-4694706			CareMore Health Plan	CA	IA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		.0103
0671	Anthem, Inc.	13562	38-3795280			CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	13753	27-1848815			CareMore Health Plan of Colorado, Inc.	CO	IA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		46-2406017			CareMore Health Plan of Georgia, Inc.	GA	NIA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	13605	26-4001602			CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		27-1625392			CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		20-4307555			CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		45-4985009			CareMore IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		32-0373216			CareMore, LLC	IN	NIA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		20-2076421			CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		95-4420935			CareMore Medical Management Company	CA	NIA	CareMore Health System	Ownership	.98.000	Anthem, Inc.		
0671	Anthem, Inc.		95-4420935			CareMore Medical Management Company	CA	NIA	CMMC Holding Company, LLC	Ownership	.2.000	Anthem, Inc.		
0671	Anthem, Inc.		58-2217138			Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		39-1413702			Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		20-4307555			CMMC Holding Company, LLC	DE	NIA	CareMore Health System	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	10345	31-1440175			Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		95693	39-1462554		Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		20-0334650			Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		41-190556			DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		02-0574609			DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.					DeCare Dental Insurance Ireland, Ltd.	JRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		73-1665525			DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		01-0822645			DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.					DeCare Operations Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.					DeCare Systems Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		26-2544715			Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		13-3934328			EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	55093	23-7391136			Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	95433	13-3874803			Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		43-1047923			Forty-Four Forty-Four Forest Park								
0671	Anthem, Inc.		95-2907752			Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		26-4286154			Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.		.0104
0671	Anthem, Inc.					Government Health Services, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	97217	58-1473042			Greater Georgia Life Insurance Company	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		51-0365660			Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		54-1237939			Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		36-3897701			Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	.92.510	Anthem, Inc.		
0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	.7.490	Anthem, Inc.		
0671	Anthem, Inc.	96475	43-1616135			HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.		43-1364135			HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.		
0671	Anthem, Inc.	78972	86-0257201			Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.		

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	Anthem, Inc.	95473	84-1017384			HMO Colorado, Inc.		CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	95358	37-1216698			HMO Missouri, Inc.		MO	IA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		75-2619605			Imaging Management Holdings, L.L.C.		DE	NIA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		56-2368286			Imaging Providers of Texas -non-profit)		TX	NIA	American Imaging Management, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	95527	02-0494919			Matthew Thornton Health Plan, Inc.		NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		39-2013971			Meridian Resource Company, LLC		WI	NIA	Compcare Health Services Insurance Corporation	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1840597			National Government Services, Inc.		IN	NIA	Anthem Insurance Companies, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	46-1595582				National Telehealth Network, LLC		DE	NIA	Sellcore, Inc.	Ownership	.50.000	Anthem, Inc.	0105
0671	Anthem, Inc.	85286	75-1461960			OneNation Insurance Company		IN	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4249368			Park Square Holdings, Inc.		CA	NIA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	95-4386221				Park Square I, Inc.		CA	NIA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	95-4249345				Park Square II, Inc.		CA	NIA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		65-0569629			PHP Holdings, Inc.		FL	NIA	AMERIGROUP Corporation	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1595640			R & P Realty, Inc.		MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		56-2396739			Resolution Health, Inc.		DE	NIA	Anthem Southeast, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-0851593			RightCHOICE Managed Care, Inc.		DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	11011	84-0747736			Rocky Mountain Hospital and Medical Service, Inc.		CO	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-0473316			SellCore, Inc.		DE	NIA	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		55-0712302			Southeast Services, Inc.		VA	NIA	Anthem Southeast, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-4071004			State Sponsored Business UM Services, Inc.		IN	NIA	UNICARE Specialty Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1835818			The Anthem Companies, Inc.		IN	NIA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-5443372			The Anthem Companies of California, Inc.		CA	NIA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1967924			TrustSolutions, LLC		WI	NIA	Government Health Services, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	12805	20-4842073			UNICARE Health Plan of Kansas, Inc.		KS	IA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		11810	84-1620480		UNICARE Health Plan of West Virginia, Inc.		WV	IA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	95420	74-2151310			UNICARE Health Plans of Texas, Inc.		TX	IA	UNICARE Illinois Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3899137			UNICARE Illinois Services, Inc.		IL	NIA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.	80314	52-0913817			UNICARE Life & Health Insurance Company		IN	IA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4635507			UNICARE National Services, Inc.		DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		77-0494551			UNICARE Specialty Services, Inc.		DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-4014617			UtilIMED IPA, Inc.		NY	NIA	American Imaging Management, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-4405193			WellPoint Acquisition, LLC		IN	NIA	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-2156380			WellPoint Behavioral Health, Inc.		DE	NIA	UNICARE Specialty Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640531			WellPoint California Services, Inc.		DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4657170			WellPoint Dental Services, Inc.		DE	NIA	UNICARE Specialty Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-3620996			WellPoint Holding Corp.		DE	NIA	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-2736438			WellPoint Information Technology Services, Inc.		CA	NIA	Blue Cross of California	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-4595641			WellPoint Insurance Services, Inc.		HI	NIA	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-2546820			WellPoint Military Care Corporation		IN	NIA	Government Health Services, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3897080			WellPoint Partnership Plan, LLC		IL	NIA	Health Ventures Partner, L.L.C.	Ownership	.75.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3897080			WellPoint Partnership Plan, LLC		IL	NIA	UNICARE Illinois Services, Inc.	Ownership	.25.000	Anthem, Inc.	
0671	Anthem, Inc.		98-0552141			WPMI -Shanghai) Enterprise Service Co. Ltd.		CHN	NIA	WPMI , LLC	Ownership	.100.000	Anthem, Inc.	

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- niliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0671	Anthem, Inc.		20-8672847				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	.63.880	Anthem, Inc.	.0106

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0104	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0105	50% owned by American Well Corporation
0106	36.12% owned by unaffiliated investors

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11069	36-4384128	American Imaging Management East, LLC						(57)				(57)
	36-3692630	American Imaging Management, Inc.					(32,965,115)					(32,965,115)
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.	(6,900,000)					(4,726,970)				(11,626,970)
	54-1739323	AMERIGROUP Corporation						75,831,451				75,831,451
95093	65-0318864	AMERIGROUP Florida, Inc.	(11,500,000)	35,000,000				(97,912,463)				(74,412,463)
14078	45-2485907	AMERIGROUP Insurance Company			70,000,000			(38,322,979)				(38,322,979)
14276	45-3358287	AMERIGROUP Kansas, Inc.						(40,007,538)				29,992,462
14064	26-4674149	AMERIGROUP Louisiana, Inc.						(47,086,624)				(47,086,624)
95832	51-0387398	AMERIGROUP Maryland, Inc.	(30,000,000)					(125,481,176)				(155,481,176)
12586	20-3317697	AMERIGROUP Nevada, Inc.						(51,133,020)				(51,133,020)
95373	22-3375292	AMERIGROUP New Jersey, Inc.	(12,900,000)					(126,270,441)				(139,170,441)
	13-3865627	AMERIGROUP New York, LLC						(242,723,580)				(242,723,580)
10767	13-4212818	AMERIGROUP Ohio Inc	(25,000,000)					(260,846)				(25,260,846)
12941	20-4776597	AMERIGROUP Tennessee, Inc.		15,000,000				(126,351,038)				(111,351,038)
95314	75-2603231	AMERIGROUP Texas, Inc.	(69,300,000)					(284,588,752)				(353,888,752)
14073	27-3510384	AMERIGROUP Washington, Inc.			70,000,000			(48,187,741)				21,812,259
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(10,900,000)					(133,337,540)				(144,237,540)
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(148,600,000)					(1,046,586,041)	(7,006,001)			(1,202,192,042)
	60217	Anthem Health Plans, Inc.	(117,200,000)					(326,809,281)				(444,009,281)
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(162,100,000)					(346,884,303)				(508,984,303)
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(43,000,000)					(103,697,336)				(146,697,336)
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(15,000,000)					(47,481,323)	.39,532			(62,441,791)
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(335,000,000)					(595,833,600)	4,612,685			(926,220,915)
28207	35-0781558	Anthem Insurance Companies, Inc.	(570,000,000)	(5,000,000)	18,000,000			(1,108,125,855)	985,079			(1,682,140,776)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.						(8,098,434)				(2,934,642)
13573	20-5876774	Anthem Life and Disability Insurance Company						(1,413,232)				(1,413,232)
61069	35-0980405	Anthem Life Insurance Company	(48,100,000)					(37,535,543)	19,404,273			(66,231,270)
	35-2145715	Anthem, Inc.	3,234,500,000	(308,500,000)				5,509,313,931				8,435,313,931
11-3713086	11-3713086	ATH Holding Company, LLC						10,960,079				10,960,079
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.		95,000,000				(414,865,223)				(319,865,223)
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(25,200,000)					(326,803,963)				(352,003,963)
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(86,716,552)	16,716,552				(122,943,372)	(90,061)			(193,033,433)
95-3760980	95-3760980	Blue Cross of California	(150,000,000)	(100,000,000)				(1,178,605,644)	265,269			(1,428,340,375)
20-2994048	20-2994048	Blue Cross of California Partnership Plan, Inc.						(203,844,260)				(203,844,260)
95-4694706	95-4694706	Caremore Health Plan	(40,000,000)					(120,547,913)				(160,547,913)
13562	38-3975280	Caremore Health Plan of Arizona, Inc.						(52,977,527)				(52,977,527)
13753	27-1848815	CareMore Health Plan of Colorado, Inc.						(13,740)				(13,740)

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13605	26-4001602	Caremore Health Plan of Nevada		5,000,000			(15,511,443)				(10,511,443)	
	20-2076421	CareMore Health System					23,656,158				23,656,158	
10345	31-1440175	Community Insurance Company	(250,000,000)			(874,137,775)					(1,124,137,775)	
95693	39-1462554	Compcare Health Services Insurance Corporation	(8,283,448)	(16,716,552)			(87,061,403)				(112,061,403)	
	01-0822645	DeCare Dental, LLC					(39,644,429)				(39,644,429)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(555,000,000)				(564,042,093)				(1,119,042,093)	
95433	13-3874803	Empire HealthChoice HMO, Inc.	(165,000,000)				(162,137,659)				(327,137,659)	
	95-2907752	Golden West Health Plan, Inc.					(694,447)				(694,447)	
97217	58-1473042	Greater Georgia Life Insurance Company					(5,280,019)				(5,280,019)	
	51-0365660	Health Core, Inc.					(22,690,893)				(22,690,893)	
95169	54-1356687	HealthKeepers, Inc.	(25,000,000)				(267,589,751)	(4,612,685)			(297,202,436)	1,187,401
96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				7,412,537	(4,798)			(4,592,261)	
	43-1364135	HealthLink, Inc.					(63,716,858)				(63,716,858)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(100,000,000)				(293,572,691)				(393,572,691)	
95473	84-1017384	HMO Colorado, Inc.	(7,584,931)	(815,069)			(39,046,518)				(47,446,518)	
95358	37-1216698	HMO Missouri, Inc.	(20,000,000)				(16,071,285)				(36,071,285)	
	98-0408753	HTH Re, LTD						7,006,001			7,006,001	(5,591,789)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(25,000,000)				(95,464,883)				(120,464,883)	
	35-1840597	National Government Services, Inc.		5,000,000			(19,972,264)				(14,972,264)	
85286	75-1461960	OneNation Insurance Company					(81,761)	106,489			24,728	218,560
83640	36-3506910	RightCHOICE Insurance Company		500,000			(41,851)				458,149	
	47-0851593	RightCHOICE Managed Care, Inc.					(19,447,446)				(19,447,446)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(55,215,069)	815,069			(262,964,956)	(1,078,645)			(318,443,601)	
	35-1835818	The Anthem Companies, Inc.					(4,362,969,140)				4,362,969,140	
45-5443372	45-5443372	The Anthem Companies of California, Inc.					173,944,762				173,944,762	
70700	36-3304416	UNICARE Health Insurance Company of the Midwest					(369,181)				(369,181)	
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.					(652,394)				652,394	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(4,000,000)				(38,926,296)				(42,926,296)	
	95420	74-2151310	UNICARE Health Plans of Texas, Inc.				(238,470)				238,470	
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.					7,442				7,442	
80314	52-0913817	UNICARE Life & Health Insurance Company	(100,000,000)				(57,129,445)	(19,627,138)			(176,756,583)	26,235,835
	20-3620996	WellPoint Holding Corp					16,858,680				16,858,680	
45-2736438	45-2736438	WellPoint Information Technology Services		100,000,000			225,930,818				325,930,818	
	36-3897080	WellPoint Partnership Plan, LLC					(19,758,045)				(19,758,045)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

**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.

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?	WAIVED
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 Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

**AUGUST FILING**

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
--	-----

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

**MARCH FILING**

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

**APRIL FILING**

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

**AUGUST FILING**

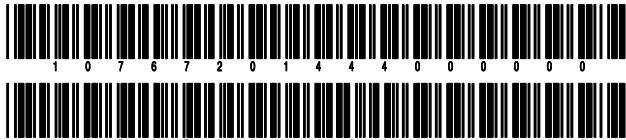
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanations:

- 11.
- 12.
- 13.
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- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
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- 25.
- 26.

Bar Codes:

2. Actuarial Opinion [Document Identifier 440]



11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



12. Life Supplement [Document Identifier 205]



13. Property/Casualty Supplement [Document Identifier 207]



14. SIS Stockholder Information Supplement [Document Identifier 420]



15. Participating Opinion for Exhibit 5 [Document Identifier 371]



16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



17. Medicare Part D Coverage Supplement [Document Identifier 365]

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]  
  
1 0 7 6 7 2 0 1 4 2 2 4 0 0 0 0 0 0
- 19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]  
  
1 0 7 6 7 2 0 1 4 2 2 5 0 0 0 0 0 0
- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]  
  
1 0 7 6 7 2 0 1 4 2 2 6 0 0 0 0 0 0
- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]  
  
1 0 7 6 7 2 0 1 4 3 0 6 0 0 0 0 0 0
- 22. Life Supplement [Document Identifier 211]  
  
1 0 7 6 7 2 0 1 4 2 1 1 0 0 0 0 0 0
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]  
  
1 0 7 6 7 2 0 1 4 2 1 3 0 0 0 0 0 0
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]  
  
1 0 7 6 7 2 0 1 4 2 1 6 0 0 0 0 0 0
- 25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]  
  
1 0 7 6 7 2 0 1 4 2 1 7 0 0 0 0 0 0
- 26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]  
  
1 0 7 6 7 2 0 1 4 2 2 3 0 0 0 0 0 0

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