



## HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016

OF THE CONDITION AND AFFAIRS OF THE

### AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

|  |  |                 |  |                         |                      |            |
|--|--|-----------------|--|-------------------------|----------------------|------------|
| NAIC Group Code                                | 0671<br>(Current)  | 0671<br>(Prior) | NAIC Company Code  | 10767                   | Employer's ID Number | 13-4212818 |
| Organized under the Laws of                    | Ohio   |                 | State of Domicile or Port of Entry   |                         | Ohio                 |            |
| Country of Domicile                            | United States of America   |                 |  |                         |                      |            |
| Licensed as business type:                     | Health Maintenance Organization  |                 |  |                         |                      |            |
| Is HMO Federally Qualified? Yes [ ] No [ X ]   |  |                 |  |                         |                      |            |
| Incorporated/Organized                         | 03/08/2002   |                 | Commenced Business   | 09/01/2005              |                      |            |
| Statutory Home Office                          | 4361 Irwin Simpson Road, C/O Community Ins. Co.<br>(Street and Number)               |                 | Mason, OH, US 45040<br>(City or Town, State, Country and Zip Code)             |                         |                      |            |
| Main Administrative Office                     | 4425 Corporation Lane<br>Virginia Beach, VA, US 23462<br>(Street and Number)         |                 | 757-490-6900<br>(Area Code) (Telephone Number)                                 |                         |                      |            |
| Mail Address                                   | 120 Monument Circle<br>Indianapolis, IN, US 46204<br>(Street and Number or P.O. Box) |                 | Indianapolis, IN, US 46204<br>(City or Town, State, Country and Zip Code)      |                         |                      |            |
| Primary Location of Books and Records          | 120 Monument Circle<br>Indianapolis, IN, US 46204<br>(Street and Number)             |                 | 317-488-6716<br>(Area Code) (Telephone Number)                                 |                         |                      |            |
| Internet Website Address                       | www.amerigroup.com   |                 |  |                         |                      |            |
| Statutory Statement Contact                    | Tim Niccum<br>(Name)<br>tim.niccum@anthem.com<br>(E-mail Address)                    |                 | 317-488-6716<br>(Area Code) (Telephone Number)<br>317-488-6302<br>(FAX Number) |                         |                      |            |
| <b>OFFICERS</b>                                |  |                 |  |                         |                      |            |
| President/Chairperson                          | Tunde Sotayo Solunde   |                 | Treasurer  | Robert David Kretschmer |                      |            |
| Secretary                                      | Kathleen Susan Kiefer  |                 | Vice President/Assistant Secretary   | Jack Louis Young        |                      |            |
| <b>OTHER</b>                                   |  |                 |  |                         |                      |            |
| Eric (Rick) Kenneth Noble, Assistant Treasurer | Mark Anthony Blessinger Jr., Valuation Actuary                                       |                 |  |                         |                      |            |
| <b>DIRECTORS OR TRUSTEES</b>                   |  |                 |  |                         |                      |            |
| Carter Allen Beck                              | Tunde Sotayo Solunde   |                 | Catherine Irene Kelaghan   |                         |                      |            |

State of Virginia  
County of Virginia Beach SS:

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

Tunde Sotayo Solunde  
President/Chairperson

Kathleen Susan Kiefer  
Secretary

Robert David Kretschmer  
Treasurer

Subscribed and sworn to before me this

Sixth day of November 2016

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<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 9,634,792              | 0                       | 9,634,792                                 | 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 (\$ 252,131 ), cash equivalents (\$ 1,247,195 ) and short-term investments (\$ 1,247,195 ) .....  | 1,499,326              |                         | 1,499,326                                 | 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) .....   | 11,134,118             | 0                       | 11,134,118                                | 10,772,926  |
| 13. Title plants less \$ charged off (for Title insurers only) .....  |                        |                         | 0   |   |
| 14. Investment income due and accrued .....   | 31,297                 | 0                       | 31,297                                    | 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 .....  | 30,988                 | 0                       | 30,988                                    | 0   |
| 18.2 Net deferred tax asset .....   | 2,501                  | 0                       | 2,501                                     | 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 .....  | 4,276                  | 0                       | 4,276                                     | 10,703  |
| 24. Health care (\$ ) and other amounts receivable .....  |                        |                         | 0   | 0   |
| 25. Aggregate write-ins for other than invested assets .....  | 10,179                 | 25                      | 10,154                                    | 10,154  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                            | 11,213,359             | 25                      | 11,213,334                                | 10,991,659  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |                        |                         | 0   |   |
| 28. Total (Lines 26 and 27) .....   | 11,213,359             | 25                      | 11,213,334                                | 10,991,659  |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 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. Miscellaneous Receivables .....   | 10,179                 | 25                      | 10,154                                    | 10,154  |
| 2502. .....   |                        |                         |   |   |
| 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) .....   | 10,179                 | 25                      | 10,154                                    | 10,154  |

## LIABILITIES, CAPITAL AND SURPLUS

|  | Current Period |                |            | Prior Year |
|--|----------------|----------------|------------|------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ reinsurance ceded) .....   |                |                |            | 0          |
| 2. Accrued medical incentive pool and bonus amounts .....  |                |                |            | 0          |
| 3. Unpaid claims adjustment expenses .....   |                |                |            | 0          |
| 4. Aggregate health policy reserves, including the liability of<br>\$ 0 for medical loss ratio rebate per the Public<br>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 .....   | 869            | 0              | 869        | 5,540      |
| 10.1 Current federal and foreign income tax payable and interest thereon<br>(including \$ on realized gains (losses)) .....                      |                |                |            | 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 .....  | 196            | 0              | 196        | 0          |
| 14. Borrowed money (including \$ current) and<br>interest thereon \$ (including<br>\$ current) .....   |                |                |            | 0          |
| 15. Amounts due to parent, subsidiaries and affiliates .....   | 75             | 0              | 75         | 1,112      |
| 16. Derivatives .....  |                |                |            | 0          |
| 17. Payable for securities .....   |                |                |            | 0          |
| 18. Payable for securities lending .....   |                |                |            | 0          |
| 19. Funds held under reinsurance treaties (with \$<br>authorized reinsurers, \$ unauthorized<br>reinsurers and \$ certified reinsurers) .....    |                |                |            | 0          |
| 20. Reinsurance in unauthorized and certified (\$ )<br>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 \$<br>current) .....  | 18,644         | 0              | 18,644     | 15,673     |
| 24. Total liabilities (Lines 1 to 23) .....  | 19,784         | 0              | 19,784     | 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            | 796,637    | 312,210    |
| 32. Less treasury stock, at cost:  |                |                |            |            |
| 32.1 shares common (value included in Line 26<br>\$ ) .....  | XXX            | XXX            |            |            |
| 32.2 shares preferred (value included in Line 27<br>\$ ) .....   | XXX            | XXX            |            |            |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX            | XXX            | 11,193,551 | 10,709,124 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            | 11,213,335 | 10,991,659 |
| <b>DETAILS OF WRITE-INS</b>  |                |                |            |            |
| 2301. Escheat Liability .....  |                | 18,644         |            | 18,644     |
| 2302. .....  |                |                |            | 15,673     |
| 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)  | 18,644         | 0              | 18,644     | 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<br>To Date |            | Prior Year<br>To Date | Prior Year Ended<br>December 31 |
|---|-------------------------|------------|-----------------------|---------------------------------|
|   | 1<br>Uncovered          | 2<br>Total | 3<br>Total            | 4<br>Total                      |
| 1. Member Months .....  | XXX                     | 0          |                       |                                 |
| 2. Net premium income ( including \$ 0 non-health premium income).....  | XXX                     |            | 81,374                | 81,374                          |
| 3. Change in unearned premium reserves and reserve for rate credits.....  | XXX                     |            | 0                     | 0                               |
| 4. Fee-for-service (net of \$ 0 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          | 81,374                | 81,374                          |
| <b>Hospital and Medical:</b>  |                         |            |                       |                                 |
| 9. Hospital/medical benefits .....  |                         | (272,512)  | (201,531)             | (596,942)                       |
| 10. Other professional services .....   |                         |            |                       | 0                               |
| 11. Outside referrals .....   |                         |            |                       |                                 |
| 12. Emergency room and out-of-area .....  |                         |            |                       |                                 |
| 13. Prescription drugs .....  |                         | (4,220)    | (64,920)              | (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                       | (276,732)  | (266,451)             | (664,074)                       |
| <b>Less:</b>  |                         |            |                       |                                 |
| 17. Net reinsurance recoveries .....  |                         |            | 0                     | 0                               |
| 18. Total hospital and medical (Lines 16 minus 17) .....  | 0                       | (276,732)  | (266,451)             | (664,074)                       |
| 19. Non-health claims (net) .....   |                         |            |                       |                                 |
| 20. Claims adjustment expenses, including \$ cost containment expenses .....  |                         | 10,181     | 220,876               | 29,475                          |
| 21. General administrative expenses .....   |                         | 814        | 151,826               | 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                       | (265,737)  | 106,251               | (486,550)                       |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....   | XXX                     | 265,737    | (24,878)              | 567,924                         |
| 25. Net investment income earned .....  |                         | 57,423     | 239,236               | 245,703                         |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 62 .....   |                         | (62)       | 154,473               | 154,473                         |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....  | 0                       | 57,361     | 393,709               | 400,176                         |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 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                     | 323,098    | 368,832               | 968,100                         |
| 31. Federal and foreign income taxes incurred .....   | XXX                     | 112,546    | 28,605                | 219,131                         |
| 32. Net income (loss) (Lines 30 minus 31) .....   | XXX                     | 210,552    | 340,226               | 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<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year.....                                      | 10,709,124                   | 10,090,290                 | 10,090,290                           |
| 34. Net income or (loss) from Line 32 .....  | 210,552                      | 340,226                    | 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 \$ ..... | 0                            |                            |                                      |
| 37. Change in net unrealized foreign exchange capital gain or (loss).....              |                              |                            |                                      |
| 38. Change in net deferred income tax .....  | (150,447)                    | 3,593                      | 148,638                              |
| 39. Change in nonadmitted assets .....   | 424,322                      | 143,292                    | (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) .....                             | 484,426                      | 487,112                    | 618,834                              |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                      | 11,193,551                   | 10,577,402                 | 10,709,124                           |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                                      |
| 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                                    |

## STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

**CASH FLOW**

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....   | 0                            | 171,839                    | 171,839                              |
| 2. Net investment income .....   | 135,550                      | 665,328                    | 659,455                              |
| 3. Miscellaneous income .....  | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3) .....  | 135,550                      | 837,167                    | 831,294                              |
| 5. Benefit and loss related payments .....   | (276,732)                    | (266,451)                  | (664,074)                            |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                             |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 15,667                       | 387,925                    | 193,078                              |
| 8. Dividends paid to policyholders .....   |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ 62 tax on capital gains (losses) .....                    | 403,805                      | (157,532)                  | (157,533)                            |
| 10. Total (Lines 5 through 9) .....  | 142,740                      | (36,058)                   | (628,529)                            |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | (7,190)                      | 873,225                    | 1,459,823                            |
| <b>Cash from Investments</b>   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:   |                              |                            |                                      |
| 12.1 Bonds .....   | 0                            | 23,351,513                 | 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                            | 682,833                    | 682,833                              |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....  | 0                            | 24,034,346                 | 24,034,346                           |
| 13. Cost of investments acquired (long-term only):   |                              |                            |                                      |
| 13.1 Bonds .....   | 5,972,813                    | 2,201,153                  | 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                            | 284,595                    | 284,595                              |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....   | 5,972,813                    | 2,485,748                  | 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) .....  | (5,972,813)                  | 21,548,598                 | 21,548,592                           |
| <b>Cash from Financing and Miscellaneous Sources</b>   |                              |                            |                                      |
| 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) .....   | 431,941                      | (4,082,090)                | (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) ..... | 431,940                      | (4,082,090)                | (4,667,069)                          |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>   |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                | (5,548,063)                  | 18,339,733                 | 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) .....  | 1,499,326                    | 7,045,776                  | 7,047,389                            |

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

|               |  |  |  |
|---------------|--|--|--|
| 20.0001. .... |  |  |  |
|---------------|--|--|--|

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

|   | 1<br>Total | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
|   |            | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |             |
| <b>Total Members at end of:</b>                           |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 1. Prior Year   | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 2. First Quarter  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 3. Second Quarter   | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 4. Third Quarter  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 5. Current Year   | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 6. Current Year Member Months                             | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| <b>Total Member Ambulatory Encounters for Period:</b>     |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 7. Physician  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 8. Non-Physician  | 0          |                                       |            |                             |                     |                     |   |                              |                            |             |
| 9. Total  | 0          | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                        | 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     | (276,732)  |                                       |            |                             |                     |                     |   |                              |                            |             |
| 18. Amount Incurred for Provision of Health Care Services | (276,732)  |                                       |            |                             |                     |                     |   |                              |                            |             |

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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

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

## **Aging Analysis of Unpaid Claims**

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business                                    | Claims Paid<br>Year to Date   |   | Liability<br>End of Current Quarter                  |   | 5         | 6<br>Estimated Claim<br>Reserve and<br>Claim Liability<br>December 31 of<br>Prior Year |
|---|---|---|--|---|-----------|--|
|   | 1<br>On<br>Claims Incurred Prior<br>to January 1 of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4<br>On<br>Claims Incurred<br>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 .....                       |   | (276,732)                                     |  |   | (276,732) | 0  |
| 8. Other health .....                               |   |   |  |   | 0         | 0  |
| 9. Health subtotal (Lines 1 to 8) .....             |   | (276,732)                                     | 0  | 0   | 0         | (276,732)  |
| 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)                       |   | (276,732)                                     | 0  | 0   | 0         | (276,732)  |

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

STATEMENT AS OF JUNE 30, 2016 OF THE AMERIGROUP Ohio, Inc.

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:

|  | <u>State of<br/>Domicile</u> | <u>September 30,<br/>2016</u> | <u>December 31,<br/>2015</u> |
|--|------------------------------|-------------------------------|------------------------------|
| <b><u>Net Income</u></b>   |                              |                               |                              |
| (1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 4) | Ohio                         | \$ 210,552                    | \$ 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                         | \$ 210,552                    | \$ 748,969                   |
| <b><u>Surplus</u></b>  |                              |                               |                              |
| (5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | Ohio                         | \$ 11,193,551                 | \$ 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                         | \$ 11,193,551                 | \$ 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

STATEMENT AS OF JUNE 30, 2016 OF THE AMERIGROUP Ohio, Inc.

**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 nine months ended September 30, 2016.
3. The Company did not hold other-than-temporarily impaired loan-backed securities at September 30, 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 September 30, 2016.
5. The Company had no impaired loan-backed securities at September 30, 2016.

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

1. Not applicable.
2. No significant change.
3. At September 30, 2016, the Company did not participate in securities lending programs.
4. Not applicable.
5. No significant change.
6. Not applicable.
7. Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE AMERIGROUP Ohio, Inc.

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 September 30, 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 subject to certain state regulatory approvals, standard closing conditions and customary approvals required under the Hart-Scott-Rodino Antitrust Improvements Act.

On July 21, 2016, the U.S. Department of Justice, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia seeking to block the acquisition. Anthem intends to vigorously defend the acquisition in this litigation and remains committed to completing the acquisition as soon as practicable.

**B. - C.**

No significant change.

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

At September 30, 2016, the Company reported \$4,276 due from affiliates and \$75 due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

NOTES TO FINANCIAL STATEMENTS

**E. - L.**

No significant change.

**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**

No significant change.

**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.

STATEMENT AS OF JUNE 30, 2016 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

2. At September 30, 2016, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

**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 September 30, 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                        | \$ 9,697,414         | \$ 9,634,792    | \$ 6,003,060 | \$ 3,694,354 | \$ —      | \$ —                             |
| Short-term investments       | 1,247,195            | 1,247,195       | 1,247,195    | —            | —         | —                                |

**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 November 11, 2016 for the statutory statement issued on November 11, 2016. There were no events occurring subsequent to September 30, 2016 requiring recognition or disclosure.

**23. Reinsurance**

Not applicable.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

**A. - D.**

Not applicable.

STATEMENT AS OF JUNE 30, 2016 OF THE AMERIGROUP Ohio, Inc.

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.

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.  
**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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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? ..... Yes [ ] No [ X ] N/A [ ] If yes, attach an explanation.

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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| .....               | .....                       | .....    | .....    | .....     | .....    |

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.  
**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? ..... Yes [ X ] No [ ]  
 (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.

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 [ X ] No [ ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 The Anthem Standards of Ethical Business Conduct applies to all associates, management, officers and directors of Anthem. In June 2016 the code of conduct was revised for the following: a) updated Gift policy (offering) to address new Finance policy prohibiting offering gift cards, unless an approved wellness program; b) added a new section on Telephone Consumer Protection Act; c) added a new section on Non-discrimination under the Affordable Care Act (ACA) since we had a section on non-discrimination for government business.

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: ..... \$ 4,200

**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:

|   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>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? ..... Yes [ ] No [ ]  
 If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.  
**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 [  ] No [  ]

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

| 1<br>Name of Custodian(s)                 | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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 [  ]

17.4 If yes, give full information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Central Registration Depository | 2<br>Name(s)                               | 3<br>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 [  ] No [  ]

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

## 1. Operating Percentages:

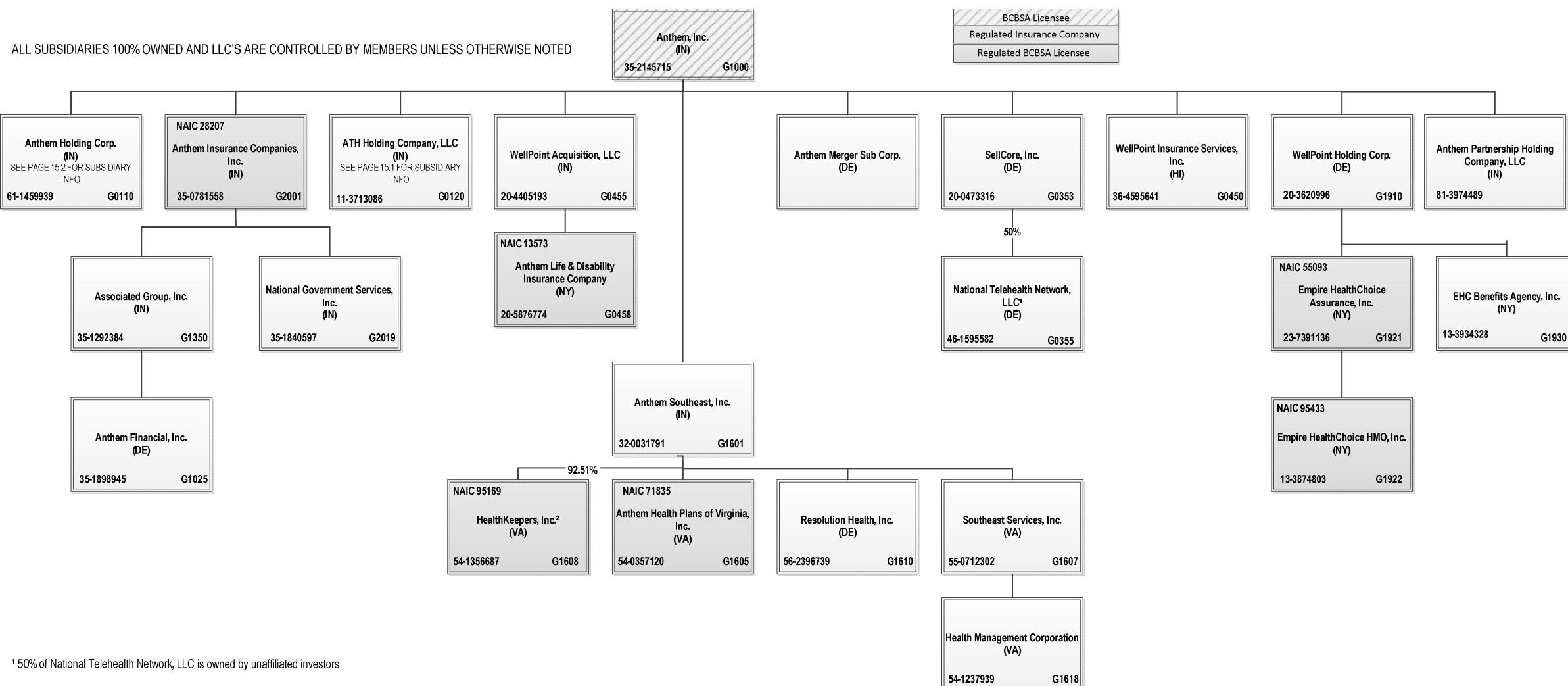
|   |                  |
|---|------------------|
| 1.1 A&H loss percent .....  | 84.5 %           |
| 1.2 A&H cost containment percent .....  | 1.2 %            |
| 1.3 A&H expense percent excluding cost containment expenses .....                               | 21.4 %           |
| 2.1 Do you act as 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 ..... | \$.....          |

Schedule S - Ceded Reinsurance  
**N O N E**

Schedule T - Premiums and Other Considerations  
**N O N E**

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

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

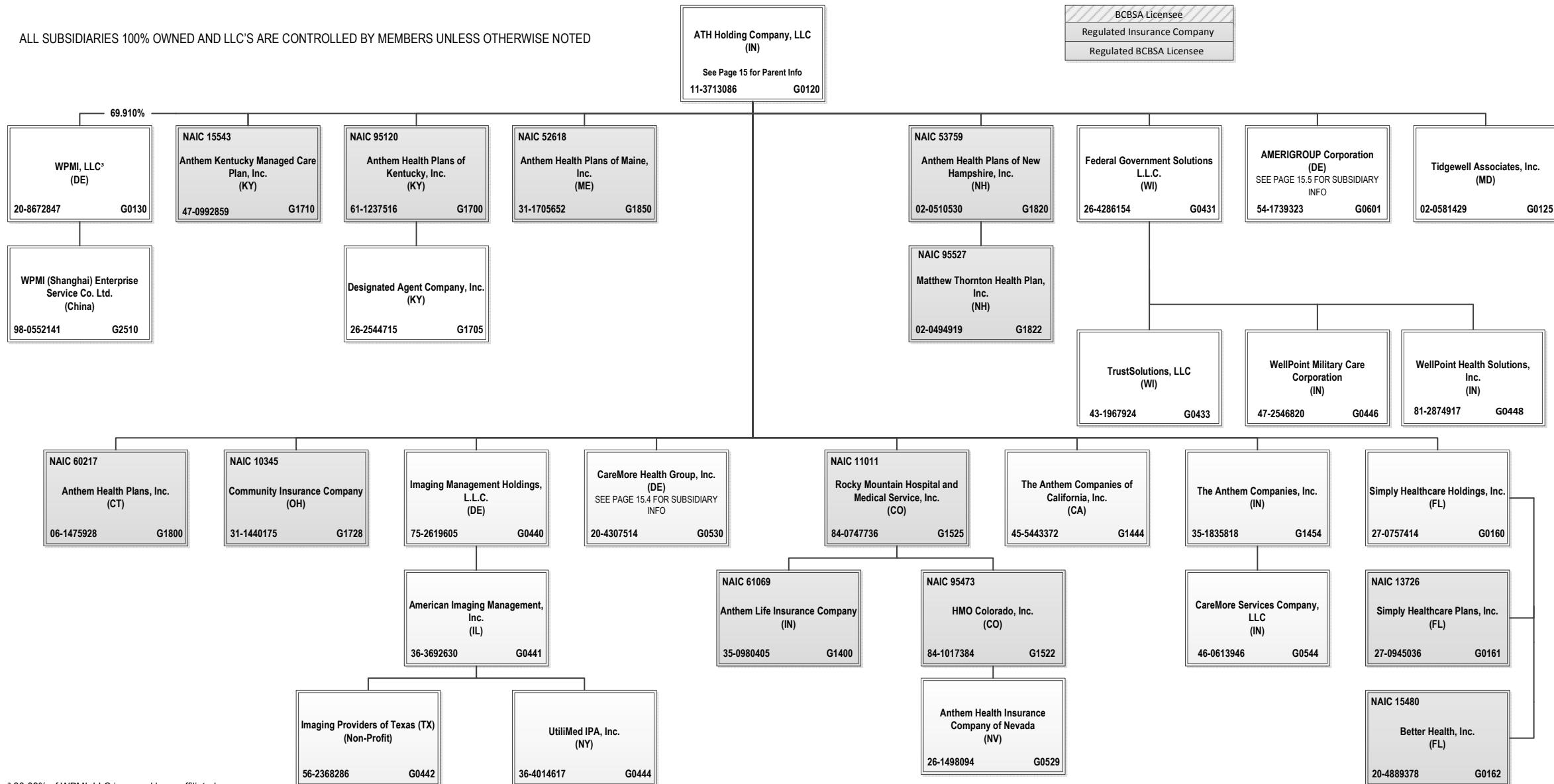


<sup>1</sup> 50% of National Telehealth Network, LLC is owned by unaffiliated investors

<sup>2</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



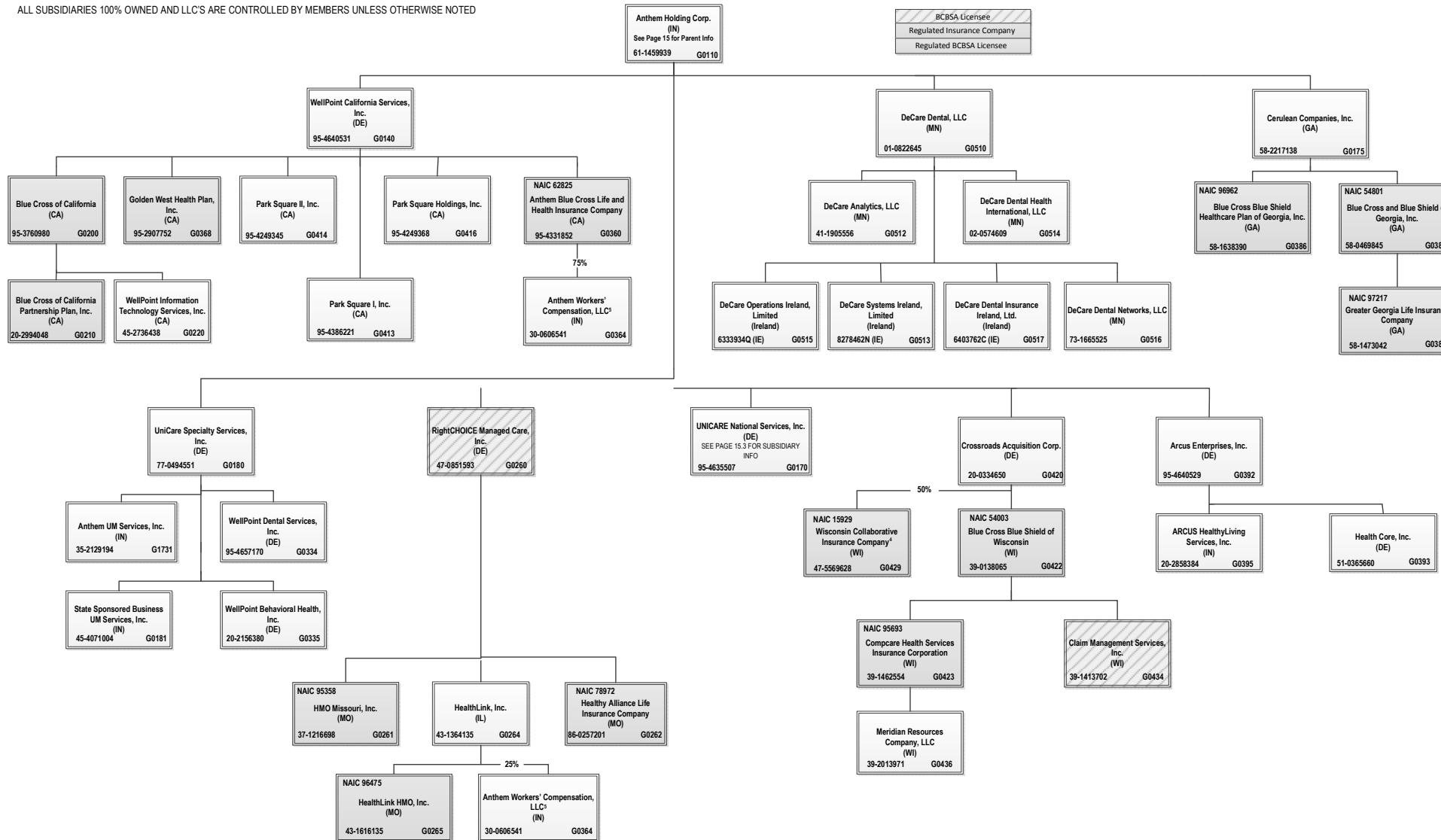
<sup>3</sup> 30.09% of WPMI, LLC is owned by unaffiliated investors

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

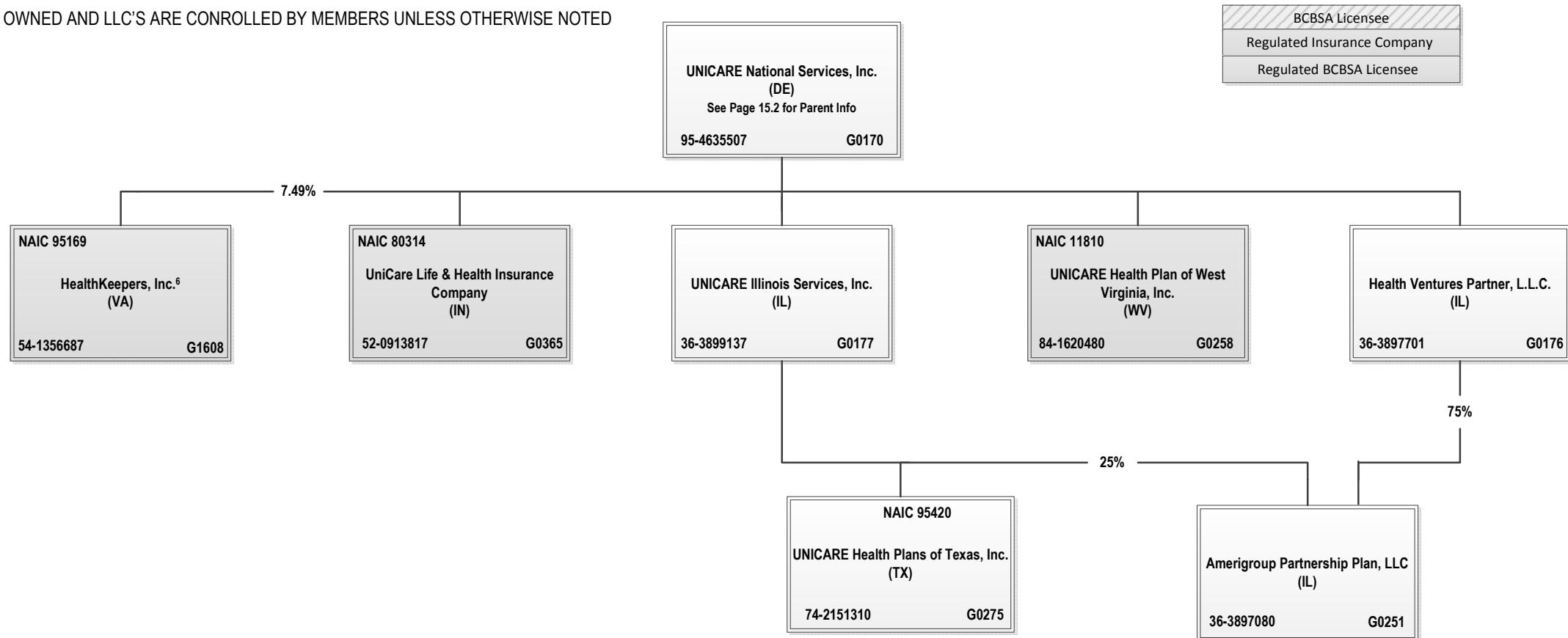


<sup>4</sup> 50% of WCIC is owned by an unaffiliated investor.

<sup>5</sup> Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



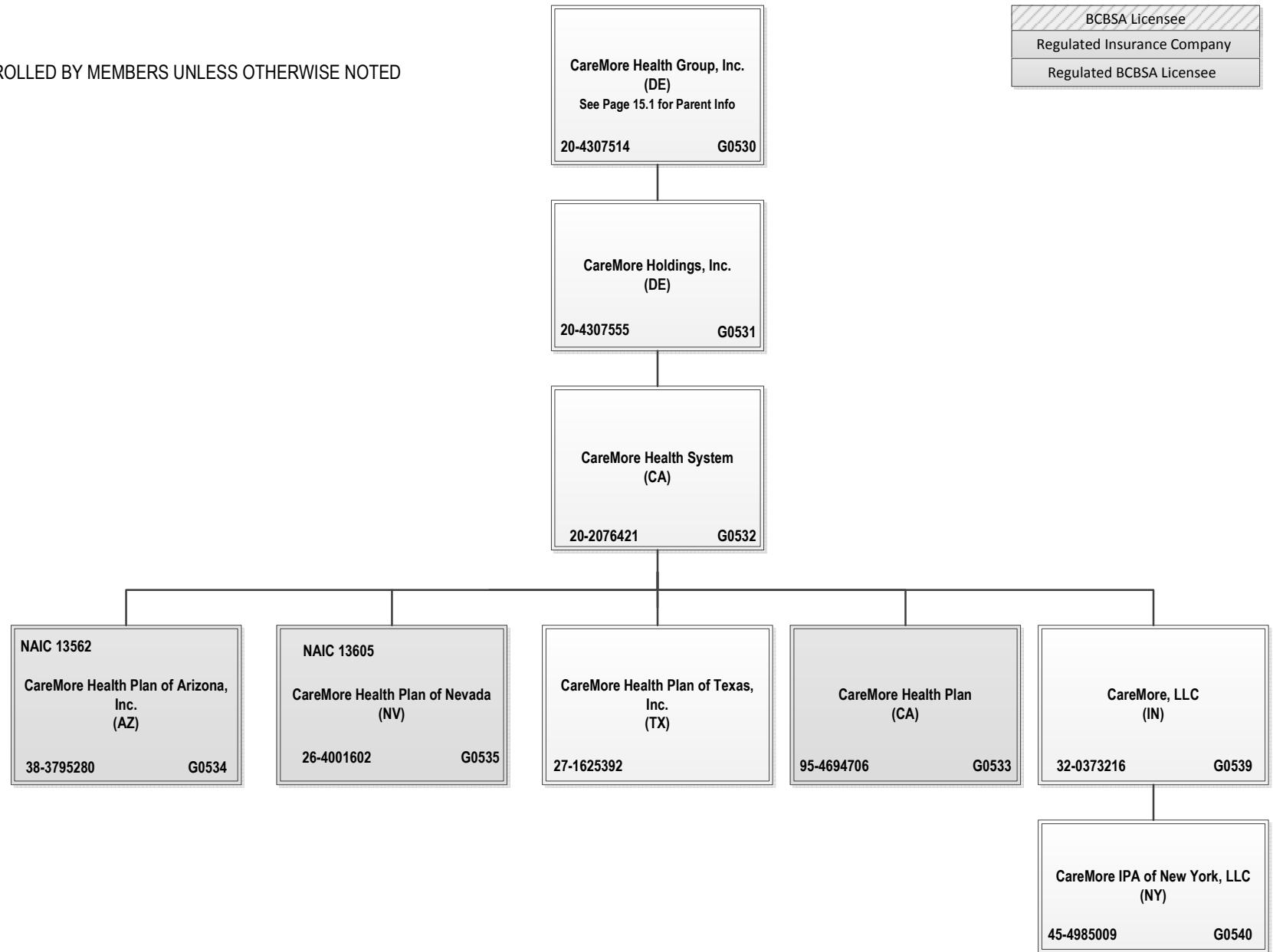
|                             |
|-----------------------------|
| BCBSA Licensee              |
| Regulated Insurance Company |
| Regulated BCBSA Licensee    |

<sup>6</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Unicare National Services, Inc.

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

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

|                             |
|-----------------------------|
| BCBSA Licensee              |
| Regulated Insurance Company |
| Regulated BCBSA Licensee    |

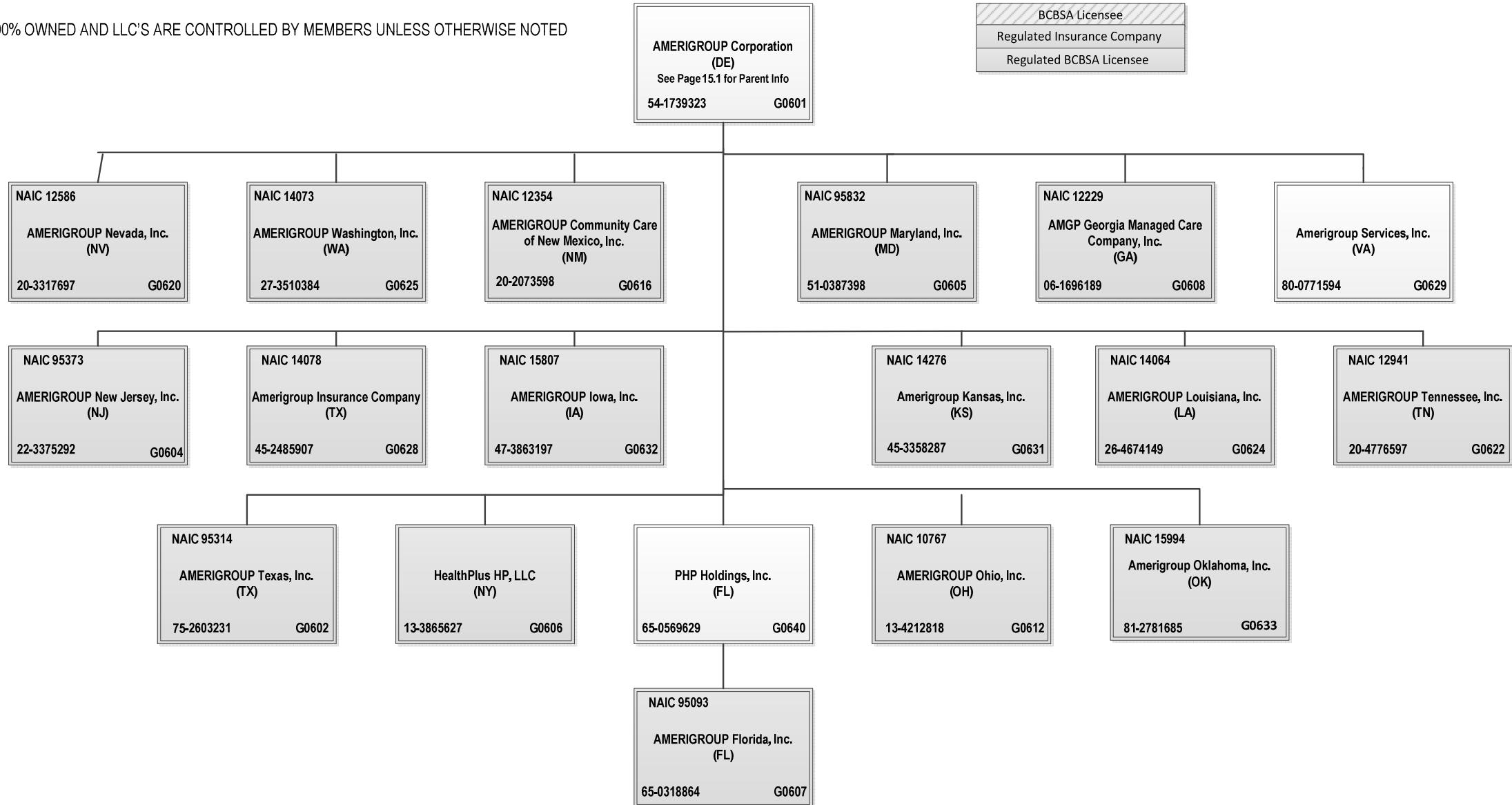


STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



STATEMENT AS OF SEPTEMBER 30, 2016 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         | Domesticiliary 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  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 12354             | 20-2073598 |              |      |  | AMERIGROUP Community Care of New Mexico, Inc.       | NM                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 54-1739323 |              |      |  | AMERIGROUP Corporation                              | DE                      | UDP                              | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 95093             | 65-0318864 |              |      |  | AMERIGROUP Florida, Inc.                            | FL                      | IA                               | PHP Holdings, Inc.                                  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 14078             | 45-2485907 |              |      |  | Amerigroup Insurance Company                        | TX                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 15807             | 47-3863197 |              |      |  | AMERIGROUP Iowa, Inc.                               | IA                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 14276             | 45-3358287 |              |      |  | Amerigroup Kansas, Inc.                             | KS                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 14064             | 26-4674149 |              |      |  | AMERIGROUP Louisiana, Inc.                          | LA                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 95832             | 51-0387398 |              |      |  | AMERIGROUP Maryland, Inc.                           | MD                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 12586             | 20-3317697 |              |      |  | AMERIGROUP Nevada, Inc.                             | NV                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 95373             | 22-3375292 |              |      |  | AMERIGROUP New Jersey, Inc.                         | NJ                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 10767             | 13-4212818 |              |      |  | AMERIGROUP Ohio, Inc.                               | OH                      | RE                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 15994             | 81-2781685 |              |      |  | AMERIGROUP Oklahoma, Inc.                           | OK                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 36-3897080 |              |      |  | Amerigroup Partnership Plan, LLC                    | IL                      | NIA                              | Health Ventures Partner, L.L.C.                     | Ownership  | 75.00                                      | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 36-3897080 |              |      |  | Amerigroup Partnership Plan, LLC                    | IL                      | NIA                              | UNICARE Illinois Services, Inc.                     | Ownership  | 25.00                                      | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 80-0771594 |              |      |  | Amerigroup Services, Inc.                           | VA                      | NIA                              | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 12941             | 20-4776597 |              |      |  | AMERIGROUP Tennessee, Inc.                          | TN                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 95314             | 75-2603231 |              |      |  | AMERIGROUP Texas, Inc.                              | TX                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 14073             | 27-3510384 |              |      |  | AMERIGROUP Washington, Inc.                         | WA                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 12229             | 06-1696189 |              |      |  | AMGP Georgia Managed Care Company, Inc.             | GA                      | IA                               | AMERIGROUP Corporation                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   |            |              |      |  | Anthem Blue Cross Life and Health Insurance Company | CA                      | IA                               | WellPoint California Services, Inc.                 | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 62825             | 95-4331852 |              |      |  | Anthem Financial, Inc.                              | DE                      | NIA                              | Associated Group, Inc.                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 35-1898945 |              |      |  | Anthem Health Insurance Company of Nevada           | NV                      | NIA                              | HMO Colorado, Inc.                                  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 26-1498094 |              |      |  | Anthem Health Plans of Kentucky, Inc.               | KY                      | IA                               | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 95120             | 61-1237516 |              |      |  | Anthem Health Plans of Maine, Inc.                  | ME                      | IA                               | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 52618             | 31-1705652 |              |      |  | Anthem Health Plans of New Hampshire, Inc.          | NH                      | IA                               | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 53759      | 02-0510530   |      |  | Anthem Health Plans of Virginia, Inc.               | VA                      | IA                               | Anthem Southeast, Inc.                              | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 71835             | 54-0357120 | 40003317     |      |  | Anthem Health Plans, Inc.                           | CT                      | IA                               | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 60217             | 06-1475928 |              |      |  | Anthem Holding Corp.                                | IN                      | NIA                              | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 61-1459939 |              |      |  | Anthem, Inc.  | IN                      | UIP                              |   |  |  | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 35-2145715 |              | 6324 | (NYSE)   | Anthem, Inc.  | IN                      | UIP                              |   |  |  | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 28207             | 35-0781558 |              |      |  | Anthem Insurance Companies, Inc.                    | IN                      | IA                               | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 15543             | 47-0992859 |              |      |  | Anthem Kentucky Managed Care Plan, Inc.             | KY                      | IA                               | ATH Holding Company, LLC                            | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   |            |              |      |  | Anthem Life & Disability Insurance Company          | NY                      | IA                               | WellPoint Acquisition, LLC                          |  |  | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 13573      | 20-5876774   |      |  |   |                         |                                  | Rocky Mountain Hospital and Medical Service, Inc.   |  |  | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. | 61069             | 35-0980405 |              |      |  | Anthem Life Insurance Company                       | IN                      | IA                               |   |  |  | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   |            |              |      |  | Anthem Merger Sub Corp.                             | DE                      | NIA                              | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 81-3974489 |              |      |  | Anthem Partnership Holding Company, LLC             | DE                      | NIA                              | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 32-0031791 |              |      |  | Anthem Southeast, Inc.                              | IN                      | NIA                              | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 35-2129194 |              |      |  | Anthem UM Services, Inc.                            | IN                      | NIA                              | UNICARE Specialty Services, Inc.                    | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 30-0606541 |              |      |  | Anthem Workers' Compensation, LLC                   | IN                      | NIA                              | Anthem Blue Cross Life and Health Insurance Company | Ownership  | 75.00                                      | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 30-0606541 |              |      |  | Anthem Workers' Compensation, LLC                   | IN                      | NIA                              | HealthLink, Inc.                                    | Ownership  | 25.00                                      | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 95-4640529 |              |      |  | Arcus Enterprises, Inc.                             | DE                      | NIA                              | Anthem Holding Corp.                                | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 20-2858384 |              |      |  | ARCUS HealthLiving Services, Inc.                   | IN                      | NIA                              | Arcus Enterprises, Inc.                             | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 35-1292384 |              |      |  | Associated Group, Inc.                              | IN                      | NIA                              | Anthem Insurance Companies, Inc.                    | Ownership  | 100.00                                     | Anthem, Inc.                               |    |
| 0671       | Anthem, Inc. |                   | 11-3713086 |              |      |  | ATH Holding Company, LLC                            | IN                      | UIP                              | Anthem, Inc.  | Ownership  | 100.00                                     | Anthem, Inc.                               |    |

STATEMENT AS OF SEPTEMBER 30, 2016 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. | 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.                               |      |
| 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. |                   | 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. |                   | 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. |                   | 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. |                   | 41-1905556 |              |     | 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. |                   | 73-1665525 |              |     | DeCare Dental Insurance Ireland, Ltd.                                  |   | JRL                  | NIA                              | DeCare Dental, LLC                                | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 01-0822645 |              |     | DeCare Dental Networks, LLC  |   | MN                   | NIA                              | DeCare Dental, LLC                                | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   |            |              |     | 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. |                   | 26-4286154 |              |     | Federal Government Solutions, LLC                                      |   | WI                   | NIA                              | ATH Holding Company, LLC                          | 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. |                   | 97217      | 58-1473042   |     | Greater Georgia Life Insurance Company                                 |   | GA                   | IA                               | Blue Cross and Blue Shield of Georgia, Inc.       | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 51-0365660 |              |     | Health Core, Inc.  |   | DE                   | NIA                              | Arcus Enterprises, Inc.                           | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 54-1237939 |              |     | Health Management Corporation  |   | VA                   | NIA                              | Southeast Services, Inc.                          | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 36-3897701 |              |     | Health Ventures Partner, L.L.C.  |   | IL                   | NIA                              | UNICARE National Services, Inc.                   | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95169      | 54-1356687   |     | HealthKeepers, Inc.  |   | VA                   | IA                               | Anthem Southeast, Inc.                            | Ownership  |                         | 92.510             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95169      | 54-1356687   |     | HealthKeepers, Inc.  |   | VA                   | IA                               | UNICARE National Services, Inc.                   | Ownership  |                         | 7.490              | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 96475      | 43-1616135   |     | HealthLink HMO, Inc.   |   | MO                   | IA                               | HealthLink, Inc.                                  | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 43-1364135 |              |     | HealthLink, Inc.   |   | IL                   | NIA                              | RightCHOICE Managed Care, Inc.                    | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 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.                               |      |
| 0671       | Anthem, Inc. |                   | 95473      | 84-1017384   |     | HMO Colorado, Inc.   |   | CO                   | IA                               | Rocky Mountain Hospital and Medical Service, Inc. | Ownership  |                         | 100.000            | Anthem, Inc.                               |      |

STATEMENT AS OF SEPTEMBER 30, 2016 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. | 95358             | 37-1216698 |              |     | HMO Missouri, Inc.   |   | MO                   | IA                               | RightCHOICE Managed Care, Inc.                 | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 75-2619605 |              |     | Imaging Management Holdings, L.L.C.                                    |   | DE                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 56-2368286 |              |     | Imaging Providers of Texas (non-profit)                                |   | TX                   | NIA                              | American Imaging Management, Inc.              | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 95527             | 02-0494919 |              |     | Matthew Thornton Health Plan, Inc.                                     |   | NH                   | IA                               | Anthem Health Plans of New Hampshire, Inc.     | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 39-2013971 |              |     | Meridian Resource Company, LLC   |   | WI                   | NIA                              | Compcare Health Services Insurance Corporation | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 35-1840597 |              |     | National Government Services, Inc.                                     |   | IN                   | NIA                              | Anthem Insurance Companies, Inc.               | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 46-1595582 |              |     | National Telehealth Network, LLC                                       |   | DE                   | NIA                              | Sellcore, Inc.                                 | Ownership  |                         | 50.00              | Anthem, Inc.                               | 0105 |
| 0671       | Anthem, Inc. |                   | 95-4249368 |              |     | Park Square Holdings, Inc.   |   | CA                   | NIA                              | WellPoint California Services, Inc.            | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95-4386221 |              |     | Park Square I, Inc.  |   | CA                   | NIA                              | WellPoint California Services, Inc.            | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95-4249345 |              |     | Park Square II, Inc.   |   | CA                   | NIA                              | WellPoint California Services, Inc.            | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 65-0569629 |              |     | PHP Holdings, Inc.   |   | FL                   | NIA                              | AMERIGROUP Corporation                         | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 56-2396739 |              |     | Resolution Health, Inc.  |   | DE                   | NIA                              | Anthem Southeast, Inc.                         | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 47-0851593 |              |     | RightCHOICE Managed Care, Inc.   |   | DE                   | NIA                              | Anthem Holding Corp.                           | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 11011             | 84-0747736 |              |     | Rocky Mountain Hospital and Medical Service, Inc.                      |   | CO                   | IA                               | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 20-0473316 |              |     | SellCore, Inc.   |   | DE                   | NIA                              | Anthem, Inc.                                   | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 27-0757414 |              |     | Simply Healthcare Holdings, Inc.                                       |   | FL                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 13726             | 27-0945036 |              |     | Simply Healthcare Plans, Inc.  |   | FL                   | IA                               | Simply Healthcare Holdings, Inc.               | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 55-0712302 |              |     | Southeast Services, Inc.   |   | VA                   | NIA                              | Anthem Southeast, Inc.                         | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 45-4071004 |              |     | State Sponsored Business UM Services, Inc.                             |   | IN                   | NIA                              | UNICARE Specialty Services, Inc.               | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 35-1835818 |              |     | The Anthem Companies, Inc.   |   | IN                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 45-5443372 |              |     | The Anthem Companies of California, Inc.                               |   | CA                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 02-0581429 |              |     | Tidgewell Associates, Inc.   |   | MD                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 43-1967924 |              |     | TrustSolutions, LLC  |   | WI                   | NIA                              | Government Health Services, LLC                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 11810             | 84-1620480 |              |     | UNICARE Health Plan of West Virginia, Inc.                             |   | WV                   | IA                               | UNICARE National Services, Inc.                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 74-2151310 |              |     | UNICARE Health Plans of Texas, Inc.                                    |   | TX                   | NIA                              | UNICARE Illinois Services, Inc.                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 36-3899137 |              |     | UNICARE Illinois Services, Inc.  |   | IL                   | NIA                              | UNICARE National Services, Inc.                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 80314             | 52-0913817 |              |     | UNICARE Life & Health Insurance Company                                |   | IN                   | IA                               | UNICARE National Services, Inc.                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95-4635507 |              |     | UNICARE National Services, Inc.  |   | DE                   | NIA                              | Anthem Holding Corp.                           | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 77-0494551 |              |     | UNICARE Specialty Services, Inc.                                       |   | DE                   | NIA                              | Anthem Holding Corp.                           | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 36-4014617 |              |     | UtiliMED IPA, Inc.   |   | NY                   | NIA                              | American Imaging Management, Inc.              | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 20-4405193 |              |     | WellPoint Acquisition, LLC   |   | IN                   | NIA                              | Anthem, Inc.                                   | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 20-2156380 |              |     | WellPoint Behavioral Health, Inc.                                      |   | DE                   | NIA                              | UNICARE Specialty Services, Inc.               | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95-4640531 |              |     | WellPoint California Services, Inc.                                    |   | DE                   | NIA                              | Anthem Holding Corp.                           | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 95-4657170 |              |     | WellPoint Dental Services, Inc.  |   | DE                   | NIA                              | UNICARE Specialty Services, Inc.               | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 81-2874917 |              |     | WellPoint Health Solutions, Inc.                                       |   | DE                   | NIA                              | Federal Government Solutions, LLC              | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 20-3620996 |              |     | WellPoint Holding Corp.  |   | DE                   | NIA                              | Anthem, Inc.                                   | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 45-2736438 |              |     | WellPoint Information Technology Services, Inc.                        |   | CA                   | NIA                              | Blue Cross of California                       | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 36-4595641 |              |     | WellPoint Insurance Services, Inc.                                     |   | HI                   | NIA                              | Anthem, Inc.                                   | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 47-2546820 |              |     | WellPoint Military Care Corporation                                    |   | IN                   | NIA                              | Government Health Services, LLC                | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. | 15929             | 47-5569628 |              |     | Wisconsin Collaborative Insurance Company                              |   | WI                   | IA                               | Crossroads Acquisition Corp.                   | Ownership  |                         | 50.00              | Anthem, Inc.                               | 0107 |
| 0671       | Anthem, Inc. |                   | 98-0552141 |              |     | WPMI (Shanghai) Enterprise Service Co. Ltd.                            |   | CHN                  | NIA                              | WPMI, LLC                                      | Ownership  |                         | 100.00             | Anthem, Inc.                               |      |
| 0671       | Anthem, Inc. |                   | 20-8672847 |              |     | WPMI, LLC  |   | DE                   | NIA                              | ATH Holding Company, LLC                       | Ownership  |                         | 69.910             | Anthem, Inc.                               | 0106 |

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

| 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 an unaffiliated investor .....   |

## 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<br>Year to Date | 2<br>Prior Year Ended<br>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) .....                  |                   |                                      |

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>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) .....  |                   |                                      |

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>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) .....                   |                   |                                      |

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>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 .....  | 5,972,813         | 2,201,159                            |
| 3. Accrual of discount .....  | 2,999             | 1,345                                |
| 4. Unrealized valuation increase (decrease) .....   |                   | 239,711                              |
| 5. Total gain (loss) on disposals .....   |                   | 23,351,513                           |
| 6. Deduct consideration for bonds and stocks disposed of .....                            |                   | 214,802                              |
| 7. Deduct amortization of premium .....   | 66,556            |                                      |
| 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) ..... | 9,634,793         | 3,725,537                            |
| 11. Deduct total nonadmitted amounts .....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11) .....                | 9,634,793         | 3,725,537                            |

## STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

**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<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|---|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                              |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                       | 10,808,840  | 2,386,153                                      | 2,293,024                                      | (19,982)   | 10,854,382  | 10,808,840   | 10,881,987  | 4,017,313   |
| 2. NAIC 2 (a) .....                       | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 3. NAIC 3 (a) .....                       | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 4. NAIC 4 (a) .....                       | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 5. NAIC 5 (a) .....                       | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 6. NAIC 6 (a) .....                       | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 7. Total Bonds .....                      | 10,808,840  | 2,386,153                                      | 2,293,024                                      | (19,982)   | 10,854,382  | 10,808,840   | 10,881,987  | 4,017,313   |
| <b>PREFERRED STOCK</b>                    |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                           | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 9. NAIC 2 .....                           | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 10. NAIC 3 .....                          | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 11. NAIC 4 .....                          | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 12. NAIC 5 .....                          | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 13. NAIC 6 .....                          | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 14. Total Preferred Stock .....           | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 15. Total Bonds and Preferred Stock ..... | 10,808,840  | 2,386,153                                      | 2,293,024                                      | (19,982)   | 10,854,382  | 10,808,840   | 10,881,987  | 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 \$ .....

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

**SCHEDULE DA - PART 1**

Short-Term Investments

|                | 1<br>Book/Adjusted<br>Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected<br>Year-to-Date | 5<br>Paid for<br>Accrued Interest<br>Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|---|---|
| 9199999 Totals | 1,247,195                            | XXX            | 1,247,195        | 261                                     | 0   |

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 291,776           | 3,961,202                            |
| 2. Cost of short-term investments acquired .....  | 9,439,111         | 16,041,889                           |
| 3. Accrual of discount .....  |                   |                                      |
| 4. Unrealized valuation increase (decrease) .....   |                   |                                      |
| 5. Total gain (loss) on disposals .....   |                   |                                      |
| 6. Deduct consideration received on disposals .....                                       | 8,483,692         | 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) ..... | 1,247,195         | 291,776                              |
| 11. Deduct total nonadmitted amounts .....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 1,247,195         | 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**

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE AMERIGROUP Ohio, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository                          | 2<br>Code   | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest Received<br>During Current<br>Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month<br>During Current Quarter |                   |                  | 9<br>*  |
|--|---|--------------------------|--|--|---|-------------------|------------------|---------|
|  |   |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |         |
| Bank of America                          | Concord, CA   |                          |  |  | 0   | 0                 | 0                | XXX     |
| Wells Fargo                              | San Francisco, CA   |                          |  |  | 0   | 0                 | 0                | XXX     |
| JP Morgan Chase Bank                     | San Antonio, TX   |                          |  |  | 227,186   | 252,016           | 252,131          | XXX     |
| 0199998. Deposits in ...                 | depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories      | XXX                      | XXX  |  |   |                   |                  | XXX     |
| 0199999. Totals - Open Depositories      |   | XXX                      | XXX  | 0  | 0   | 227,186           | 252,016          | 252,131 |
| 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       |
| 0399999. Total Cash on Deposit           |   | XXX                      | XXX  | 0  | 0   | 227,186           | 252,016          | 252,131 |
| 0499999. Cash in Company's Office        |   | XXX                      | XXX  | XXX  | XXX   |                   |                  | XXX     |
| 0599999. Total - Cash                    |   | XXX                      | XXX  | 0  | 0   | 227,186           | 252,016          | 252,131 |

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter  
**N O N E**