



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NAIC Group Code 0671 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 [ X ]

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 757-490-6900  
(City or Town, State, Country and Zip Code) (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 262-523-2439  
(City or Town, State, Country and Zip Code) (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@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

Tunde Sotayo Sotunde  
President/Chairperson

Kathleen Susan Kiefer

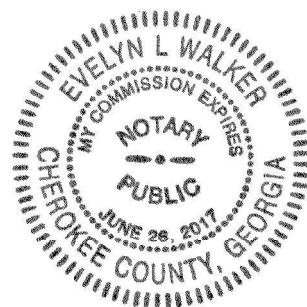
Kathleen Susan Kiefer  
Secretary

Robert David Kretschmer

Robert David Kretschmer  
Treasurer

Subscribed and sworn to before me this 28 day of April, 2016  
Evelyn L. Walker

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



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	3,703,432	0	3,703,432	3,725,537
2. Stocks:				
2.1 Preferred stocks .....			0	
2.2 Common stocks .....			0	
3. Mortgage loans on real estate:				
3.1 First liens .....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	
5. Cash (\$ .....7,300 ), cash equivalents (\$ ..... ) and short-term investments (\$ .....7,150,950 ) .....	7,158,250		7,158,250	7,047,389
6. Contract loans (including \$ ..... premium notes) .....			0	
7. Derivatives .....			0	
8. Other invested assets .....			0	
9. Receivables for securities .....			0	
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	10,861,682	0	10,861,682	10,772,926
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	
14. Investment income due and accrued .....	11,467		11,467	45,867
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	
16.2 Funds held by or deposited with reinsured companies .....			0	
16.3 Other amounts receivable under reinsurance contracts .....			0	
17. Amounts receivable relating to uninsured plans .....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	5,504	761	4,743	152,009
19. Guaranty funds receivable or on deposit .....			0	
20. Electronic data processing equipment and software .....			0	
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	
23. Receivables from parent, subsidiaries and affiliates .....	120,069		120,069	10,703
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	14,334	4,179	10,154	10,154
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	11,013,055	4,940	11,008,115	10,991,659
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	
28. Total (Lines 26 and 27)	11,013,055	4,940	11,008,115	10,991,659
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. State income tax recoverable .....	10,154		10,154	10,154
2502. Miscellaneous assets .....	4,179	4,179	0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	14,334	4,179	10,154	10,154

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....			0	
2. Accrued medical incentive pool and bonus amounts .....			0	
3. Unpaid claims adjustment expenses .....	0		0	0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....			0	
5. Aggregate life policy reserves .....			0	
6. Property/casualty unearned premium reserve .....			0	
7. Aggregate health claim reserves .....			0	
8. Premiums received in advance .....			0	
9. General expenses due or accrued .....	878		878	5,540
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	188,339		188,339	260,209
10.2 Net deferred tax liability .....			0	
11. Ceded reinsurance premiums payable .....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated .....	10,461		10,461	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	
15. Amounts due to parent, subsidiaries and affiliates .....			0	1,112
16. Derivatives .....			0	
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ ..... certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	
22. Liability for amounts held under uninsured plans .....			0	
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	26,706	0	26,706	15,673
24. Total liabilities (Lines 1 to 23) .....	226,383	0	226,383	282,534
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	10	10
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	10,396,904	10,396,904
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	384,817	312,210
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	10,781,732	10,709,124
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,008,115	10,991,659
DETAILS OF WRITE-INS				
2301. Unclaimed Property .....	26,706		26,706	15,673
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	26,706	0	26,706	15,673
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	0		
2. Net premium income ( including \$ ..... non-health premium income).....	XXX			81,374
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	0	0	81,374
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		( 18,220)	( 143,886)	(596,942)
10. Other professional services .....				0
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		( 4,195)	( 40,675)	( 67,131)
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....	0	(22,415)	(184,561)	(664,074)
<b>Less:</b>				
17. Net reinsurance recoveries .....				0
18. Total hospital and medical (Lines 16 minus 17) .....	0	(22,415)	(184,561)	(664,074)
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....0 cost containment expenses .....			10,084	29,475
21. General administrative expenses .....		302,028	139,190	148,049
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22).....	0	279,612	(35,287)	(486,550)
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(279,612)	35,287	567,924
25. Net investment income earned .....		8,387	116,963	245,703
26. Net realized capital gains (losses) less capital gains tax of \$ .....62 .....		(62)	6,086	154,473
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	8,325	123,049	400,176
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....0 )]. .....				
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(271,288)	158,336	968,100
31. Federal and foreign income taxes incurred .....	XXX	(71,932)	42,500	219,131
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(199,356)	115,836	748,969
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	10,709,124	10,090,290	10,090,290
34. Net income or (loss) from Line 32 .....	(199,356)	115,836	748,969
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(147,444)	272	148,638
39. Change in nonadmitted assets .....	419,407	144,704	(278,773)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	72,607	260,812	618,834
49. Capital and surplus end of reporting period (Line 33 plus 48)	10,781,732	10,351,102	10,709,124
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance .....	0	0	171,839
2. Net investment income .....	64,892	255,270	659,455
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	64,892	255,270	831,294
5. Benefit and loss related payments .....	(22,415)	(184,561)	(664,074)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	306,691	153,883	193,078
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....62 tax on capital gains (losses) .....	0	0	(157,533)
10. Total (Lines 5 through 9) .....	284,275	(30,678)	(628,529)
11. Net cash from operations (Line 4 minus Line 10) .....	(219,383)	285,948	1,459,823
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	2,268,844	23,351,513
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	362,388	682,833
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	2,631,232	24,034,346
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	1,041,482	2,201,159
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	146,261	284,595
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	1,187,743	2,485,754
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	1,443,489	21,548,592
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	330,245	(248,294)	(4,667,070)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	330,245	(248,294)	(4,667,069)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	110,861	1,481,143	18,341,345
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	7,047,389	(11,293,957)	(11,293,957)
19.2 End of period (Line 18 plus Line 19.1) .....	7,158,250	(9,812,814)	7,047,389

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	0	0	0	0	0	0	0	0	0	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 Period:										
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 (a) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	(22,415)								(22,415)	
18. Amount Incurred for Provision of Health Care Services	(22,415)								(22,415)	

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

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....	(22,415)				(22,415)	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	(22,415)	0	0	0	(22,415)	0
10. Healthcare receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	(22,415)	0	0	0	(22,415)	0

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

NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2015. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Ohio, Inc. (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Ohio Department of Insurance (“ODI”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the ODI is shown below:

	State of Domicile	March 31, 2016	December 31, 2015
<b><u>Net Income</u></b>			
(1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	Ohio	\$ (199,356)	\$ 748,969
(2) State Prescribed Practices that increase/ (decrease) NAIC SAP:		—	—
(3) State Permitted Practices that increase/(decrease) NAIC SAP:		—	—
(4) NAIC SAP (1-2-3=4)	Ohio	\$ (199,356)	\$ 748,969
<b><u>Surplus</u></b>			
(5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 10,781,732	\$ 10,709,124
(6) State Prescribed Practices that increase/ (decrease) NAIC SAP:		—	—
(7) State Permitted Practices that increase/(decrease) NAIC SAP:		—	—
(8) NAIC SAP (5-6-7=8)	Ohio	\$ 10,781,732	\$ 10,709,124

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

No significant change.

C. Accounting Policies

- (1) - (5) No significant change.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value

## NOTES TO FINANCIAL STATEMENTS

all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.

(7) - (13) No significant change.

### **D. Going Concern**

Not applicable.

### **2. Accounting Changes and Corrections of Errors**

Not applicable.

### **3. Business Combinations and Goodwill**

Not applicable.

### **4. Discontinued Operations**

1. - 4. The Company's contract with the Ohio Department of Job and Family Services terminated effective June 30, 2013. The Company is expected to perform certain operations to close out the contract.

5. Not applicable.

### **5. Investments**

#### **A. - C.**

Not applicable.

#### **D. Loan-Backed Securities**

1. Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
2. The Company did not recognize other-than-temporary impairments on its loan-backed securities during the three months ended March 31, 2016.
3. The Company did not hold other-than-temporarily impaired loan-backed securities at March 31, 2016.
4. The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at March 31, 2016.
5. The Company had no impaired loan-backed securities at March 31, 2016.

#### **E. Repurchase Agreements and/or Securities Lending Transactions**

1. Not applicable.
2. No significant change.
3. At March 31, 2016, the Company did not participate in securities lending programs.
4. Not applicable.
5. No significant change.
6. Not applicable.
7. Not applicable.

## NOTES TO FINANCIAL STATEMENTS

**F. - G.**

Not applicable.

**H. Restricted Assets**

No significant change.

**I. Working Capital Finance Investments**

Not applicable.

**J. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting or netting of assets and liabilities at March 31, 2016.

**K. Structured Notes**

Not applicable.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

Not applicable.

**9. Income Taxes**

No significant change.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

**A. Nature of the Relationship**

On July 24, 2015, the Company's ultimate parent company, Anthem, Inc. ("Anthem"), and Cigna Corporation ("Cigna") entered into an Agreement and Plan of Merger dated as of July 23, 2015, by and among Anthem, Cigna and Anthem Merger Sub Corp., a Delaware corporation and a direct wholly-owned subsidiary of Anthem, pursuant to which Anthem will acquire all outstanding shares of Cigna. The acquisition is expected to close in the second half of 2016 and is subject to certain state regulatory approvals, standard closing conditions, customary approvals required under the Hart-Scott-Rodino Antitrust Improvements Act and the approval of both the Anthem, Inc. shareholders and Cigna's stockholders.

**B. - C.**

No significant change.

**D. Amounts Due to or from Related Parties**

At March 31, 2016, the Company reported \$120,069 due from affiliates. The balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

**E. - L.**

No significant change.

## NOTES TO FINANCIAL STATEMENTS

### **11. Debt**

Not applicable.

### **12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

#### **A. Defined Benefit Plan**

Not applicable.

**B.** Not applicable.

**C.** Not applicable.

**D.** Not applicable.

#### **E. Defined Contribution Plans**

Not applicable.

#### **F. Multiemployer Plans**

The Company does not participate in a multiemployer plan.

#### **G. Consolidated/Holding Company Plans**

No significant change.

### **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

### **14. Liabilities, Contingencies and Assessments**

Not applicable.

### **15. Leases**

No significant change.

### **16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

#### **A. Transfers of Receivables Reported as Sales**

Not applicable.

#### **B. Transfer and Servicing of Financial Assets**

(1) No significant change.

(2) - (7) Not applicable.

#### **C. Wash Sales**

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

2. At March 31, 2016, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

Not applicable.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

A. There are no assets or liabilities measured at fair value as of March 31, 2016.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 3,748,740	\$ 3,703,432	\$ —	\$ 3,748,740	\$ —	\$ —
Short-term investments	7,150,950	7,150,950	7,150,950	—	—	—

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through March 31, 2016 for the statutory statement issued on May 12, 2016. There were no events occurring subsequent to May 12, 2016 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

Not applicable.

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.
- (4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.
- (5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

Not applicable.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ] No [ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ X ] No [ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ] No [ X ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2013

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2013

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/15/2015

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC



GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ X ] No [ ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$120,069

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds   | \$0   | \$   |
| 14.22 Preferred Stock   | \$0   | \$   |
| 14.23 Common Stock  | \$0   | \$   |
| 14.24 Short-Term Investments  | \$0   | \$   |
| 14.25 Mortgage Loans on Real Estate   | \$0   | \$   |
| 14.26 All Other   | \$0   | \$   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0   | \$0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above                       | \$  | \$   |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [ ] No [ ]

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0
- 16.3 Total payable for securities lending reported on the liability page

\$0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook
- Yes [X] No [ ]

- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon Corporation	One BNY Mellon Center Room 151-1035 Pittsburgh, PA 15258

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes [ ] No [X]

- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
113878	McDonnell Investment Management, LLC	Oak Brook, IL

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?
- Yes [X] No [ ]

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

%
- 1.2 A&H cost containment percent

%
- 1.3 A&H expense percent excluding cost containment expenses

%
- 2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$
- 2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

STATEMENT AS OF MARCH 31, 2016 OF THE AMERIGROUP Ohio, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

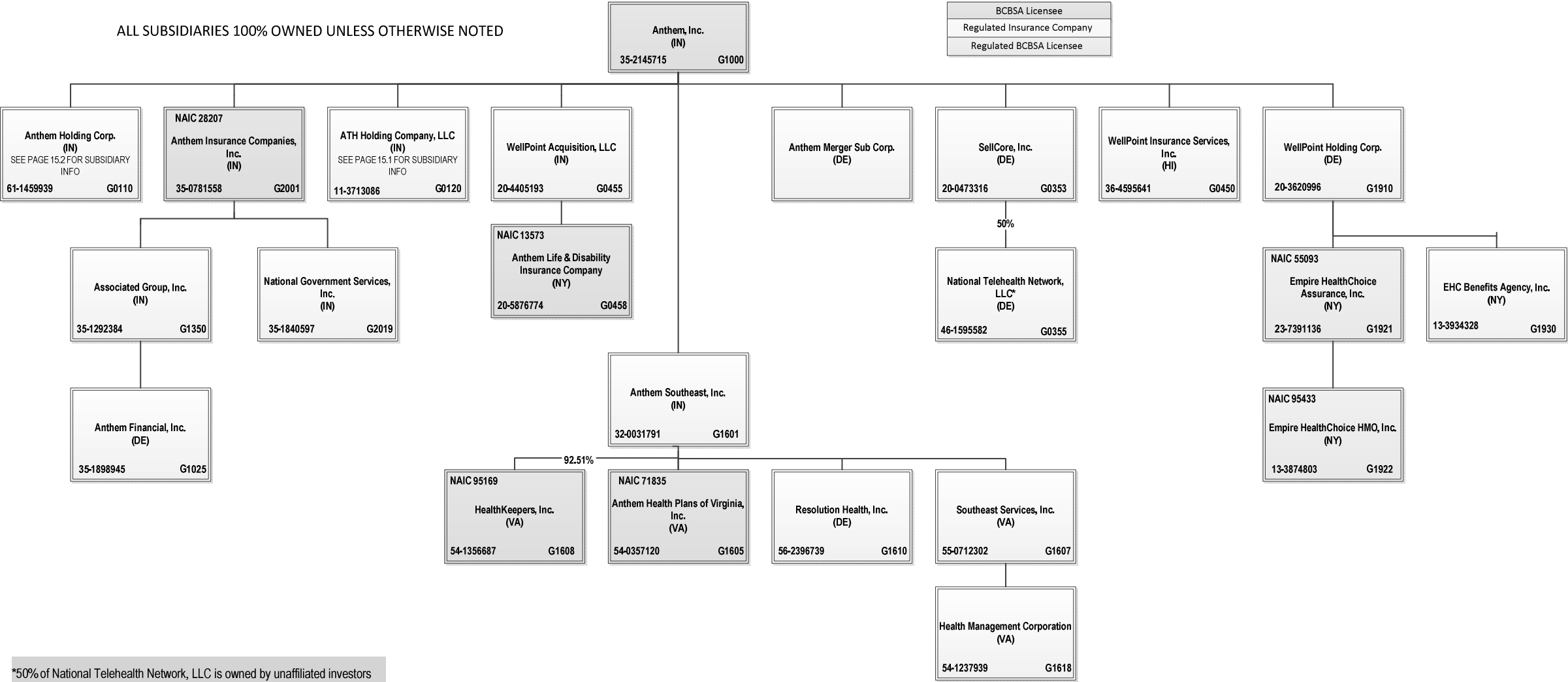
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
States, etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N						0	
2.	Alaska .....	AK	N						0	
3.	Arizona .....	AZ	N						0	
4.	Arkansas .....	AR	N						0	
5.	California .....	CA	N						0	
6.	Colorado .....	CO	N						0	
7.	Connecticut .....	CT	N						0	
8.	Delaware .....	DE	N						0	
9.	District of Columbia .....	DC	N						0	
10.	Florida .....	FL	N						0	
11.	Georgia .....	GA	N						0	
12.	Hawaii .....	HI	N						0	
13.	Idaho .....	ID	N						0	
14.	Illinois .....	IL	N						0	
15.	Indiana .....	IN	N						0	
16.	Iowa .....	IA	N						0	
17.	Kansas .....	KS	N						0	
18.	Kentucky .....	KY	N						0	
19.	Louisiana .....	LA	N						0	
20.	Maine .....	ME	N						0	
21.	Maryland .....	MD	N						0	
22.	Massachusetts .....	MA	N						0	
23.	Michigan .....	MI	N						0	
24.	Minnesota .....	MN	N						0	
25.	Mississippi .....	MS	N						0	
26.	Missouri .....	MO	N						0	
27.	Montana .....	MT	N						0	
28.	Nebraska .....	NE	N						0	
29.	Nevada .....	NV	N						0	
30.	New Hampshire .....	NH	N						0	
31.	New Jersey .....	NJ	N						0	
32.	New Mexico .....	NM	N						0	
33.	New York .....	NY	N						0	
34.	North Carolina .....	NC	N						0	
35.	North Dakota .....	ND	N						0	
36.	Ohio .....	OH	L						0	
37.	Oklahoma .....	OK	N						0	
38.	Oregon .....	OR	N						0	
39.	Pennsylvania .....	PA	N						0	
40.	Rhode Island .....	RI	N						0	
41.	South Carolina .....	SC	N						0	
42.	South Dakota .....	SD	N						0	
43.	Tennessee .....	TN	N						0	
44.	Texas .....	TX	N						0	
45.	Utah .....	UT	N						0	
46.	Vermont .....	VT	N						0	
47.	Virginia .....	VA	N						0	
48.	Washington .....	WA	N						0	
49.	West Virginia .....	WV	N						0	
50.	Wisconsin .....	WI	N						0	
51.	Wyoming .....	WY	N						0	
52.	American Samoa .....	AS	N						0	
53.	Guam .....	GU	N						0	
54.	Puerto Rico .....	PR	N						0	
55.	U.S. Virgin Islands .....	VI	N						0	
56.	Northern Mariana Islands .....	MP	N						0	
57.	Canada .....	CAN	N						0	
58.	Aggregate Other Aliens .....	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal .....	XXX	0	0	0	0	0	0	0	0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX							0	
61.	Totals (Direct Business) .....	(a) 1	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
58001.	.....	XXX								
58002.	.....	XXX								
58003.	.....	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX	0	0	0	0	0	0	0	0

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

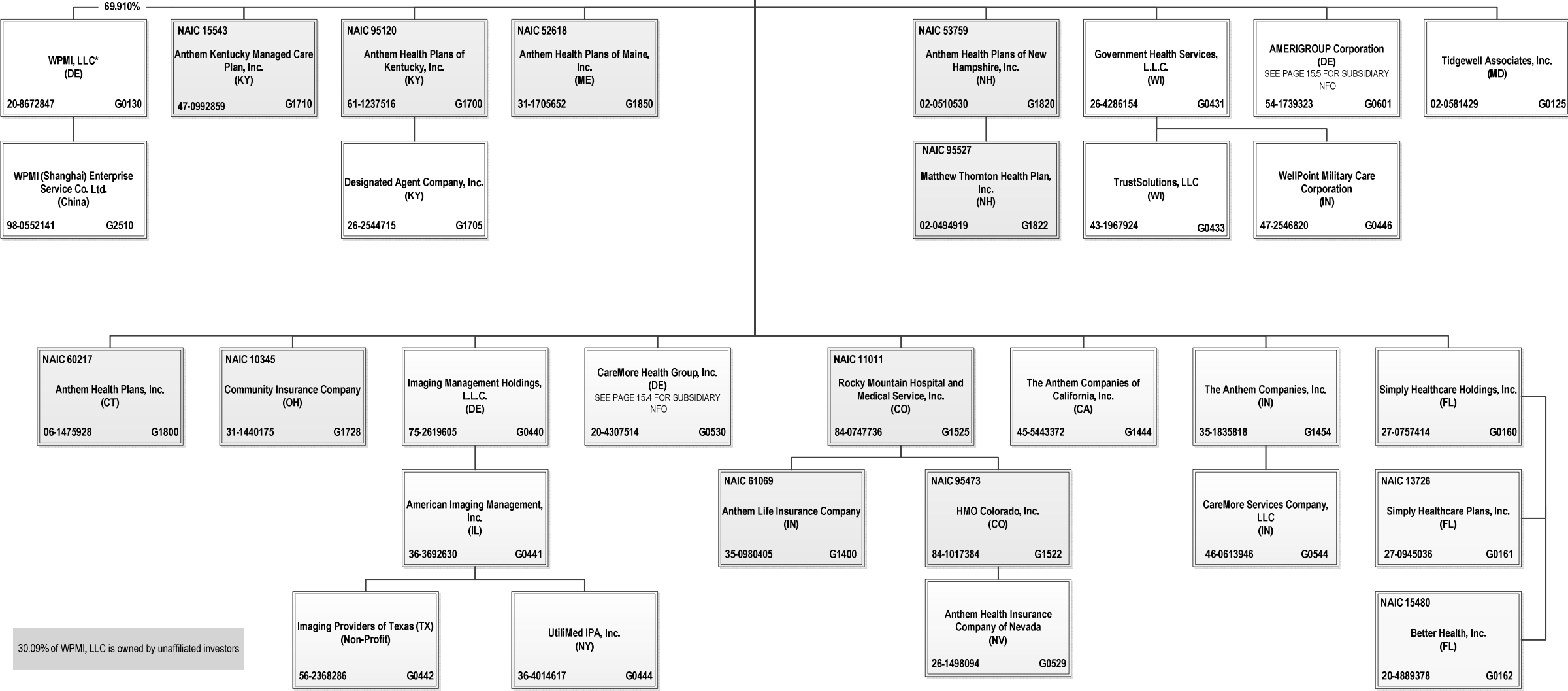


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

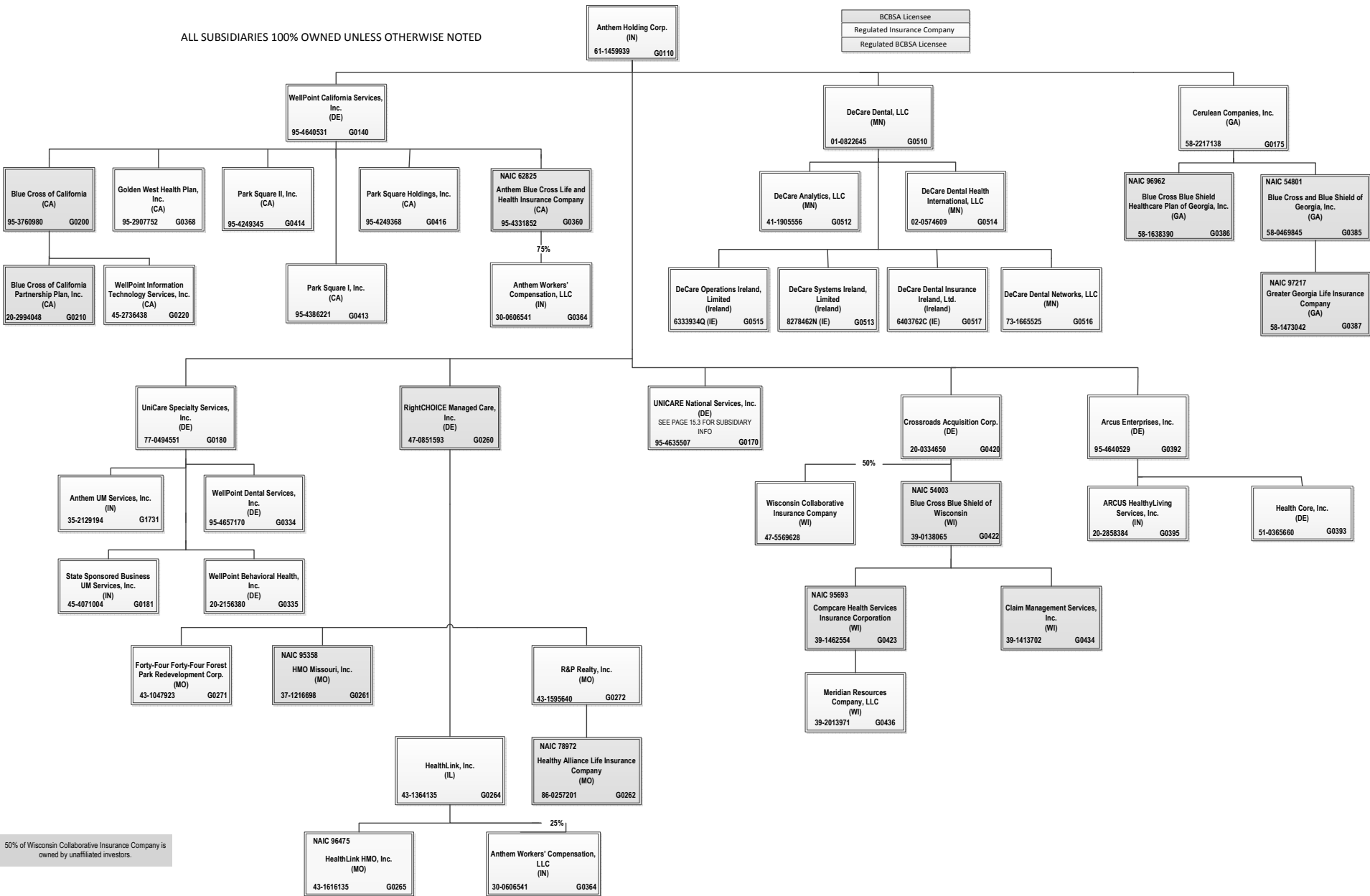
ATH Holding Company, LLC  
(IN)  
  
11-3713086      G0120

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



30.09% of WPMI, LLC is owned by unaffiliated investors

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

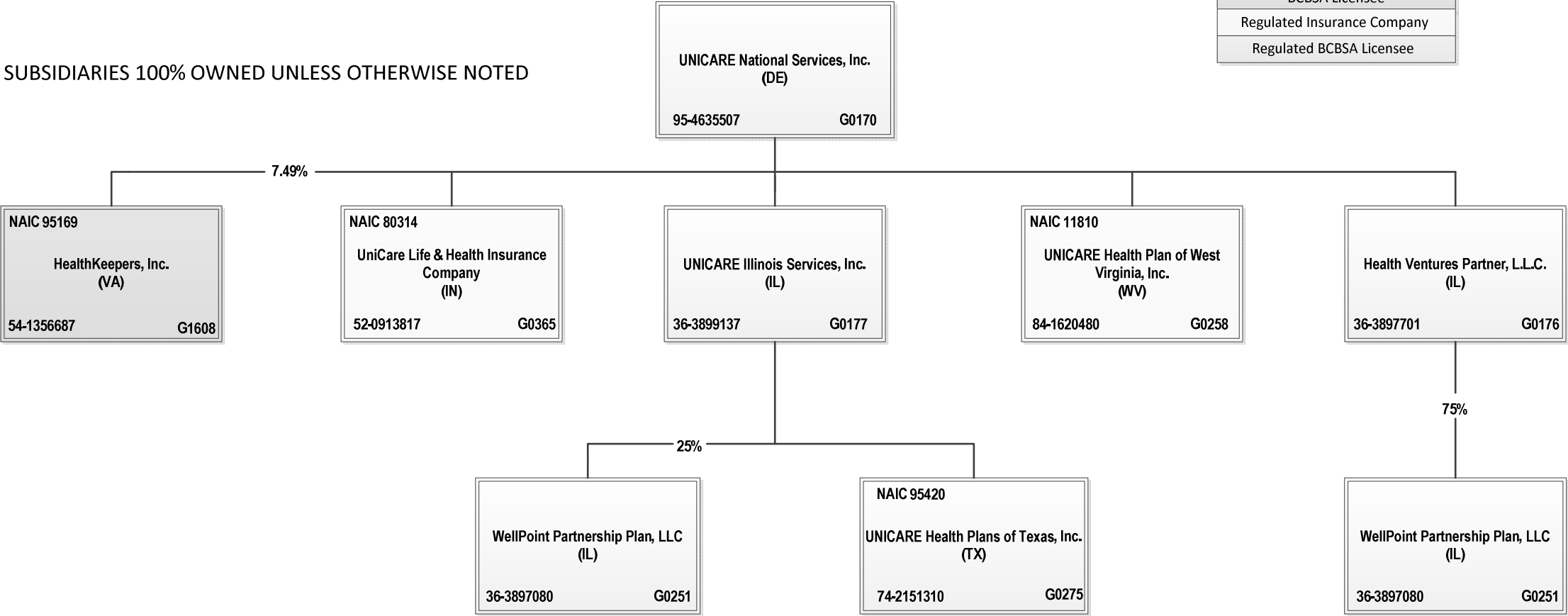




SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

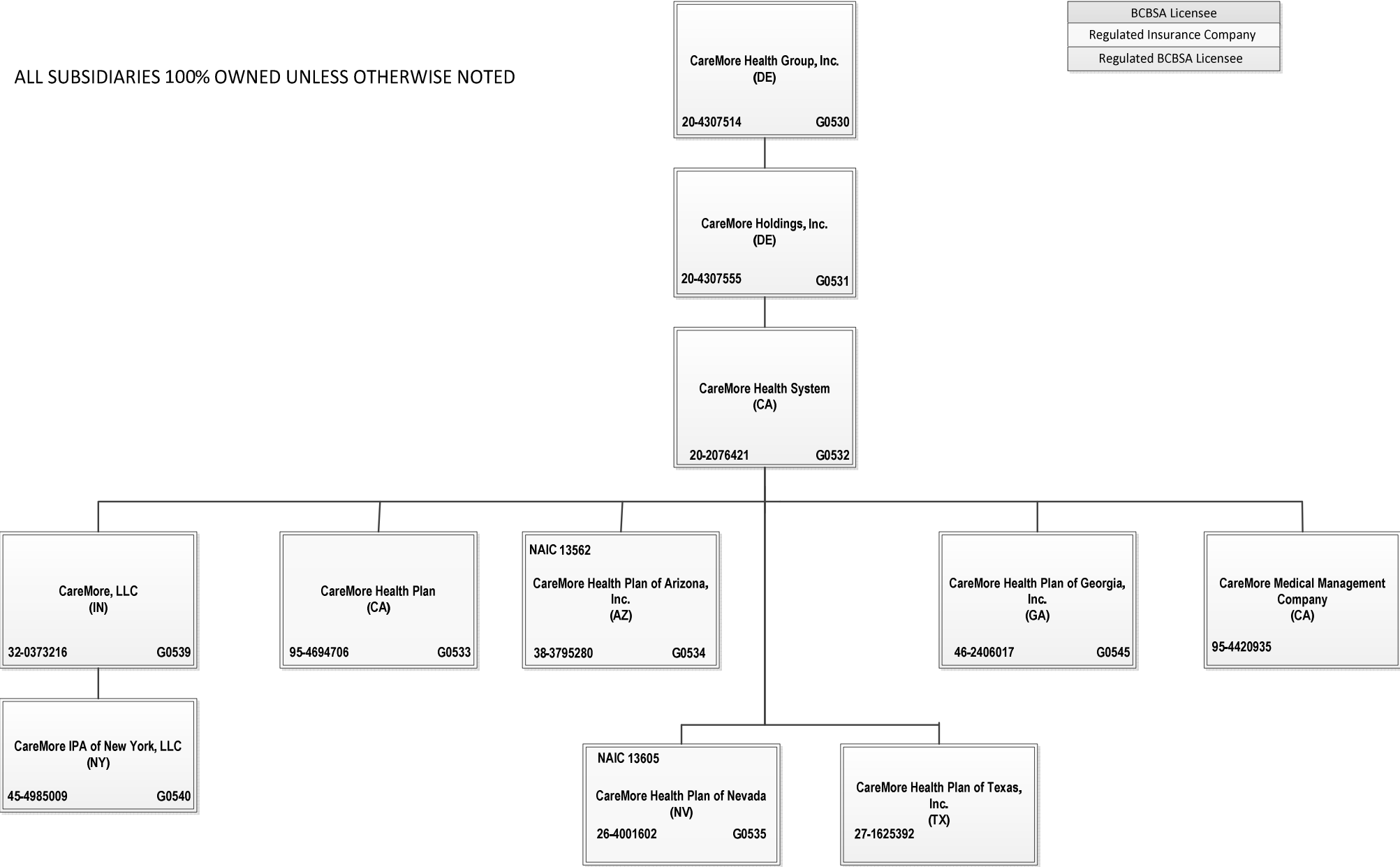
BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

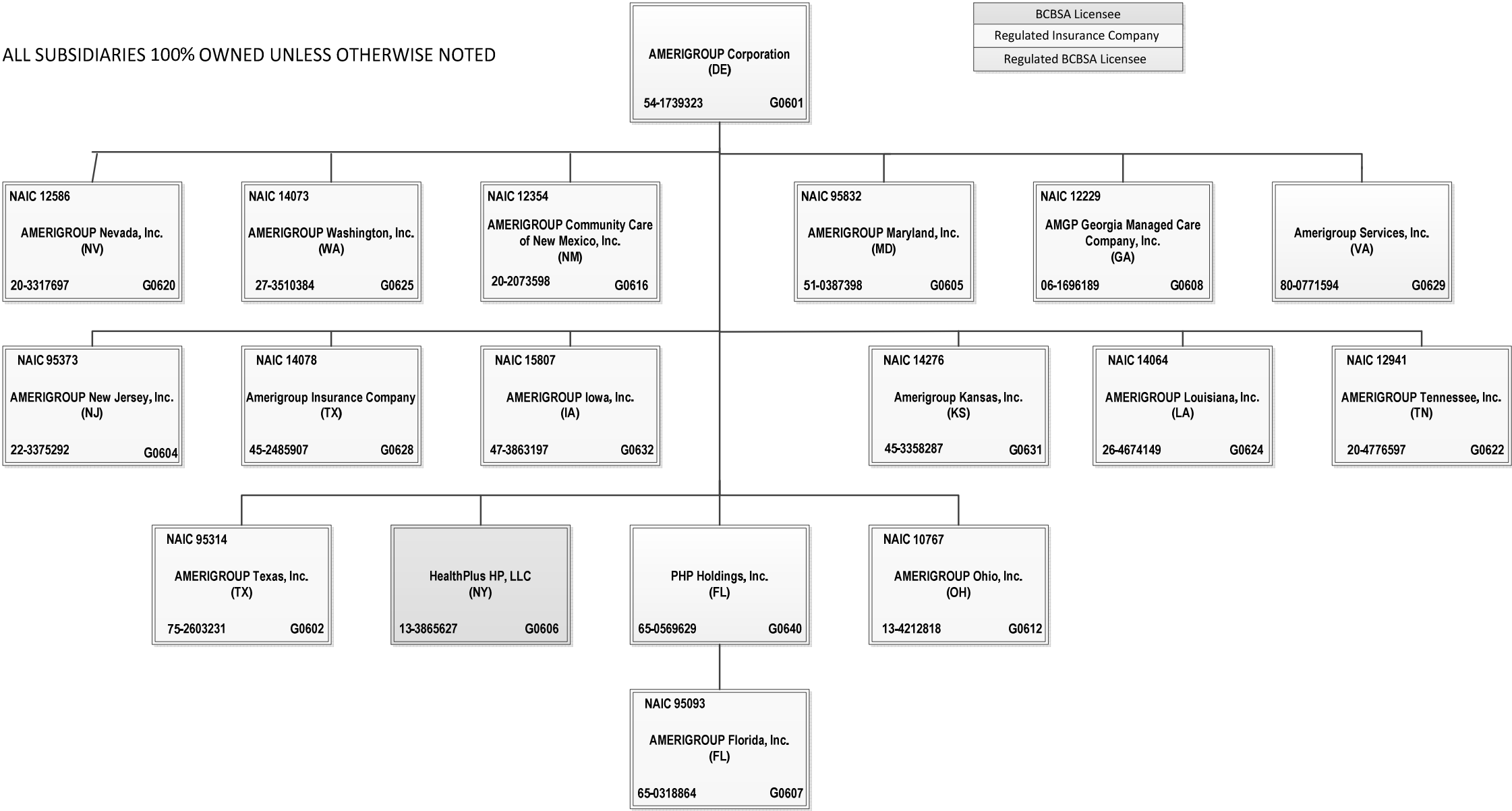
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



**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.	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	NIA	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.	
0671	Anthem, Inc.	62825	95-4331852				Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		61-1459939				Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	
0671	Anthem, Inc.	28207	35-0781558				Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	15543	47-0992859				Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	13573	20-5876774				Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	61069	35-0980405				Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						Anthem Merger Sub Corp.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		32-0031791				Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.000	Anthem, Inc.	
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		11-3713086				ATH Holding Company, LLC	IN	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	15480	20-4889378				Better Health, Inc.	FL	IA	Simply Healthcare Holdings, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, 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	..100.000	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.	..10345	31-1440175	.....	.....	.....	Community Insurance Company	..OH	..IA	ATH Holding Company, LLC	Ownership	..100.000	Anthem, Inc.	.....
..0671	Anthem, Inc.	.....	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.	.....	41-1905556	.....	.....	.....	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.	.....	26-2544715	.....	.....	.....	DeCare Systems Ireland, Limited	..JRL	..NIA	DeCare Dental, LLC	Ownership	..100.000	Anthem, Inc.	.....
..0671	Anthem, Inc.	.....	13-3934328	.....	.....	.....	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 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.	.....	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.	..97217	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.	.....	13-3865627	.....	.....	.....	HealthPlus HP, LLC	..NY	..IA	AMERIGROUP Corporation	Ownership	..100.000	Anthem, Inc.	..0100
..0671	Anthem, Inc.	..78972	86-0257201	.....	.....	.....	Healthy Alliance Life Insurance Company	..MO	..IA	RightCHOICE Managed Care, Inc.	Ownership	..100.000	Anthem, 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	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. ....	.....	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. ....	.....
...0671 ...	Anthem, Inc. ....	.....	47-5569628 ..	.....	.....	.....	Wisconsin Collaborative Insurance Company ....	...WI...	...NIA...	Crossroads Acquisition Corp. ....	Ownership.....	..50.000 ...	Anthem, Inc. ....	...0107 ...

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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...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 .....
0107 .....	50% owned by unaffiliated investors .....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1.

Bar Code:

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





**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest point and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	3,725,537	24,849,637
2. Cost of bonds and stocks acquired .....		2,201,159
3. Accrual of discount .....		1,345
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		239,711
6. Deduct consideration for bonds and stocks disposed of .....		23,351,513
7. Deduct amortization of premium .....	22,105	214,802
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	3,703,432	3,725,537
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	3,703,432	3,725,537

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	4,017,313	6,860,354	1,180	(22,105)	10,854,382	0	0	4,017,313
2. NAIC 2 (a) .....	0				0			
3. NAIC 3 (a) .....	0				0			
4. NAIC 4 (a) .....	0				0			
5. NAIC 5 (a) .....	0				0			
6. NAIC 6 (a) .....	0				0			
7. Total Bonds	4,017,313	6,860,354	1,180	(22,105)	10,854,382	0	0	4,017,313
PREFERRED STOCK								
8. NAIC 1 .....	0				0			
9. NAIC 2 .....	0				0			
10. NAIC 3 .....	0				0			
11. NAIC 4 .....	0				0			
12. NAIC 5 .....	0				0			
13. NAIC 6 .....	0				0			
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	4,017,313	6,860,354	1,180	(22,105)	10,854,382	0	0	4,017,313

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ;  
NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	7,150,950	xxx	7,150,950	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	291,776	3,961,202
2. Cost of short-term investments acquired .....	6,860,354	16,041,889
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	1,180	19,711,315
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	7,150,950	291,776
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	7,150,950	291,776

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

Schedule E - Verification - Cash Equivalents  
**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
Bank of America ..... Concord, CA .....					6,777,690	0	0	XXX
Wells Fargo ..... San Francisco, CA .....					(16,666)	16,666	0	XXX
JP Morgan Chase Bank ..... San Antonio, TX .....					0	5,058	7,300	XXX
Bank of New York Mellon ..... New York, NY .....					(375)	0	0	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	6,760,649	21,724	7,300	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	6,760,649	21,724	7,300	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	6,760,649	21,724	7,300	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
NONE							
8699999 - Total Cash Equivalents							