



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NAIC Group Code 0671 NAIC Company Code 10767 Employer's ID Number 13-4212818
(Current) (Prior)

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 No

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 757-490-6900
(Street and Number) (Area Code) (Telephone Number)
Virginia Beach, VA, US 23462

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 262-523-2439
(Street and Number) (Area Code) (Telephone Number)
Waukesha, WI, US 53188

Internet Website Address www.amerigroup.com
Statutory Statement Contact Brenda J. Buss 262-523-2439
(Name) (Area Code) (Telephone Number)
Brenda.Buss@anthem.com 262-523-4945
(E-mail Address) (FAX Number)

OFFICERS

President/Chairperson Tunde Sotayo Sotunde # Treasurer Robert David Kretschmer
Secretary Kathleen Susan Kiefer Vice President/Assistant Secretary Jack Louis Young

OTHER

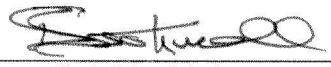
Eric (Rick) Kenneth Noble, Assistant Treasurer Mark Anthony Blessinger Jr. #, Valuation Actuary

DIRECTORS OR TRUSTEES

Carter Allen Beck Tunde Sotayo Sotunde Wayne Scott DeVeydt
Catherine Irene Kelaghan

State of Virginia SS:
County of Virginia Beach

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.

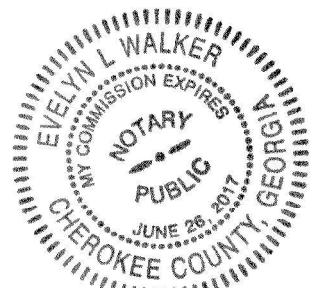

Tunde Sotayo Sotunde
President/Chairperson


Kathleen Susan Kiefer
Secretary


Robert David Kretschmer
Treasurer

Subscribed and sworn to before me this
29 day of January 2016
Evelyn L. Walker

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 2015 OF THE AMERIGROUP Ohio, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIGROUP Ohio, Inc.

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 |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed | | | | | | |
| 0199999. Total Pharmaceutical Rebate Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed | | | | | | |
| 0299999. Total Claim Overpayment Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed | | | | | | |
| 0399999. Total Loans and Advances to Providers | 0 | 0 | 0 | 0 | 0 | 0 |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed | | | | | | |
| 0499999. Total Capitation Arrangement Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed | | | | | | |
| 0599999. Total Risk Sharing Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699998. Aggregate Other Receivables Not Individually Listed | | | | 423,408 | 423,408 | |
| 0699999. Total Other Receivables | 0 | 0 | 0 | 423,408 | 423,408 | 0 |
| 0799999 Gross health care receivables | 0 | 0 | 0 | 423,408 | 423,408 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIGROUP Ohio, Inc.

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

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 Health Care Receivables in Prior Years (Columns 1 + 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|--|--|--|--|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | | |
| 1. Pharmaceutical rebate receivables | | | | | 0 | 0 |
| 2. Claim overpayment receivables | | | | | 0 | 0 |
| 3. Loans and advances to providers | | | | | 0 | 0 |
| 4. Capitation arrangement receivables | | | | | 0 | 0 |
| 5. Risk sharing receivables | | | | | 0 | 0 |
| 6. Other health care receivables | | | 423,408 | | 423,408 | 0 |
| 7. Totals (Lines 1 through 6) | 0 | 0 | 423,408 | 0 | 423,408 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIGROUP Ohio, Inc.

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

Aging Analysis of Unpaid Claim

ANNUAL STATEMENT FOR THE YEAR 2015 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 | 9,578 | | | | | 9,578 | |
| Anthem, Inc. | 1,227 | | | | | 1,227 | |
| 0199999. Individually listed receivables | 10,806 | 0 | 0 | 0 | 0 | 10,805 | 0 |
| 0299999. Receivables not individually listed | 76 | | | | | 76 | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 0399999 Total gross amounts receivable | 10,881 | 0 | 0 | 0 | 0 | 10,881 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 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 |
|---|---------------------------|-------------|--------------|------------------|
| CareMore Health Plan | Administrative Processing | 745 | 745 | |
| CareMore Health Plan of Arizona | Administrative Processing | 207 | 207 | |
| AMERIGROUP Corporation | Administrative Processing | 178 | 178 | |
| 0199999. Individually listed payables | | 1,130 | 1,130 | 0 |
| 0299999. Payables not individually listed | | 159 | 159 | |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| 0399999 Total gross payables | | 1,290 | 1,290 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 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 | 0 | 0.0 | XXX | XXX | | |
| 6. Contractual fee payments | (664,074) | 100.0 | XXX | XXX | | (664,074) |
| 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 | (664,074) | 100.0 | XXX | XXX | 0 | (664,074) |
| 13. TOTAL (Line 4 plus Line 12) | (664,074) | 100% | XXX | XXX | 0 | (664,074) |

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 |
|-----------------|---------------------------|----------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 99999999 Totals | | | | XXX | XXX |

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 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 | | | |
| 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 2015 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 | 2 | 3 | 4 | 5 | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | 0 | | | | | | | | | |
| 2. First Quarter | | 0 | | | | | | | | | |
| 3. Second Quarter | | 0 | | | | | | | | | |
| 4. Third Quarter | | 0 | | | | | | | | | |
| 5. Current Year | | 0 | | | | | | | | | |
| 6. Current Year Member Months | | 0 | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7 Physician | | 0 | | | | | | | | | |
| 8. Non-Physician | | 0 | | | | | | | | | |
| 9. Total | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | | 0 | | | | | | | | | |
| 12. Health Premiums Written (b) | | 81,374 | | | | | | | | 81,374 | |
| 13. Life Premiums Direct | | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | 0 | | | | | | | | | |
| 15. Health Premiums Earned | | 81,374 | | | | | | | | 81,374 | |
| 16. Property/Casualty Premiums Earned | | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | (664,074) | | | | | | | | (664,074) | |
| 18. Amount Incurred for Provision of Health Care Services..... | | (664,074) | | | | | | | | (664,074) | |

(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 2015 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 | | | | 2015 | 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 |
| Total Members at end of: | | | | | | | | | | | |
| 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 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 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 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | | 81,374 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81,374 | 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 | | 81,374 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81,374 | 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 | | (664,074) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (664,074) | 0 |
| 18. Amount Incurred for Provision of Health Care Services | | (664,074) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (664,074) | 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 2015 OF THE AMERIGROUP Ohio, Inc.

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

| | 1 2015 | 2 2014 | 3 2013 | 4 2012 | 5 2011 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | .0 | 0 | 0 | .0 | 0 |
| 2. Title XVIII - Medicare | .0 | 0 | 0 | .0 | 0 |
| 3. Title XIX - Medicaid | .0 | 0 | 2,037 | 4,265 | 3,513 |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. Total hospital and medical expenses | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | .0 | 0 | 0 | .0 | 0 |
| 8. Reinsurance recoverable on paid losses | .0 | 0 | 328 | 168 | 489 |
| 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 |
| 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 | 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 2015 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) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 10,772,926 | | 10,772,926 |
| 2. Accident and health premiums due and unpaid (Line 15) | 0 | | 0 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | | | 0 |
| 4. Net credit for ceded reinsurance | XXX | 0 | 0 |
| 5. All other admitted assets (Balance) | 218,733 | | 218,733 |
| 6. Total assets (Line 28) | 10,991,659 | 0 | 10,991,659 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | | | 0 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | 0 |
| 9. Premiums received in advance (Line 8) | | | 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 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | | 0 |
| 14. All other liabilities (Balance) | 282,534 | | 282,534 |
| 15. Total liabilities (Line 24) | 282,534 | 0 | 282,534 |
| 16. Total capital and surplus (Line 33) | 10,709,124 | XXX | 10,709,124 |
| 17. Total liabilities, capital and surplus (Line 34) | 10,991,659 | 0 | 10,991,659 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | 0 |
| 19. Accrued medical incentive pool | | | 0 |
| 20. Premiums received in advance | | | 0 |
| 21. Reinsurance recoverable on paid losses | | | 0 |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 0 | | |
| 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 | 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 2015 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 | N/A | Imaging Management Holdings, L.L.C. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 12354 | 20-2073598 | | | AMERIGROUP Community Care of New Mexico, Inc. | | NM | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | 54-1739323 | | | AMERIGROUP Corporation | | DE | UDP | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 95093 | 65-0318864 | | | AMERIGROUP Florida, Inc. | | FL | IA | PHP Holdings, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 14078 | 45-2485907 | | | Amerigroup Insurance Company | | TX | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 15807 | 47-3863197 | | | AMERIGROUP Iowa, Inc. | | IA | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 14276 | 45-3358287 | | | Amerigroup Kansas, Inc. | | KS | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 14064 | 26-4674149 | | | AMERIGROUP Louisiana, Inc. | | LA | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 95832 | 51-0387398 | | | AMERIGROUP Maryland, Inc. | | MD | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 12586 | 20-3317697 | | | AMERIGROUP Nevada, Inc. | | NV | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 95373 | 22-3375292 | | | AMERIGROUP New Jersey, Inc. | | NJ | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 10767 | 13-4212818 | | | AMERIGROUP Ohio, Inc. | | OH | RE | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | 80-0771594 | | | Amerigroup Services, Inc. | | VA | N/A | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 12941 | 20-4776597 | | | AMERIGROUP Tennessee, Inc. | | TN | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 95314 | 75-2603231 | | | AMERIGROUP Texas, Inc. | | TX | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 14073 | 27-3510384 | | | AMERIGROUP Washington, Inc. | | WA | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | 12229 | 06-1696189 | | | AMGP Georgia Managed Care Company, Inc. | | GA | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Blue Cross Life and Health Insurance Company | | CA | IA | WellPoint California Services, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Financial, Inc. | | DE | N/A | Associated Group, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | AmHealth Health Insurance Company of Nevada | | NV | N/A | HMO Colorado, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Health Plans of Kentucky, Inc. | | KY | IA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Health Plans of Maine, Inc. | | ME | IA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Health Plans of New Hampshire, Inc. | | NH | IA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Health Plans of Virginia, Inc. | | VA | IA | Anthem Southeast, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Health Plans, Inc. | | CT | IA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Holding Corp. | | IN | N/A | Anthem, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | New York Stock Exchange (NYSE) | | IN | UIP | WellPoint Acquisition, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem, Inc. | | IN | IA | Rocky Mountain Hospital and Medical Service, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Insurance Companies, Inc. | | IN | N/A | Anthem, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Kentucky Managed Care Plan, Inc. | | KY | IA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Life & Disability Insurance Company | | NY | IA | WellPoint Acquisition, LLC | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | | | | | Rocky Mountain Hospital and Medical Service, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Life Insurance Company | | IN | IA | Anthem Life Insurance Company | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Merger Sub Corp. | | DE | N/A | Anthem, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Southeast, Inc. | | IN | N/A | Anthem, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem UM Services, Inc. | | IN | N/A | UNICARE Specialty Services, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | | | | | Anthem Blue Cross Life and Health Insurance Company | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Anthem Workers' Compensation, LLC | | IN | N/A | Insurance Company | Ownership | .75.000 | Anthem, Inc. | |
| | | | | | | Anthem Workers' Compensation, LLC | | IN | N/A | HealthLink, Inc. | Ownership | .25.000 | Anthem, Inc. | |
| | | | | | | Arcus Enterprises, Inc. | | DE | N/A | Anthem Holding Corp. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | ARCUS HealthLiving Services, Inc. | | IN | N/A | Arcus Enterprises, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Associated Group, Inc. | | IN | N/A | Anthem Insurance Companies, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | ATH Holding Company, LLC | | IN | UIP | Anthem, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Better Health, Inc. | | FL | IA | Simply Healthcare Holdings, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | Blue Cross and Blue Shield of Georgia, Inc. | | GA | IA | Cerulean Companies, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| | | | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2015 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. | | 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 | CMC Holding Company, LLC | Ownership | .2.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | 46-0613946 | | | CareMore Services Company, LLC | | IN | NIA | The Anthem Companies, Inc. | Ownership | .100.000 | 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. | | | | | Forty-Four Forty-Four Forest Park | | | | | | | | |
| 0671 | Anthem, Inc. | | | 43-1047923 | | Redevelopment Corp. | | MO | NIA | RightCHOICE Managed Care, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | 95-2907752 | | Golden West Health Plan, Inc. | | CA | IA | WellPoint California Services, Inc. | Ownership | .100.000 | Anthem, Inc. | .0104 |
| 0671 | Anthem, Inc. | | | 26-4286154 | | Government Health Services, LLC | | WI | NIA | ATH Holding Company, LLC | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | Greater Georgia Life Insurance Company | | GA | IA | Blue Cross and Blue Shield of Georgia, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | 97217 | 58-1473042 | Health Core, Inc. | | DE | NIA | Arcus Enterprises, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | Health Management Corporation | | VA | NIA | Southeast Services, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | Health Ventures Partner, L.L.C. | | IL | NIA | UNICARE National Services, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | HealthKeepers, Inc. | | VA | IA | Anthem Southeast, Inc. | Ownership | .92.510 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | HealthKeepers, Inc. | | VA | IA | UNICARE National Services, Inc. | Ownership | .7.490 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | HealthLink HMO, Inc. | | MO | IA | HealthLink, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | HealthLink, Inc. | | IL | NIA | RightCHOICE Managed Care, Inc. | Ownership | .100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | | | | HealthPlus HP, LLC | | NY | IA | AMERIGROUP Corporation | Ownership | .100.000 | Anthem, Inc. | .0100 |

ANNUAL STATEMENT FOR THE YEAR 2015 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. | 78972 | 86-0257201 | | | | Healthy Alliance Life Insurance Company | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Anthem, Inc. | |
| 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. | | 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. | | 27-0757414 | | | | Simply Healthcare Holdings, Inc. | FL | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | 13726 | 27-0945036 | | | Simply Healthcare Plans, Inc. | FL | IA | Simply Healthcare Holdings, 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. | | 02-0581429 | | | | Tidgewell Associates, Inc. | MD | 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. | | 11810 | 84-1620480 | | | UNICARE Health Plan of West Virginia, Inc. | WV | IA | UNICARE National Services, Inc. | Ownership | 100.000 | Anthem, Inc. | |
| 0671 | Anthem, Inc. | | 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. | |

ANNUAL STATEMENT FOR THE YEAR 2015 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 Reportin g 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. | | 98-0552141 .. | | | | WPMI (Shanghai) Enterprise Service Co. Ltd. | CHN .. | NIA .. | WPMI, LLC .. | Ownership..... | .100.000 .. | Anthem, Inc. | |
| ..0671 | Anthem, Inc. | | 20-8672847 .. | | | | WPMI, LLC .. | DE .. | NIA .. | ATH Holding Company, LLC .. | Ownership..... | .69.910 .. | 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 unaffiliated investors |
| 0106 | 30.09% owned by unaffiliated investors |

ANNUAL STATEMENT FOR THE YEAR 2015 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) |
|------------------------------|---|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|-----------------|---|
| 36-3692630 | American Imaging Management, Inc. | | | | | | (38,492,417) | | | | (38,492,417) | |
| 12354 | 20-2073598 | AMERIGROUP Community Care of New Mexico, Inc. | | | | | (794,276) | | | | (794,276) | |
| | 54-1739323 | AMERIGROUP Corporation | 77,700,000 | | | | 86,724,878 | | | | 164,424,878 | |
| .95093 | 65-0318864 | AMERIGROUP Florida, Inc. | | | | | (125,581,745) | | | | (125,581,745) | |
| .14078 | 45-2485907 | AMERIGROUP Insurance Company | | | | | (54,328,274) | | | | (54,328,274) | |
| .15807 | 47-3863197 | AMERIGROUP Iowa, Inc. | | 71,000,000 | | | (8,729,674) | | | | 62,270,326 | |
| .14276 | 45-3358287 | AMERIGROUP Kansas, Inc. | | | | | (80,060,605) | | | | (80,060,605) | |
| .14064 | 26-4674149 | AMERIGROUP Louisiana, Inc. | | 15,000,000 | | | (53,542,973) | | | | (38,542,973) | |
| .95832 | 51-0387398 | AMERIGROUP Maryland, Inc. | (20,000,000) | | | | (110,007,756) | | | | (130,007,756) | |
| .12586 | 20-3317697 | AMERIGROUP Nevada, Inc. | | 10,000,000 | | | (65,358,532) | | | | (55,358,532) | |
| .95373 | 22-3375292 | AMERIGROUP New Jersey, Inc. | (77,700,000) | | | | (144,874,688) | | | | (222,574,688) | |
| .10767 | 13-4212818 | AMERIGROUP Ohio Inc | | | | | 160,755 | | | | 160,755 | |
| .12941 | 20-4776597 | AMERIGROUP Tennessee, Inc. | | | | | (203,108,064) | | | | (203,108,064) | |
| .95314 | 75-2603231 | AMERIGROUP Texas, Inc. | | | | | (389,975,890) | | | | (389,975,890) | |
| .14073 | 27-3510384 | AMERIGROUP Washington, Inc. | | | | | (56,114,711) | | | | (56,114,711) | |
| .12229 | 06-1696189 | AMGP Georgia Managed Care Company, Inc. | (13,600,000) | | | | (158,935,552) | | | | (172,535,552) | |
| .62825 | 95-4331852 | Anthem Blue Cross Life and Health Insurance Company, Inc. | | (305,600,000) | | | (1,021,188,675) | (5,154,126) | | | (1,331,942,801) | 6,377,529 |
| .60217 | 06-1475928 | Anthem Health Plans, Inc. | (106,900,000) | | | | (315,728,591) | | | | (422,628,591) | |
| .95120 | 61-1237516 | Anthem Health Plans of Kentucky, Inc. | (125,000,000) | | | | (389,032,778) | | | | (514,032,778) | |
| .52618 | 31-1705652 | Anthem Health Plans of Maine, Inc. | (19,100,000) | | | | (113,334,069) | | | | (132,434,069) | |
| .53759 | 02-0510530 | Anthem Health Plans of New Hampshire, Inc. | (15,000,000) | | | | (54,088,119) | 1,268 | | | (69,086,851) | |
| .71835 | 54-0357120 | Anthem Health Plans of Virginia, Inc. | (234,900,000) | | | | (589,253,725) | 4,372,035 | | | (819,781,690) | (2,278,504) |
| .11-3713086 | ATH Holding Company, LLC (G0120) | | | | | | 60,818,767 | | | | 60,818,767 | |
| .28207 | 35-0781558 | Anthem Insurance Companies, Inc. | (389,000,000) | | 15,000,000 | | (1,282,029,451) | 1,736,083 | | | (1,669,293,368) | (34,270,356) |
| .15543 | 47-0992859 | Anthem Kentucky Managed Care Plan, Inc. | | | | | (63,745,125) | | | | (48,745,125) | |
| .13573 | 20-5876774 | Anthem Life and Disability Insurance Company | | | | | (1,317,592) | | | | (1,317,592) | |
| .61069 | 35-0980405 | Anthem Life Insurance Company | (34,300,000) | | | | (42,435,918) | 14,187,151 | | | (62,548,767) | 6,865,000 |
| .35-2145715 | Anthem, Inc. | 2,672,300,000 | (133,507,076) | | | | 6,193,479,084 | | | | 8,732,272,008 | |
| .15480 | 20-4889378 | Better Health, Inc. | | | | | (26,429,994) | | | | (26,429,994) | |
| .54801 | 58-0469845 | Blue Cross and Blue Shield of Georgia, Inc. | (55,000,000) | (5,000,000) | | | (385,122,411) | | | | (445,122,411) | |
| .96962 | 58-1638390 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | (40,000,000) | | | | (370,179,369) | | | | (410,179,369) | |
| .54003 | 39-0138065 | Blue Cross Blue Shield of Wisconsin | (79,300,000) | | | | (133,307,003) | 65 | | | (212,606,938) | |
| .95-3760980 | Blue Cross of California | (300,000,000) | (50,000,000) | | | | (1,309,509,777) | 281,493 | | | (1,659,228,284) | |
| .20-2994048 | Blue Cross of California Partnership Plan, Inc. | | | | | | (321,212,908) | | | | (321,212,908) | |
| .20-2076421 | CareMore Health System | | | | | | 25,260,827 | | | | 25,260,827 | |
| .95-4694706 | Caremore Health Plan | (30,000,000) | | | | | (159,410,247) | | | | (189,410,247) | |
| .13562 | 38-3975280 | Caremore Health Plan of Arizona, Inc. | | | | | (66,483,692) | | | | (66,483,692) | |

ANNUAL STATEMENT FOR THE YEAR 2015 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) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|-----------------|---|
| 13753 | 27-1848815 | CareMore Health Plan of Colorado, Inc. | | | | | (1,865) | | | | (1,865) | |
| 13605 | 26-4001602 | Caremore Health Plan of Nevada | | 7,000,000 | | | (22,136,212) | | | | (15,136,212) | |
| 10345 | 31-1440175 | Community Insurance Company | (276,800,000) | | | | (933,914,831) | | | | (1,210,714,831) | |
| 95693 | 39-1462554 | Compcare Health Services Insurance Corporation | (10,700,000) | | | | (93,511,063) | | | | (104,211,063) | |
| | 01-0822645 | DeCare Dental, LLC | | | | | (46,954,399) | | | | (46,954,399) | |
| 55093 | 23-7391136 | Empire HealthChoice Assurance, Inc. | (300,000,000) | | | | (586,829,515) | | | | (886,829,515) | |
| 95433 | 13-3874803 | Empire HealthChoice HMO, Inc. | | | | | (146,998,590) | | | | (146,998,590) | |
| | 95-2907752 | Golden West Health Plan, Inc. | | | | | (617,754) | | | | (617,754) | |
| 97217 | 58-1473042 | Greater Georgia Life Insurance Company | | 5,000,000 | | | (5,331,863) | | | | (331,863) | |
| | 51-0365660 | Health Core, Inc. | | | | | (20,179,330) | | | | (20,179,330) | |
| 95169 | 54-1356687 | HealthKeepers, Inc. | | 15,000,000 | | | (384,825,789) | (4,372,035) | | | (374,197,824) | 2,278,504 |
| 96475 | 43-1616135 | HealthLink HMO, Inc. | | | | | 7,712,475 | | | | 7,712,475 | |
| | 43-1364135 | HealthLink, Inc. | | | | | (65,916,503) | | | | (65,916,503) | |
| | 13-3865627 | HealthPlus LLC | | | | | (335,111,835) | | | | (335,111,835) | |
| 78972 | 86-0257201 | Healthy Alliance Life Insurance Company | (110,700,000) | | | | (287,947,230) | | | | (398,647,230) | |
| 95473 | 84-1017384 | HMO Colorado, Inc. | | | | | (43,392,627) | | | | (43,392,627) | |
| 95358 | 37-1216698 | HMO Missouri, Inc. | (800,000) | | | | (15,700,029) | | | | (16,500,029) | |
| | 98-0408753 | HTH Re, LTD | | | | | | 5,154,126 | | | 5,154,126 | (6,377,529) |
| 95527 | 02-0494919 | Matthew Thornton Health Plan, Inc. | (25,000,000) | | | | (94,896,948) | | | | (119,896,948) | |
| | 35-1840597 | National Government Services, Inc. | | | | | (20,571,487) | | | | (20,571,487) | |
| 85286 | 75-1461960 | OneNation Insurance Company | (77,100,000) | 507,076 | | | (805,309) | | | | (77,398,233) | |
| 11011 | 84-0747736 | Rocky Mountain Hospital and Medical Service, Inc. | (73,700,000) | | | | (289,684,503) | (190,546) | | | (363,575,049) | |
| 13726 | 27-0945036 | Simply Healthcare Plans, Inc. | | | | | 13,429,921 | | | | 13,429,921 | |
| | 35-1835818 | The Anthem Companies, Inc. | | | | | 4,840,567,913 | | | | 4,840,567,913 | |
| | 45-5443372 | The Anthem Companies of California, Inc. | | | | | 159,570,275 | | | | 159,570,275 | |
| | 61-1459939 | Anthem Holding Corp. | | | | | (14,984,321) | | | | (14,984,321) | |
| 12805 | 20-4842073 | UNICARE Health Plan of Kansas, Inc. | | | | | 423,129 | | | | 423,129 | |
| 11810 | 84-1620480 | UNICARE Health Plan of West Virginia, Inc. | (5,900,000) | | | | (40,534,849) | | | | (46,434,849) | |
| 95420 | 74-2151310 | UNICARE Health Plans of Texas, Inc. | | | | | 536,623 | | | | 536,623 | |
| 80314 | 52-0913817 | UNICARE Life & Health Insurance Company | (23,900,000) | | | | (76,287,576) | (16,015,514) | | | (116,203,090) | 27,405,356 |
| | 45-2736438 | WellPoint Information Technology Services | | 50,000,000 | | | 296,591,038 | | | | 346,591,038 | |
| | 36-3897080 | WellPoint Partnership Plan, Inc. | | | | | (24,426,656) | | | | (24,426,656) | |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 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? | WAIVED |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | WAIVED |

AUGUST FILING

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

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

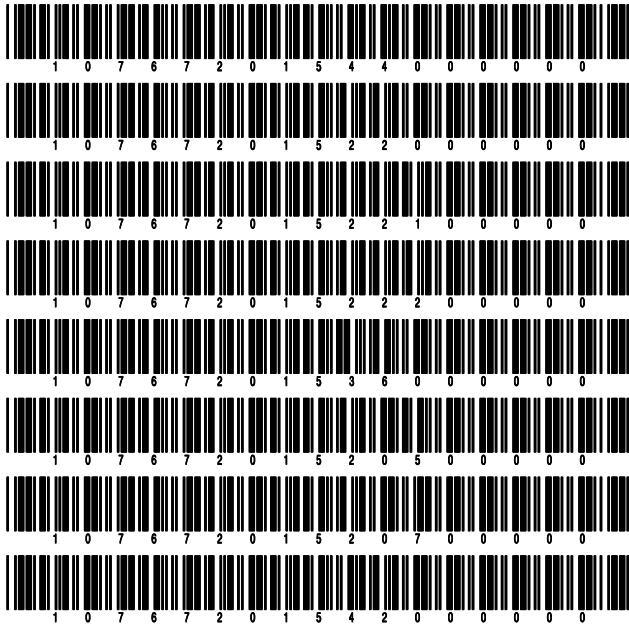
| | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
|--|----|

Explanations:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
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- 26.

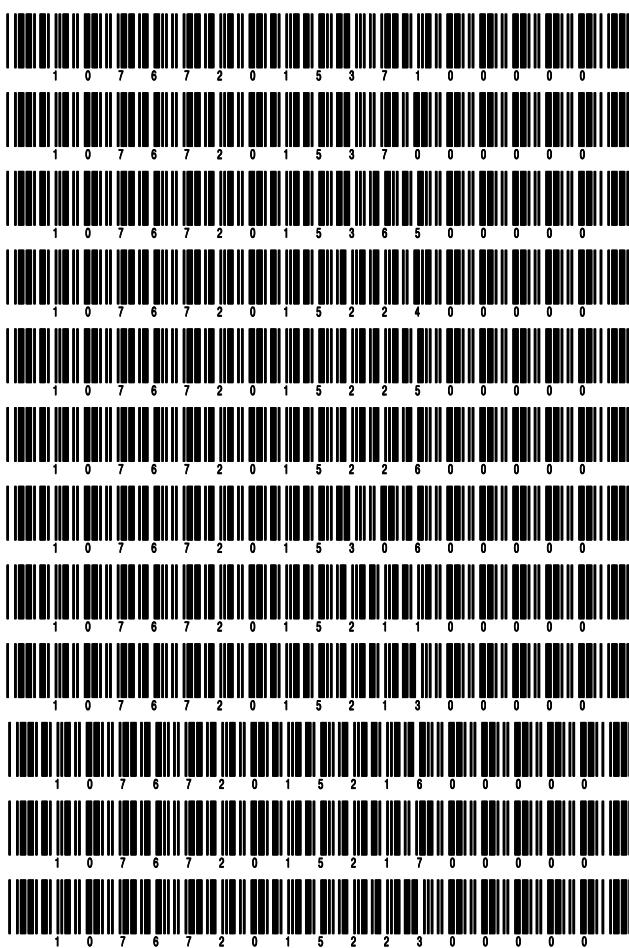
Bar Codes:

2. Actuarial Opinion [Document Identifier 440]
8. Audited Financial Report [Document Identifier 220]
9. Accountants Letter of Qualifications [Document Identifier 221]
10. Communication of Internal Control Related Matters Noted in Audit [Document Identifier 222]
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]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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