



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

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

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes  No

Incorporated/Organized 03/08/2002 Commenced Business 09/01/2005

Statutory Home Office 4361 Irwin Simpson Road, C/O Community Ins. Co., Mason, OH, US 45040  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4425 Corporation Lane  
(Street and Number) Virginia Beach, VA, US 23462, (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Mail Address 220 Virginia Ave, Indianapolis, IN, US 46204  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 220 Virginia Ave  
(Street and Number) Indianapolis, IN, US 46204, (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)

Internet Website Address www.amerigroup.com

Statutory Statement Contact Tim Niccum, 317-488-6716  
(Name) tim.niccum@anthem.com, (Area Code) (Telephone Number)  
(E-mail Address) 317-488-6200, (FAX Number)

#### OFFICERS

President/Chairperson	<u>Kristen Louise Metzger</u>	Treasurer	<u>Vincent Edward Scher</u>
Secretary	<u>Kathleen Susan Kiefer</u>	Vice President/Assistant Secretary	<u>Jack Louis Young</u>

#### OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

#### DIRECTORS OR TRUSTEES

Jack Louis Young, Kristen Louise Metzger, Ronald William Penczek

State of \_\_\_\_\_ SS: \_\_\_\_\_  
County of \_\_\_\_\_

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.

DocuSigned by:

Kristen Louise Metzger

Kristen Louise Metzger  
President/Chairperson

DocuSigned by:

Kathleen Susan Kiefer

Kathleen Susan Kiefer  
Secretary

DocuSigned by:

Vincent E. Scher

Vincent E. Scher  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,351,651		1,351,651	1,367,335
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 1,916,620 , Schedule E - Part 1), cash equivalents (\$ ..... 92,686 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	2,009,306		2,009,306	2,086,610
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	3,360,957	0	3,360,957	3,453,945
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	19,617		19,617	19,617
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	400	364	36	367
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	279		279	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	950	0	950	1,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,382,203	364	3,381,839	3,474,929
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	3,382,203	364	3,381,839	3,474,929
<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 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. State income tax recoverable .....	950		950	1,000
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	950	0	950	1,000

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)			.0	.0
2. Accrued medical incentive pool and bonus amounts			.0	.0
3. Unpaid claims adjustment expenses			.0	.0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act			.0	.0
5. Aggregate life policy reserves			.0	.0
6. Property/casualty unearned premium reserves			.0	.0
7. Aggregate health claim reserves			.0	.0
8. Premiums received in advance	842		842	.0
9. General expenses due or accrued	375		375	1,240
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))		5	.5	43,139
10.2 Net deferred tax liability			.0	.0
11. Ceded reinsurance premiums payable			.0	.0
12. Amounts withheld or retained for the account of others			.0	.0
13. Remittances and items not allocated	858		858	68,039
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			.0	.0
15. Amounts due to parent, subsidiaries and affiliates			.0	8,847
16. Derivatives			.0	.0
17. Payable for securities			.0	.0
18. Payable for securities lending			.0	.0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers)			.0	.0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies			.0	.0
21. Net adjustments in assets and liabilities due to foreign exchange rates			.0	.0
22. Liability for amounts held under uninsured plans			.0	.0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	.0	.0	.0
24. Total liabilities (Lines 1 to 23)	2,080	.0	2,080	.121,265
25. Aggregate write-ins for special surplus funds	XXX	XXX	.0	.0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	3,147,882	3,147,882
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	230,877	204,782
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ).	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,379,759	3,353,664
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,381,839	3,474,929
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....		
2. Net premium income ( including \$ ..... non-health premium income).....	XXX.....	0	
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX.....	0	
5. Risk revenue.....	XXX.....	0	
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	0	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		0	2,731
10. Other professional services.....		0	
11. Outside referrals.....		0	
12. Emergency room and out-of-area.....		0	
13. Prescription drugs.....		0	
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		0	
16. Subtotal (Lines 9 to 15).....	0	0	2,731
<b>Less:</b>			
17. Net reinsurance recoveries.....		0	
18. Total hospital and medical (Lines 16 minus 17).....	0	0	2,731
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ ..... 0 cost containment expenses.....		0	0
21. General administrative expenses.....		518	(1,261)
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	518	1,470
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(518)	(1,470)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		27,649	207,739
26. Net realized capital gains (losses) less capital gains tax of \$ ..... 27. Net investment gains (losses) (Lines 25 plus 26).....			157,596
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )].....			365,335
29. Aggregate write-ins for other income or expenses.....	0	0	(37)
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.....	27,131	363,828
31. Federal and foreign income taxes incurred.....	XXX.....	705	25,583
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	26,426	338,245
<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
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901. Penalties and fines .....		0	(37)
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	(37)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	3,353,664	11,511,019
34. Net income or (loss) from Line 32 .....	26,426	338,245
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	33	4,400
39. Change in nonadmitted assets .....	(364)	0
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	(7,248,032)
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		(1,251,968)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	26,095	(8,157,355)
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,379,759	3,353,664
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	842	0
2. Net investment income .....	43,710	311,901
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	44,552	311,901
5. Benefit and loss related payments .....	0	2,731
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,758	(912)
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	43,839	33,054
10. Total (Lines 5 through 9) .....	45,597	34,873
11. Net cash from operations (Line 4 minus Line 10) .....	(1,045)	277,028
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	13,093,310
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	581,638
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	13,674,948
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	3,987,717
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	3,987,717
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	9,687,231
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	(7,248,032)
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	1,251,968
16.6 Other cash provided (applied) .....	(76,259)	(533,877)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(76,259)	(9,033,877)
<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) .....	(77,304)	930,382
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,086,610	1,156,228
19.2 End of year (Line 18 plus Line 19.1) .....	2,009,306	2,086,610

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

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## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income .....	0									
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ medical expenses) .....	0									XXX
4. Risk revenue .....	0									XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits .....	0									XXX
9. Other professional services .....	0									XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	0									XXX
12. Prescription drugs .....	0									XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	0									XXX
15. Subtotal (Lines 8 to 14) .....	0	0	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries .....	0									XXX
17. Total medical and hospital (Lines 15 minus 16) .....	0	0	0	0	0	0	0	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses .....	0									
20. General administrative expenses .....	.518								.518	
21. Increase in reserves for accident and health contracts .....	0									XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	.518	0	0	0	0	0	0	0	.518	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	(.518)	0	0	0	0	0	0	0	(.518)	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

Underwriting and Investment Exhibit - Part 1 - Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 2 - Claims Incurred

**N O N E**

Underwriting and Investment Exhibit - Part 2A - Claims Liability

**N O N E**

Underwriting and Investment Exhibit - Part 2B - Analysis of Claims

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	0	0	0	0	0
2. 2016 .....	0	0	0	0	0
3. 2017 .....	XXX	0	0	0	0
4. 2018 .....	XXX	XXX	0	0	0
5. 2019 .....	XXX	XXX	XXX	0	0
6. 2020 .....	XXX	XXX	XXX	XXX	0

## Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	0	0	0	0	0
2. 2016 .....	0	0	0	0	0
3. 2017 .....	XXX	0	0	0	0
4. 2018 .....	XXX	XXX	0	0	0
5. 2019 .....	XXX	XXX	XXX	0	0
6. 2020 .....	XXX	XXX	XXX	XXX	0

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2017 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2019 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2020 .....	0	0	0	0.0	0	0.0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....									
5. Aggregate write-ins for other policy reserves .....									
6. Totals (gross) .....									
7. Reinsurance ceded .....									
8. Totals (Net)(Page 3, Line 4) .....									
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. Totals (gross) .....									
13. Reinsurance ceded .....									
14. Totals (Net)(Page 3, Line 7) .....									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....									

(a) Includes \$ ..... premium deficiency reserve.

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....					0
2. Salary, wages and other benefits .....					0
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....					0
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....					0
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....					0
10. Printing and office supplies .....					0
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....					0
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....					0
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			.375		375
23.2 State premium taxes .....			439		439
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....				14,970	14,970
25. Aggregate write-ins for expenses .....	0	0	(296)	0	(296)
26. Total expenses incurred (Lines 1 to 25) .....	0	0	.518	14,970	(a) 15,488
27. Less expenses unpaid December 31, current year .....			375		375
28. Add expenses unpaid December 31, prior year .....		0	1,240		1,240
29. Amounts receivable relating to uninsured plans, prior year .....			0		0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	0	0	1,383	14,970	16,353
<b>DETAILS OF WRITE-INS</b>					
2501. Misc Admin Exp .....			(296)		(296)
2502. .....					
2503. .....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	(296)	0	(296)

(a) Includes management fees of \$ ..... (2,325) to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) .....	0
1.1 Bonds exempt from U.S. tax .....	(a) .....	0
1.2 Other bonds (unaffiliated) .....	(a) .....	31,916
1.3 Bonds of affiliates .....	(a) .....	0
2.1 Preferred stocks (unaffiliated) .....	(b) .....	0
2.11 Preferred stocks of affiliates .....	(b) .....	0
2.2 Common stocks (unaffiliated) .....	(c) .....	0
2.21 Common stocks of affiliates .....	(d) .....	0
3. Mortgage loans .....	(e) .....	0
4. Real estate .....	(f) .....	0
5. Contract Loans .....	(g) .....	0
6. Cash, cash equivalents and short-term investments .....	(h) .....	10,703
7. Derivative instruments .....	(i) .....	0
8. Other invested assets .....	(j) .....	0
9. Aggregate write-ins for investment income .....	(k) .....	0
10. Total gross investment income .....	42,619	42,619
11. Investment expenses .....	(g) .....	14,970
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	0
13. Interest expense .....	(h) .....	0
14. Depreciation on real estate and other invested assets .....	(i) .....	0
15. Aggregate write-ins for deductions from investment income .....	(j) .....	0
16. Total deductions (Lines 11 through 15) .....	14,970	
17. Net investment income (Line 10 minus Line 16) .....	27,649	
<b>DETAILS OF WRITE-INS</b>		
0901. .....		
0902. .....		
0903. .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501. .....		
1502. .....		
1503. .....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ .....0 accrual of discount less \$ .....15,686 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
 (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....					

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	364		(364)
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. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	364	0	(364)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	364	0	(364)
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....						
7. Total						
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)						

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**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 (the “Department”).

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

	SSAP #	F/S Page	F/S Line #	2020	2019
<b><u>Net Income</u></b>					
(1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)		XXX	XXX	\$ 26,426	\$ 338,245
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:		—	—	—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:		—	—	—	—
(4) NAIC SAP (1-2-3=4)		XXX	XXX	\$ 26,426	\$ 338,245
<b><u>Surplus</u></b>					
(5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)		XXX	XXX	\$ 3,379,759	\$ 3,353,664
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:		—	—	—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:		—	—	—	—
(8) NAIC SAP (5-6-7=8)		XXX	XXX	\$ 3,379,759	\$ 3,353,664

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**C. Accounting Policies**

Health premiums are earned over the term of the related insurance policies. Premiums written are reported net of experience rating refunds. Unearned premium reserves are established to cover the unexpired portion of premiums written and are computed by pro rata methods for direct business. Premium rates for certain lines of business are subject to approval by the Department. All other costs, including underwriting expenses, are charged to operations as incurred.

## NOTES TO FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

1. Short-term investments include investments with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
2. Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
3. The Company has no investments in common stocks of unaffiliated companies.
4. The Company has no investments in preferred stocks.
5. The Company has no mortgage loans - real estate.
6. The Company has no loan-backed securities.
7. The Company has no investments in subsidiaries, controlled and affiliated companies.
8. The Company has no investments in joint ventures, partnerships or limited liability companies.
9. The Company has no derivative instruments.
10. The Company recognizes losses from other-than-temporary impairments (“OTTI”) of investments in accordance with Statements of Standard Accounting Practice (“SSAP”) No. 26R, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
11. The Company does not anticipate investment income as a factor in premium deficiency calculations.
12. Unpaid claims and claims adjustment expenses include management’s best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
13. The Company has not modified its capitalization policy from the prior period.

### **D. Going Concern**

Not applicable.

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

There were no accounting changes or corrections of errors during the years ended December 31, 2020 and 2019.

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

#### **1. Statutory Purchase Method**

Not applicable.

#### **2. Statutory Merger**

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**3. Assumption Reinsurance**

Not applicable.

**4. Impairment Loss**

Not applicable.

**4. Discontinued Operations**

The Company had no operations that were discontinued during 2020 or 2019.

**5. Investments**

**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have investments in mortgage loans at December 31, 2020 or 2019.

**B. Debt Restructuring**

The Company did not have invested assets that were restructured debt at December 31, 2020 or 2019.

**C. Reverse Mortgages**

The Company did not have investments in reverse mortgages at December 31, 2020 or 2019.

**D. Loan-Backed Securities**

- (1) The Company did not have loan-backed securities at December 31, 2020 and 2019.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2020 and 2019.
- (3) The Company did not hold OTTI on its loan-backed securities at December 31, 2020 and 2019.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at December 31, 2020 and 2019.
- (5) The Company had no impaired loan-backed securities at December 31, 2020 and 2019.

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

Not applicable.

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at December 31, 2020 or 2019.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2020 or 2019.

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

**J. Real Estate**

The Company did not have investments in real estate and did not engage in retail land sales operations during 2020 or 2019.

**K. Investments in Low-Income Housing Tax Credits**

The Company did not invest in properties generating low-income housing tax credits during 2020 or 2019.

**L. Restricted Assets**

(1) Restricted assets (including pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross Admitted and Nonadmitted Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	0.00 %	0.00 %
b. Collateral held under security lending agreements	—	—	—	—	—	0.00 %	4.80 %
c. Subject to repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
d. Subject to reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
e. Subject to dollar repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
g. Placed under option contracts	—	—	—	—	—	0.00 %	0.00 %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
i. FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
j. On deposit with states	1,444,337	1,442,043	2,294	—	1,444,337	41.76 %	41.76 %
k. On deposit with other regulatory bodies	—	—	—	—	—	0.00 %	0.00 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	0.00 %	0.00 %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	0.00 %	0.00 %
n. Other restricted assets	—	—	—	—	—	0.00 %	0.00 %
<b>o. Total Restricted Assets</b>	<b>\$ 1,444,337</b>	<b>\$ 1,442,043</b>	<b>\$ 2,294</b>	<b>\$ —</b>	<b>\$ 1,444,337</b>	<b>41.76 %</b>	<b>41.76 %</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**M. Working Capital Finance Investments**

The Company did not have any working capital finance investments at December 31, 2020 and 2019.

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

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2020 and 2019.

**O. 5GI Securities**

The Company has no 5GI Securities as of December 31, 2020 and 2019.

**P. Short Sales**

The Company did not have any short sales at December 31, 2020 and 2019.

**Q. Prepayment Penalty and Acceleration Fees**

The Company did not have any prepayment penalty or acceleration fees at December 31, 2020 and 2019.

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

- A. The Company has no investments in joint ventures, partnerships or LLCs.
- B. Not applicable.

**7. Investment Income**

- A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.
- B. At December 31, 2020 and 2019 there was no nonadmitted accrued investment income.

**8. Derivative Instruments**

The Company has no derivative instruments.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**9. Income Taxes**

**A. The components of net deferred tax assets (liabilities):**

(1) The components of net deferred tax asset (liabilities) are as follows:

	12/31/2020		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 403	\$ —	\$ 403
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	403	—	403
(d) Deferred Tax Assets Nonadmitted	364	—	364
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	39	—	39
(f) Deferred Tax Liabilities	1	2	3
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 38	\$ (2)	\$ 36

	12/31/2019		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 368	\$ —	\$ 368
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	368	—	368
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	368	—	368
(f) Deferred Tax Liabilities	—	1	1
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 368	\$ (1)	\$ 367

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 35	\$ —	\$ 35
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	35	—	35
(d) Deferred Tax Assets Nonadmitted	364	—	364
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(329)	—	(329)
(f) Deferred Tax Liabilities	1	1	2
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (330)	\$ (1)	\$ (331)

(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* ("SSAP No. 101") are as follows:

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

12/31/2020		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 35	\$ —	\$ 35
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	506,958
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	4	—	4
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 39	\$ —	\$ 39

12/31/2019		
(4) Ordinary	(5) Capital	(6) (Col 4+5) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 368	\$ —	\$ 368
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	502,995
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 368	\$ —	\$ 368

Change		
(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ (333)	\$ —	\$ (333)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	3,963
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	4	—	4
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (329)	\$ —	\$ (329)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

(3)		2020	2019
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	26,753.13 %	26,265.00 %

(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 3,379,723	\$ 3,353,297
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(4)	12/31/2020		12/31/2019		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital

Impact of Tax-Planning Strategies

(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.

1.	Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 403	\$ —	\$ 368	\$ —	\$ 35	\$ —
2.							

3.	Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
4.							

4.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 39	\$ —	\$ 368	\$ —	\$ (329)	\$ —

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes \_\_\_\_\_ No  X \_\_\_\_\_

**B.** The Company has no unrecognized deferred tax liabilities at December 31, 2020 and 2019.

**C. Current income taxes incurred consist of the following major components:**

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 705	\$ 25,583	\$ (24,878)
(b) Foreign	—	—	—
(c) Subtotal	705	25,583	(24,878)
(d) Federal income tax expense on net capital gains	—	49,114	(49,114)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 705	\$ 74,697	\$ (73,992)

(2) Deferred Tax Assets:  
(a) Ordinary

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

(1)	Discounting of unpaid losses	\$	—	\$	—	\$	—
(2)	Unearned premium reserve		35		—		35
(3)	Policyholder reserves		—		—		—
(4)	Investments		—		—		—
(5)	Deferred acquisition costs		—		—		—
(6)	Policyholder dividends accrual		—		—		—
(7)	Fixed assets		—		—		—
(8)	Compensation and benefits accrual		—		—		—
(9)	Pension accrual		—		—		—
(10)	Receivables - nonadmitted		—		—		—
(11)	Net operating loss carry-forward		—		—		—
(12)	Tax credit carry-forward		—		—		—
(13)	Other (including items <5% of total ordinary tax assets)		368		368		—
(14)	Accrued future expenses		—		—		—
(15)	Amortization		—		—		—
(16)	Partnership income		—		—		—
(17)	Premium deficiency reserves		—		—		—
(18)	Prepaid expenses		—		—		—
(19)	Section 467 lease expense		—		—		—
(20)	Personal property tax accrual		—		—		—
(21)	Deferred gain on sale of building		—		—		—
(22)	State income tax liability		—		—		—
(23)	Income from reinsurance contract		—		—		—
(24)	Revenue agent's report adjustment		—		—		—
	(99) Subtotal		403		368		35
(b)	Statutory valuation allowance adjustment		—		—		—
(c)	Nonadmitted		364		—		364
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)		39		368		(329)
(e)	Capital						
(1)	Investments		—		—		—
(2)	Net capital loss carry-forward		—		—		—
(3)	Real estate		—		—		—
(4)	Other (including items <5% of total capital tax assets)		—		—		—
(5)	Partnership investment		—		—		—
(6)	State low income housing tax credits		—		—		—
(7)	Affiliated investment write-down		—		—		—
	(99) Subtotal		—		—		—
(f)	Statutory valuation allowance adjustment		—		—		—
(g)	Nonadmitted		—		—		—
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)		—		—		—
(i)	Admitted deferred tax assets (2d + 2h)		\$ 39		\$ 368		\$ (329)
			<b>(1)</b>		<b>(2)</b>		<b>(3)</b>
			12/31/2020		12/31/2019		(Col 1-2) Change

(3) Deferred Tax Liabilities:

(a) Ordinary

(1)	Investments	\$	—	\$	—	\$	—
(2)	Fixed assets		—		—		—
(3)	Deferred and uncollected premium		—		—		—
(4)	Policyholder reserves		—		—		—
(5)	Other (including items <5% of total ordinary tax liabilities)		1		—		1
(6)	Amortization		—		—		—
(7)	Discount of coordination of benefits		—		—		—
(8)	Guaranty fund assessment		—		—		—
(9)	Business partnership		—		—		—
(10)	Tax reserves per Tax Reform over 8 years		—		—		—
(11)	Oil and gas depletion deduction		—		—		—

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

(12) Deferred cost - surplus note	—	—	—
(99) Subtotal	1	—	1
(b) Capital			
(1) Investments	2	1	1
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(4) Section 166 partial worthlessness	—	—	—
(5) Investment partnership income	—	—	—
(99) Subtotal	2	1	1
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 3	\$ 1	\$ 2
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 36	\$ 367	\$ (331)

**D.** The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	2020	2019
Tax expense computed using federal statutory rate	\$ 5,697	\$ 86,718
ACA health insurer fee	—	—
Change in nonadmitted assets	—	—
a Tax exempt income and dividend received deduction net of proration	(5,025)	(16,428)
a Tax exempt income received net of proration	—	—
Prior year true-up and adjustments	—	—
Interest (federal and state income tax)	—	—
Tax settlements and contingencies	—	—
Intercompany transfers and adjustments	—	—
IMR/AVR tax	—	—
Intercompany dividends	—	—
Valuation allowance	—	—
Tax Cuts and Jobs Act	—	—
Deferred transfers	—	—
Partnership tax credits	—	—
Equities investment tax true-up	—	—
Mark to market and impairments	—	—
Low income housing tax credits	—	—
National Government Services	—	—
Other, net	—	7
Total	<u><u>\$ 672</u></u>	<u><u>\$ 70,297</u></u>
 Federal income taxes incurred	 \$ 705	 \$ 74,697
Change in net deferred income taxes	(33)	(4,400)
Total statutory income taxes	<u><u>\$ 672</u></u>	<u><u>\$ 70,297</u></u>

**E. Operating loss carryforwards:**

1. The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2020 or 2019.
2. The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2020	\$ 705	\$ —	\$ 705
2019	25,583	49,114	74,697
2018	N/A	—	—

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2020 and 2019.

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. (“Anthem”) as of December 31, 2020 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

American Imaging Management, Inc.	Designated Agent Company, Inc.
America's 1st Choice of South Carolina, Inc.	EHC Benefits Agency, Inc.
America's Health Management Services, Inc.	Empire HealthChoice Assurance, Inc.
AMERIGROUP Community Care of New Mexico, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Corporation	Federal Government Solutions, LLC
Amerigroup Delaware, Inc.	FHC Health Systems, Inc.
AMERIGROUP District of Columbia, Inc.	Freedom Health, Inc.
Amerigroup Health Plan of Louisiana, Inc.	Golden West Health Plan, Inc.
Amerigroup Insurance Company	Health Core, Inc.
AMERIGROUP Iowa, Inc.	Health Management Corporation
Amerigroup Kansas, Inc.	HealthKeepers, Inc.
AMERIGROUP Maryland, Inc.	HealthLink HMO, Inc.
AMERIGROUP Mississippi, Inc.	HealthLink Insurance Company
AMERIGROUP New Jersey, Inc.	HealthLink, Inc.
AMERIGROUP Ohio, Inc.	HealthPlus HP, LLC
AMERIGROUP Oklahoma, Inc.	HealthSun Health Plan, Inc.
Amerigroup Pennsylvania, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP Tennessee, Inc.	HEP AP Holdings, Inc.
AMERIGROUP Texas, Inc.	Highland Holdco, Inc.
AMERIGROUP Washington, Inc.	HMO Colorado, Inc.
AMGP Georgia Managed Care Company, Inc.	HMO Missouri, Inc.
Anthem Blue Cross Life and Health Insurance Company	IEC Group Holdings, Inc.
Anthem Financial, Inc.	IEC Group, Inc. d/b/a AmeriBen
Anthem Health Plans of Kentucky, Inc.	Imaging Management Holdings, LLC
Anthem Health Plans of Maine, Inc.	IngenioRx, Inc.
Anthem Health Plans of New Hampshire, Inc.	Legato Holdings I, Inc.
Anthem Health Plans of Virginia, Inc.	Living Complete Technologies, Inc.
Anthem Health Plans, Inc.	Massachusetts Behavioral Health Partnership
Anthem Holding Corp.	Matthew Thornton Health Plan, Inc.
Anthem Insurance Companies, Inc.	Missouri Care, Incorporated
Anthem Kentucky Managed Care Plan, Inc.	Nash Holding Company, LLC
Anthem Southeast, Inc.	National Government Services, Inc.
Anthem UM Services, Inc.	New England Research Institutes, Inc.
Anthem, Inc.	Optimum Healthcare, Inc.
Arcus Enterprises, Inc.	OPTIONS Health Care, Inc.
Aspire Health, Inc.	Park Square Holdings, Inc.
Associated Group, Inc.	Park Square I, Inc.
Beacon Health Financing, LLC	Park Square II, Inc.
Beacon Health Options Care Services, Inc.	Resolution Health, Inc.
Beacon Health Options Holdco, Inc.	RightCHOICE Managed Care, Inc.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

Beacon Health Options, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Beacon Health Options of California, Inc.	SellCore, Inc.
Beacon Health Options of Ohio, Inc.	Simply Healthcare Plans, Inc.
Beacon Health Options of Pennsylvania, Inc.	Southeast Services, Inc.
Beacon Health Vista Parent, Inc.	State Sponsored Services, Inc.
BHS IPA, LLC	The Anthem Companies of California, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	The Anthem Companies, Inc.
Blue Cross Blue Shield of Wisconsin	TrustSolutions, LLC
Blue Cross of California	UNICARE Health Plan of West Virginia, Inc.
Blue Cross of California Partnership Plan, Inc.	UNICARE Illinois Services, Inc.
CareMarket, Inc.	UNICARE Life & Health Insurance Company
CareMore Health Plan	UNICARE National Services, Inc.
CareMore Health Plan of Arizona, Inc.	UNICARE Specialty Services, Inc.
CareMore Health Plan of Nevada, Inc.	Value Health Reinsurance, Inc.
CareMore Health Plan of Texas, Inc.	ValueOptions Federal Services, Inc.
CareMore Health System	ValueOptions New Mexico, Inc.
Cerulean Companies, Inc.	ValueOptions of Kansas, Inc.
CHCS IPA, Inc.	ValueOptions of New Jersey, Inc.
Claim Management Services, Inc.	ValueOptions Texas, Inc.
Community Care Health Plan of Nebraska, Inc. fka WellCare of Nebraska, Inc.	Valus, Inc.
Community Care Health Plan of Nevada, Inc.	WellPoint California Services, Inc.
Community Insurance Company	WellPoint Dental Services, Inc.
Compcare Health Services Insurance Corporation	WellPoint Health Solutions, Inc.
Crossroads Acquisition Corp.	WellPoint Holding Corporation
DBG Holdings, Inc.	WellPoint Information Technology Services, Inc.
DeCare Analytics, LLC	WellPoint Insurance Services, Inc.
DeCare Dental Health International, LLC	WellPoint Military Care Corporation
DeCare Dental, LLC	ZipDrug, Inc.

**G. Not applicable.**

**H. Repatriation Transition Tax (RTT)**

Not applicable.

**I. Alternative Minimum Tax (AMT) Credit**

Not applicable.

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

**A. Nature of the Relationship**

The Company is an Ohio domiciled stock insurance company and is a wholly-owned subsidiary of AMERIGROUP Corporation (“AGP”), which is an indirect wholly-owned subsidiary of Anthem, a publicly traded company.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**B. Significant Transactions for Each Period**

The company didn't pay dividends or receive capital contributions during 2020. On August 16, 2019, the Company's Board of Directors declared an \$8,500,000 dividend which the Department approved on September 9, 2019. Both dividends were paid to AGP on September 23, 2019. At the time of the dividend, the Company reported the dividend reducing unassigned surplus only, resulting in a reported unassigned deficit of \$7,248,032 and reported gross paid in and contributed capital of \$10,395,914 in the September 30, 2019 Quarterly Statement. In accordance with paragraph 11 of SSAP No. 72, *Surplus and Quasi-Organizations*, the Company is reporting the ordinary portion of the dividend of \$1,251,968 (total distribution of \$8,500,000 less the \$7,248,032 of unassigned deficit reported at September 30, 2019) in Unassigned Surplus and is reporting the extraordinary portion, deemed to be a return of capital, of \$7,248,032 in gross paid in and contributed surplus in its December 31, 2019 Annual Statement.

The Company became party to the Fair Market Value ("FMV") Services Attachment discussed in Note 10E. There were no additional arrangements entered into as of December 31, 2020.

**C. Transactions with Related Parties who are not Reported on Schedule Y**

The Company has no transactions with related parties who are not reported on Schedule Y.

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

At December 31, 2020, the Company reported \$279 due from affiliates. At December 31, 2020, the Company reported no amounts due to affiliates. At December 31, 2019, the Company reported no amounts due from affiliates. At December 31, 2019, the Company reported \$8,847 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.

**E. Management and Service Contracts and Cost Sharing Arrangements**

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

In addition, the Company is party to the Fair Market Value ("FMV") Services Attachment, starting January 1, 2020, the costs and expenses related to certain care management and other services are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

**F. Guarantees or Contingencies for Related Parties**

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**NOTES TO FINANCIAL STATEMENTS**

**G. Nature of Control Relationships that Could Affect Operations or Financial Position**

AGP owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

**H. Amount Deducted for Investment in Upstream Company**

The Company does not own shares of upstream intermediate entities or Anthem.

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

The Company does not have investments in affiliates greater than 10% of admitted assets.

**J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies**

Not applicable.

**K. Investment in a Foreign Insurance Subsidiary**

The Company does not have investments in foreign insurance subsidiaries.

**L. Investment in Downstream Non-insurance Holding Companies**

The Company does not have investments in downstream non-insurance holding companies.

**M. All SCA Investments**

The Company has no SCA Investments.

**N. Investment in Insurance SCAs**

The Company does not have investments in Insurance SCAs.

**O. SCA or SSAP 48 Entity Loss Tracking**

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

**11. Debt**

**A. Capital Notes and Other Debt**

The Company had no capital notes or other debt outstanding at December 31, 2020 and 2019.

**B. FHLB (Federal Home Loan Bank) Agreements**

The Company had no FHLB agreements outstanding at December 31, 2020 and 2019.

**C. All Other Debt**

The Company had no other debt outstanding at December 31, 2020 and 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

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

**A. Defined Benefit Plan**

Not applicable - See Note 12G.

**B. Not applicable - See Note 12G.**

**C. Not applicable - See Note 12G.**

**D. Not applicable - See Note 12G.**

**E. Defined Contribution Plans**

Not applicable - See Note 12G.

**F. Multiemployer Plans**

The Company does not participate in a multiemployer plan.

**G. Consolidated/Holding Company Plans**

Not applicable.

**H. Post Employment Benefits and Compensated Absences**

Not applicable..

**I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)**

Not applicable.

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

**A. Outstanding Shares**

As of December 31, 2020, the Company has 1,000 shares of \$1 par value common stock authorized, issued and outstanding. The number of shares issued and outstanding is 1,000.

**B. Preferred Stock**

The Company has no preferred stock outstanding.

**C. Dividend Restrictions**

The maximum amount of dividends which can be paid by State of Ohio insurance companies to shareholders without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus and net income. Within any 12 month period, cumulative dividends may not exceed the greater of 10% of statutory surplus at the prior December 31, or net income for the 12 month period ending at the prior December 31. Also, any dividend paid from other than earned surplus shall be considered an extraordinary dividend.

**D. Dividends Paid**

See Footnote 10B.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**E. Maximum Ordinary Dividend During 2021**

Within the limitations of (C) above, the Company may pay \$230,877 in ordinary dividends during 2021 without restrictions, other than state notification requirements.

**F. Unassigned Surplus Restrictions**

Unassigned surplus funds are not restricted at December 31, 2020.

**G. Mutual Surplus Advances**

Not applicable.

**H. Company Stock Held for Special Purpose**

There are no shares of stock held for special purposes at December 31, 2020.

**I. Changes in Special Surplus Funds**

There are no special surplus funds at December 31, 2020.

**J. Changes in Unassigned Funds**

There was no portion of unassigned funds represented by cumulative unrealized investment gains and losses at December 31, 2020.

**K. Surplus Notes**

The Company has not issued any surplus notes or debentures or similar obligations.

**L. Restatement due to Prior Quasi-reorganizations**

The Company had no restatements due to prior quasi-reorganizations.

**M. Quasi-reorganizations over Prior 10 Years**

The Company has not been involved in a quasi-reorganization during the past 10 years.

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

The Company had no contingent commitments at December 31, 2020 or 2019.

**B. Assessments**

(1) The Company is subject to guaranty fund and other assessments by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of the assessment or at the time the losses are incurred.

(2) Not applicable.

(3) Not applicable.

## NOTES TO FINANCIAL STATEMENTS

### C. Gain Contingencies

The Company has no gain contingencies at December 31, 2020 or 2019.

### D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

### E. Joint and Several Liabilities

Not applicable.

### F. All Other Contingencies

#### Cigna Corporation Merger Litigation

In July 2015, Anthem and Cigna Corporation, or Cigna, announced that they entered into the Cigna Agreement and Plan of Merger, or Cigna Merger Agreement, pursuant to which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice or DOJ, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia, or District Court, seeking to block the merger. In February 2017, Cigna purported to terminate the Cigna Merger Agreement and commenced litigation against Anthem in the Delaware Court of Chancery, or Delaware Court, seeking damages, including \$1,850,000,000 termination fee pursuant to the terms of the Cigna Merger Agreement, and a declaratory judgement that its purported termination of the Cigna Merger Agreement was lawful, among other claims, which is captioned *Cigna Corp. v. Anthem Inc.*

Also in February 2017, Anthem initiated their own litigation against Cigna in the Delaware Court seeking a temporary restraining order to enjoin Cigna from terminating the Cigna Merger Agreement, specific performance compelling Cigna to comply with the Cigna Merger Agreement and damages, which is captioned *Anthem Inc. v. Cigna Corp.* In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked the merger. In May 2017, after the Delaware Court denied Anthem's motion to enjoin Cigna from terminating the Cigna Merger Agreement, Anthem delivered to Cigna a notice terminating the Cigna Merger Agreement.

In the Delaware court litigation, trial commenced in late February 2019 and concluded in March 2019. The Delaware Court held closing arguments in November 2019 and took the matter under consideration. In February 2020, the Delaware Court requested supplemental briefing, which has been submitted. On August 31, 2020, the Delaware Court issued an opinion finding that neither party was owed damages and that Anthem did not owe Cigna the \$1,850,000,000 termination fee. The Delaware Court issued an order implementing its opinion in October 2020. Cigna filed its notice of appeal in November 2020 challenging the trial court's opinion that Anthem did not owe Cigna a termination fee. Cigna filed its appellate brief in December 2020. Anthem's response was filed in January. Anthem believes Cigna's allegations are without merit and they intend to vigorously defend against Cigna's allegations; however, the ultimate outcome of any appeal of this litigation with Cigna cannot be presently determined.

In October 2018, a shareholder filed a derivative lawsuit in the State of Indiana Marion County Superior Court, captioned *Henry Bittmann, Derivatively, et al. v. Joseph R. Swedish, et al.*, purportedly on behalf of Anthem and their shareholders against certain current and former directors and officers alleging breaches of fiduciary duties, unjust enrichment and corporate waste associated with the Cigna Merger Agreement. This case has been stayed at the request of the parties pending the outcome of Anthem's litigation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**NOTES TO FINANCIAL STATEMENTS**

with Cigna in the Delaware Court. This lawsuit's ultimate outcome cannot be presently determined.

***Other Contingencies***

From time to time, the Company is party to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like HMOs and health insurers generally, excludes certain healthcare and other services from coverage under our HMO, PPO, and other plans. The Company is, in the ordinary course of business, subject to the claims of our enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

The Company is involved in pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits and reviews and administrative proceedings include routine and special investigations by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

The Company has no other known material contingencies.

**15. Leases**

**A. Lessee Operating Lease**

The Company has no lessee leasing arrangements.

**B. Lessor Leases**

1. The Company has not entered into any operating leases.
2. The Company has not entered into any leveraged leases.

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

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2020, there were no significant concentrations.

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

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

Not applicable at December 31, 2020 and 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

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

Not applicable at December 31, 2020 and 2019.

**C. Wash Sales**

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At December 31, 2020 and 2019, 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 ("ASO") Plans**

Not applicable at December 31, 2020.

**B. Administrative Services Contract ("ASC") Plans**

Not applicable at December 31, 2020.

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

Not applicable at December 31, 2020 and 2019.

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2020 and 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**20. Fair Value Measurements**

**A.**

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Perpetual preferred stock					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries and affiliates	—	—	—	—	—
Total perpetual preferred stocks	\$ —	\$ —	\$ —	\$ —	\$ —
Bonds					
U.S. governments	\$ —	\$ —	\$ —	\$ —	\$ —
U.S. special revenues	—	—	—	—	—
Industrial and misc	—	—	—	—	—
Hybrid securities	—	—	—	—	—
Parent, subsidiaries and affiliates	—	—	—	—	—
Total bonds	\$ —	\$ —	\$ —	\$ —	\$ —
Common stock					
Industrial and misc	\$ —	\$ —	\$ —	\$ —	\$ —
Parent, subsidiaries and affiliates	—	—	—	—	—
Total common stocks	\$ —	\$ —	\$ —	\$ —	\$ —
Cash equivalents					
Industrial and miscellaneous money market funds	\$ 92,686	\$ —	\$ —	\$ —	\$ 92,686
Total cash equivalents	\$ —	\$ —	\$ —	\$ —	\$ —
Derivative assets					
Interest rate swaps	\$ —	\$ —	\$ —	\$ —	\$ —
Foreign exchange contracts	—	—	—	—	—
Futures contracts	—	—	—	—	—
Total derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
Total assets at fair value/NAV	\$ 92,686	\$ —	\$ —	\$ —	\$ 92,686
b. Liabilities at fair value					
Derivative liabilities					
Interest rate swaps	\$ —	\$ —	\$ —	\$ —	\$ —
Futures contracts	—	—	—	—	—
Total derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of December 31, 2020 and 2019.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**NOTES TO FINANCIAL STATEMENTS**

(4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature of these investments, cash equivalents are primarily designated as Level I.

There have been no significant changes in the valuation techniques during the current period.

**B. Fair Value Measurements Under Other Accounting Pronouncements**

Not applicable at December 31, 2020 and 2019.

**C. Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets (Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 1,496,681	\$ 1,351,651	\$ —	\$ 1,496,681	\$ —	\$ —
Cash equivalents	92,686	92,686	92,686	—	—	—

**D. Not Practicable to Estimate Fair Value**

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

**E. Investments Measured at Net Asset Value**

The Company has no investments measured at net asset value.

**21. Other Items**

**A. Unusual or Infrequent Items**

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

**B. Troubled Debt Restructuring: Debtors**

Not applicable at December 31, 2020 and 2019.

**C. Other Disclosures**

Assets in the amount of \$1,444,337 and \$1,442,043 at December 31, 2020 and 2019, respectively, were on deposit with government authorities or trustees as required by law.

**D. Business Interruption Insurance Recoveries**

The Company has reported no recoveries for business interruption for the years ended December 31, 2020 and 2019.

**E. State Transferable and Non-Transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2020 and 2019.

**F. Subprime Mortgage-Related Risk Exposure**

1. The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.
2. The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2020 or 2019.
3. The Company did not have subprime mortgage-related risk exposure at December 31, 2020 or 2019.
4. The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2020 or 2019.

**G. Retained Assets**

The Company does not have retained assets at December 31, 2020 and 2019.

**H. Insurance-Linked Securities Contracts**

Not applicable.

**I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy**

Not applicable.

**22. Events Subsequent**

Effective January 1, 2021, the Company began writing Medicare Advantage business in the State of Arizona. Results will begin being reported for the three month period ended March 31, 2021.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**NOTES TO FINANCIAL STATEMENTS**

Subsequent events have been considered through February 26, 2021 for the statutory statement issued on February 26, 2021. There were no other events occurring subsequent to December 31, 2020 requiring recognition or disclosure.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

(1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes  No

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes  No

If yes, give full details.

**Section 2 - Ceded Reinsurance Report - Part A**

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes  No

If yes, give full details.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes  No

If yes, give full details.

**Section 3 - Ceded Reinsurance Report - Part B**

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

\$0

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, give full details.

**B. Uncollectible Reinsurance**

The Company has no uncollectible reinsurance at December 31, 2020 and 2019.

**C. Commutation of Ceded Reinsurance**

The Company has not commuted ceded reinsurance during 2020 and 2019.

**D. Certified Reinsurer Rating Downgraded or Status Subject Revocation**

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2020 and 2019.

**E. Reinsurance Credit**

(1) Not applicable.

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

(6) Not applicable.

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

**A.** Not applicable.

**B.** Not applicable.

**C.** Not applicable.

**D.** Not applicable.

**E. Risk-Sharing Provisions of the 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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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 at December 31, 2019 and 2018.

**26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2020 and 2019.

**27. Structured Settlements**

Not applicable at December 31, 2020 and 2019.

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

Not applicable at December 31, 2019 and 2018.

**B. Risk Sharing Receivables**

Not applicable at December 31, 2020 and 2019.

**29. Participating Policies**

Not applicable at December 31, 2020 and 2019.

**30. Premium Deficiency Reserves**

The Company had no liabilities related to premium deficiency reserves as of December 31, 2020 and 2019.

**31. Anticipated Salvage and Subrogation**

Not applicable at December 31, 2019 and 2018.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

1.1	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? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2							
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]						
1.3	State Regulating? .....	Ohio						
1.4	Is the reporting entity publicly traded or a member of a publicly traded group? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....	0001156039						
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
2.2	If yes, date of change: .....							
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made. ....	12/31/2017						
3.2	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. ....	12/31/2017						
3.3	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). ....	05/23/2019						
3.4	By what department or departments? .....							
	Ohio Department of Insurance .....							
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
3.6	Have all of the recommendations within the latest financial examination report been complied with? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.11 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.12 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.21 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.22 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	If yes, complete and file the merger history data file with the NAIC.							
5.2	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.							
<table border="1"> <tr> <td style="text-align: center;">1 Name of Entity</td> <td style="text-align: center;">2 NAIC Company Code</td> <td style="text-align: center;">3 State of Domicile</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>			1 Name of Entity	2 NAIC Company Code	3 State of Domicile	.....	.....	.....
1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
.....	.....	.....						
6.1	Has the 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
6.2	If yes, give full information: .....							
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
7.2	If yes,							
	7.21 State the percentage of foreign control; .....	%						
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).							
<table border="1"> <tr> <td style="text-align: center;">1 Nationality</td> <td style="text-align: center;">2 Type of Entity</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>			1 Nationality	2 Type of Entity	.....	.....		
1 Nationality	2 Type of Entity							
.....	.....							

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]  
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 The Company has received a waiver from preparing and filing the 2020 Audited Financial Statements from the Ohio Department of Insurance.

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: ....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: ....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain: ....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 The Company has received a waiver from preparing and filing the 2020 Statement of Actuarial Opinion from the Ohio Department of Insurance.

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If, yes provide explanation: ....

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? ....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 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.

14.11 If the response to 14.1 is No, please explain: ....

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). ....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). ....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

## **GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [  ] No [  ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [  ] No [  ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [  ] No [  ]

## **FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]

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

## INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [  ] No [  ]

24.02 If no, give full and complete information relating thereto  
.....

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
.....

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [  ] No [  ] N/A [  ]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [  ] No [  ] N/A [  ]

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [  ] No [  ] N/A [  ]

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.**  
**GENERAL INTERROGATORIES**

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.093 Total payable for securities lending reported on the liability page .....	\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). .....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 Placed under option agreements .....	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
25.27 FHLB Capital Stock .....	\$ ..... 0
25.28 On deposit with states .....	\$ ..... 1,444,337
25.29 On deposit with other regulatory bodies .....	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
25.32 Other .....	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  N/A [ X ]  
If no, attach a description with this statement.

**LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..  Yes [ ]  No [ X ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
26.42 Permitted accounting practice .....	Yes [ ] No [ ]
26.43 Other accounting guidance .....	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:  

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .....  \$ .....

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

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A .....	383 Madison Ave, New York, NY 10179 .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.**  
**GENERAL INTERROGATORIES**

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
.....	I.....
.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105377 .....	Loomis, Sayles & Company, LP .....	J1ZPN2RX3UMNOY1DI313 .....	Securities Exchange Commission .....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total .....	.....	0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.**  
**GENERAL INTERROGATORIES**

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	1,351,651	1,496,681	145,030
30.2 Preferred stocks .....	0	0	0
30.3 Totals .....	1,351,651	1,496,681	145,030

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

N/A .....

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

32.2 If no, list exceptions: .....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ X ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**GENERAL INTERROGATORIES**

**OTHER**

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	

38.1 Amount of payments for legal expenses, if any? .....\$ .....0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

## **GENERAL INTERROGATORIES**

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____	
1.31	Reason for excluding		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ _____	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ _____ 0	
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	\$ _____ 0	
	1.62 Total incurred claims	\$ _____ 0	
	1.63 Number of covered lives	_____ 0	
	All years prior to most current three years:		
	1.64 Total premium earned	\$ _____ 0	
	1.65 Total incurred claims	\$ _____ 0	
	1.66 Number of covered lives	_____ 0	
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	\$ _____ 0	
	1.72 Total incurred claims	\$ _____ 0	
	1.73 Number of covered lives	_____ 0	
	All years prior to most current three years:		
	1.74 Total premium earned	\$ _____ 0	
	1.75 Total incurred claims	\$ _____ 0	
	1.76 Number of covered lives	_____ 0	
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	.....	
2.2	Premium Denominator	..... 0	
2.3	Premium Ratio (2.1/2.2)	..... 0.000	..... 0.000
2.4	Reserve Numerator	.....	
2.5	Reserve Denominator	..... 0	..... 0
2.6	Reserve Ratio (2.4/2.5)	..... 0.000	..... 0.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
5.2	If no, explain: Anthem has the ability to cover costs for the entity as needed.		
5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical	\$ _____	
	5.32 Medical Only	\$ _____	
	5.33 Medicare Supplement	\$ _____	
	5.34 Dental & Vision	\$ _____	
	5.35 Other Limited Benefit Plan	\$ _____	
	5.36 Other	\$ _____	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: The Company's provider contracts include insolvency provisions, continuity of care provisions and hold harmless language. Benefit certificates include continuation language allowing subscribers and dependents to continue under certain circumstances. Anthem, Inc. will assume, pay and discharge the obligations in the event the Company is insolvent.		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year	.....	
	8.2 Number of providers at end of reporting year	.....	
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months	\$ _____	
	9.22 Business with rate guarantees over 36 months	\$ _____	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ .....
10.22 Amount actually paid for year bonuses.....	\$ .....
10.23 Maximum amount payable withholds.....	\$ .....
10.24 Amount actually paid for year withholds.....	\$ .....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or, .....	Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above)? .....	Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio

11.4 If yes, show the amount required. .... \$ 2,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
Hamilton County .....	
Butler County .....	
Montgomery County .....	
Clemont County .....	
Clinton County .....	
Drake County .....	
Champaign County .....	
Clarke County .....	
Greene County .....	
Adams County .....	
Highland County .....	
Miami County .....	
Preble County .....	
Shelby County .....	
Warren County .....	
Brown County .....	

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....	\$ .....	0
15.2 Total Incurred Claims .....	\$ .....	0
15.3 Number of Covered Lives .....	.....	0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

**FIVE-YEAR HISTORICAL DATA**

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	3,381,839	3,474,929	12,127,864	11,405,698	11,554,147
2. Total liabilities (Page 3, Line 24) .....	2,080	121,265	616,945	35,996	240,535
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33) .....	3,379,759	3,353,664	11,511,019	11,369,702	11,313,612
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	0	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	0	2,731	(615)	(29)	(473,064)
7. Claims adjustment expenses (Line 20) .....	0	0	(2,600)	210	10,181
8. Total administrative expenses (Line 21) .....	518	(1,261)	(310)	3,804	28,923
9. Net underwriting gain (loss) (Line 24) .....	(518)	(1,470)	3,525	(3,985)	433,960
10. Net investment gain (loss) (Line 27) .....	27,649	365,335	124,135	108,047	76,606
11. Total other income (Lines 28 plus 29) .....	0	(37)	0	0	0
12. Net income or (loss) (Line 32) .....	26,426	338,245	143,912	58,822	331,795
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(1,045)	277,028	226,298	161,016	121,250
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	3,379,759	3,353,664	11,511,019	11,369,702	11,313,612
15. Authorized control level risk-based capital .....	12,633	12,767	32,348	27,494	24,865
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....					
17. Total members months (Column 6, Line 7) .....					
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	0.0	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	0.0	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	0.0	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....		2,731	(615)	(29)	(473,064)
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....		0	0	0	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0			
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0			
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....		0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [ ] No [ ]

If no, please explain: .....

## SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

## Allocated by States and Territories

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3      R - Registered - Non-domiciled RRGs..... 0  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0      Q - Qualified - Qualified or accredited reinsurer..... 0  
 N - None of the above - Not allowed to write business in the state..... 54

(b) Explanation of basis of allocation by states, premiums by state, etc.

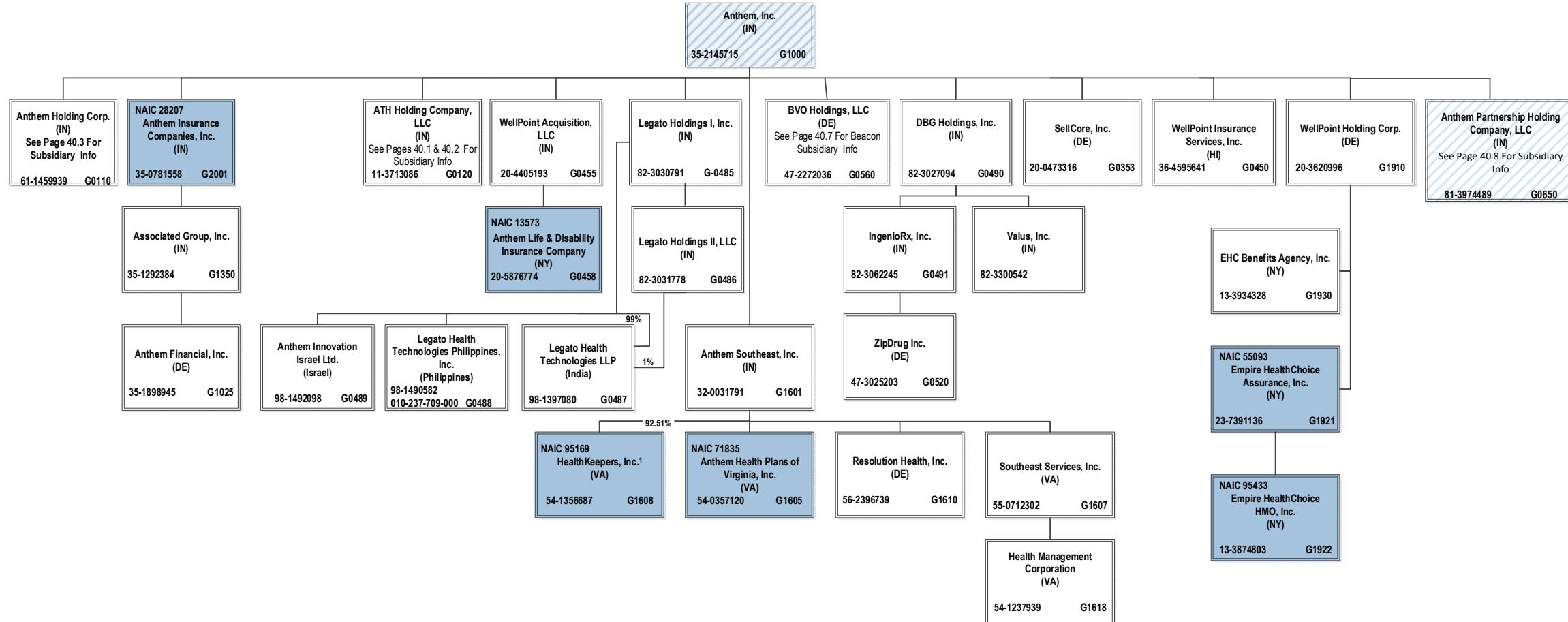
Situs of Contract

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

## PART 1 – ORGANIZATIONAL CHART

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

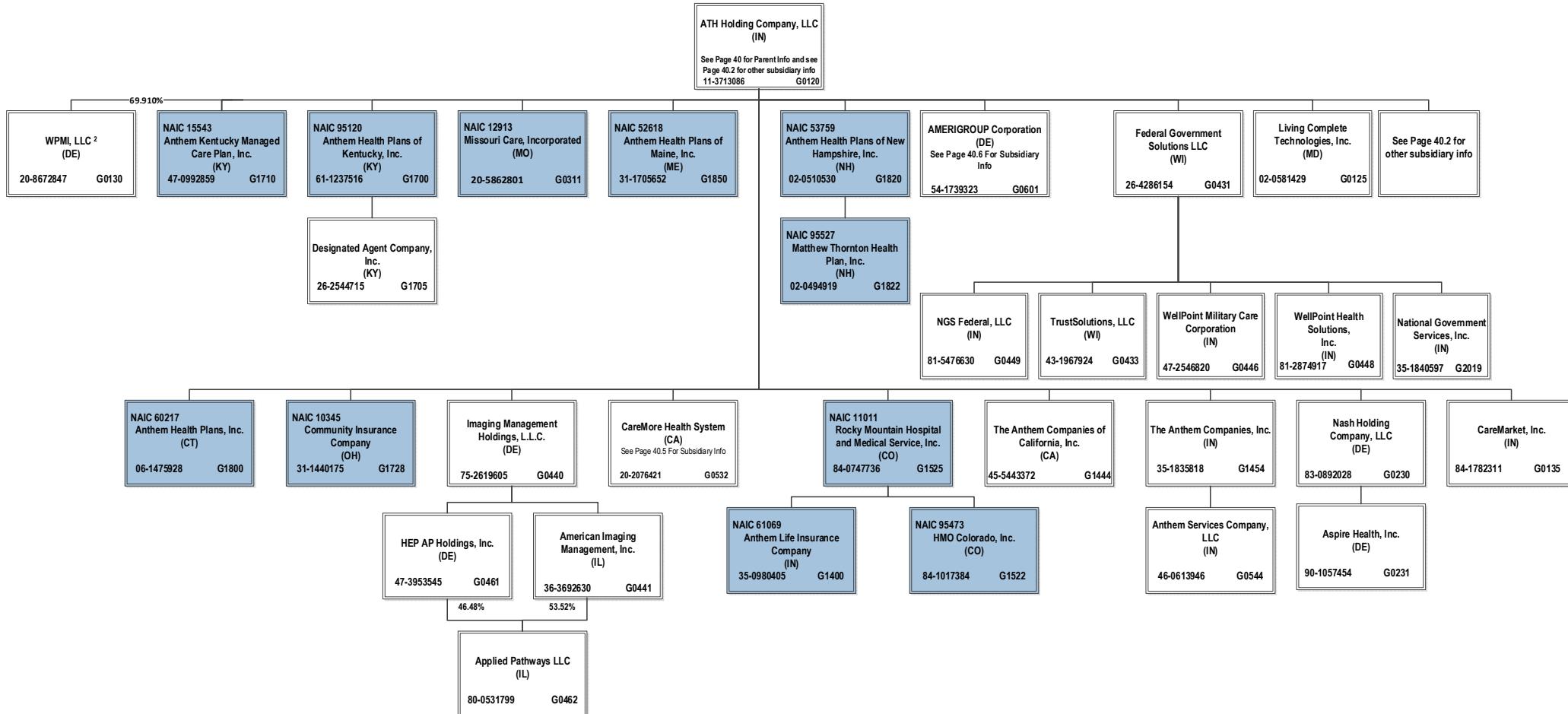
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

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

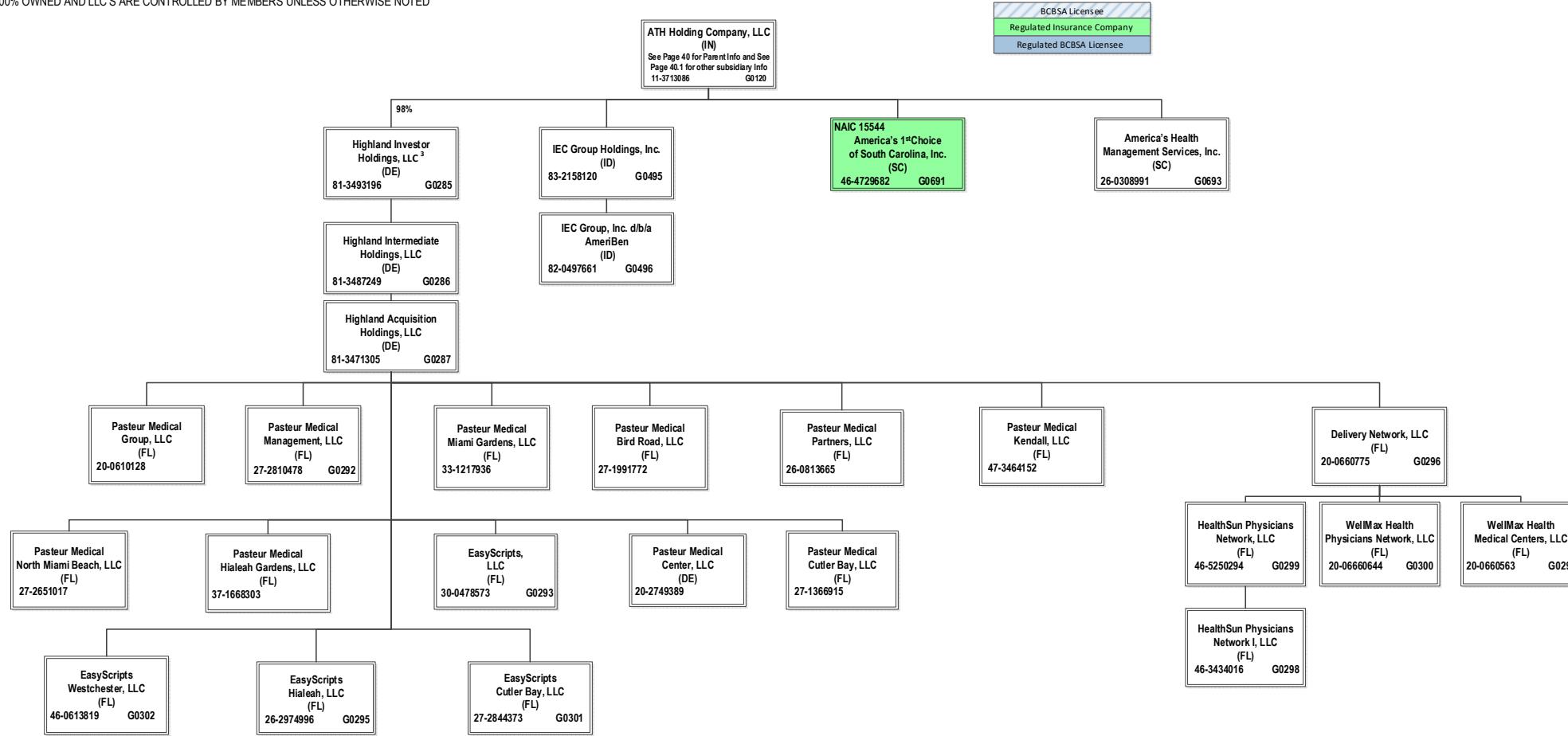
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



<sup>2</sup> 30.09% of WPMI, LLC is owned by unaffiliated investors

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

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

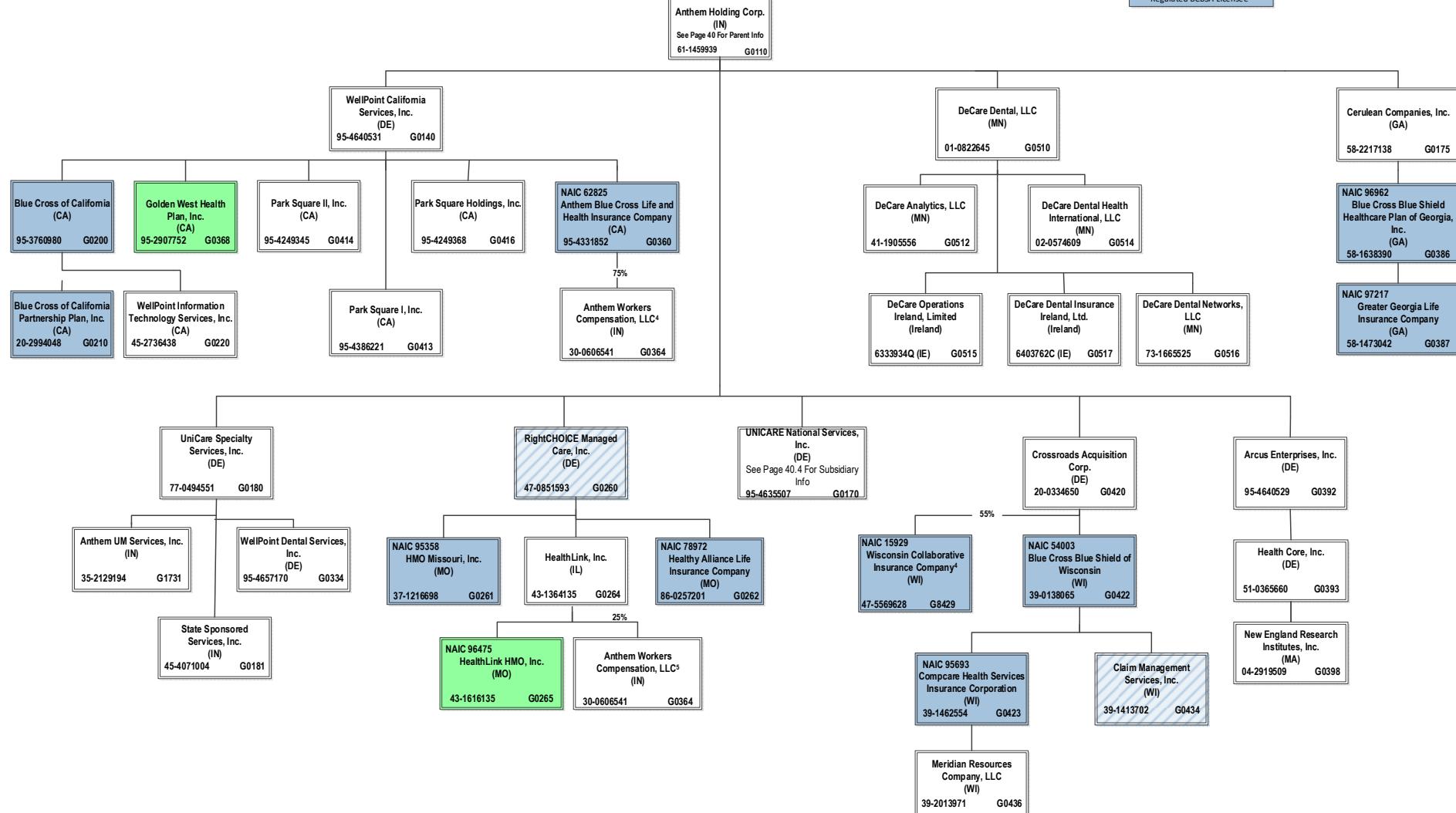
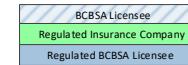


<sup>3</sup> ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.

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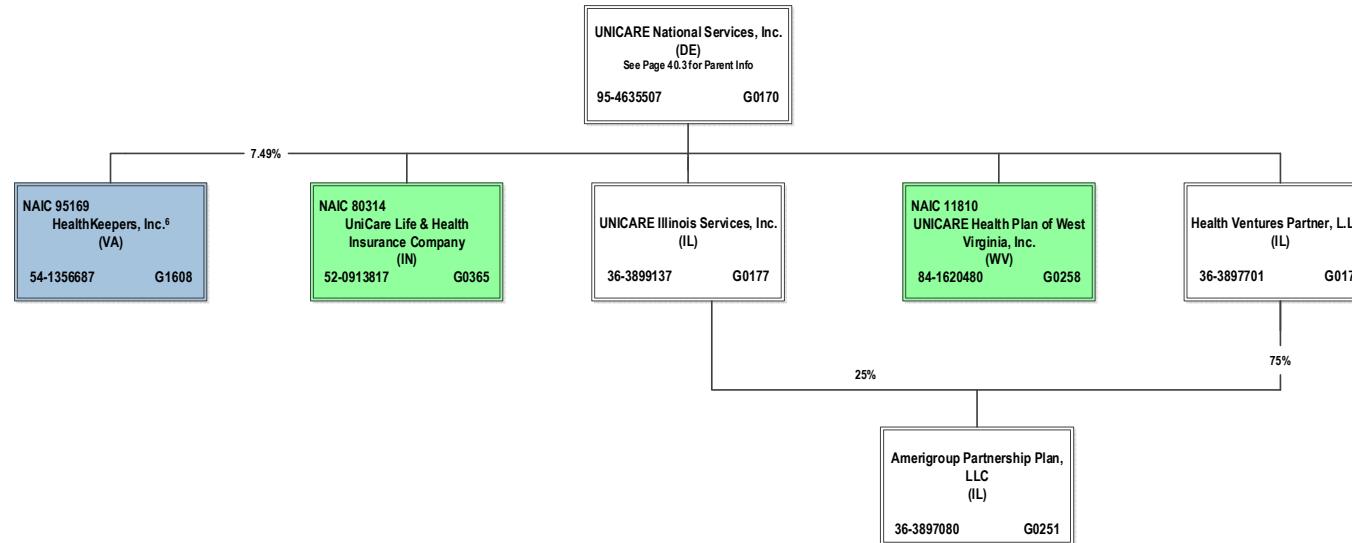


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BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

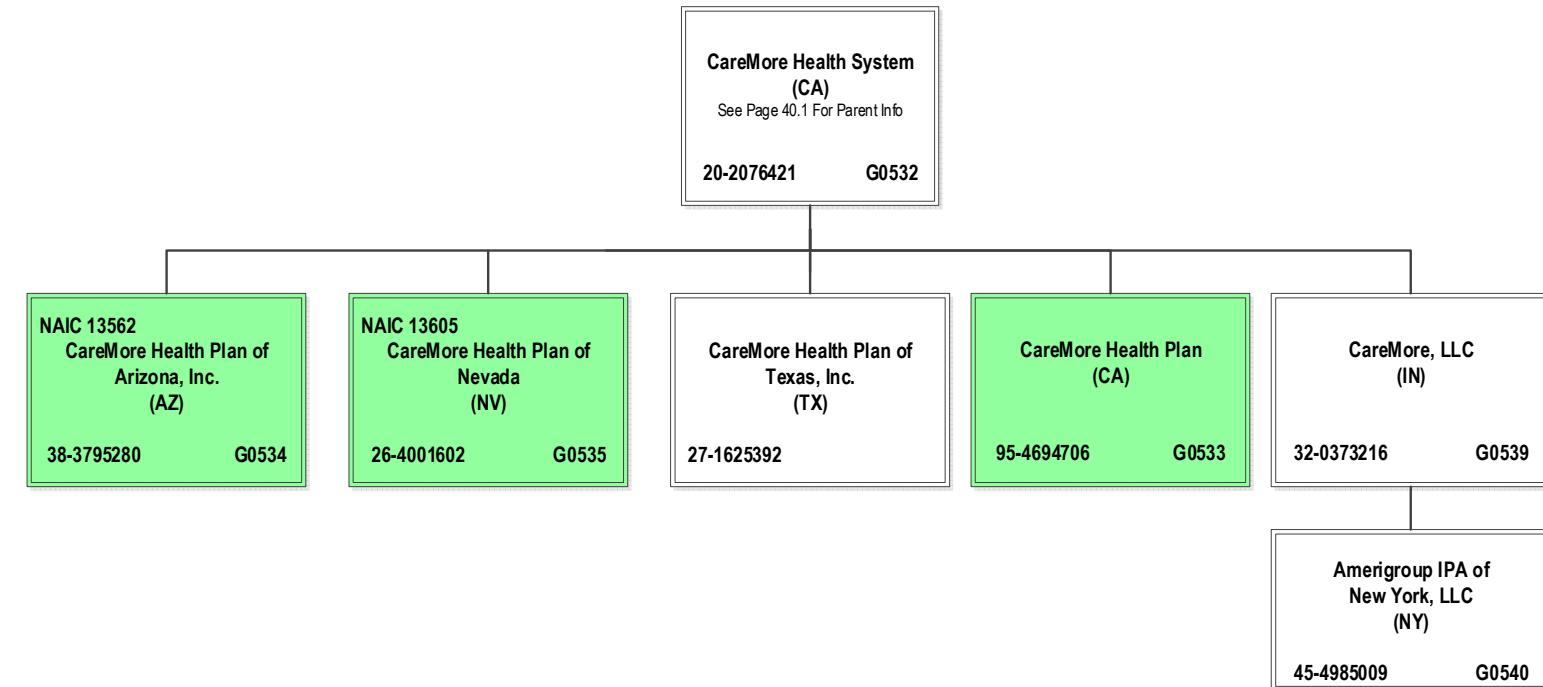


<sup>6</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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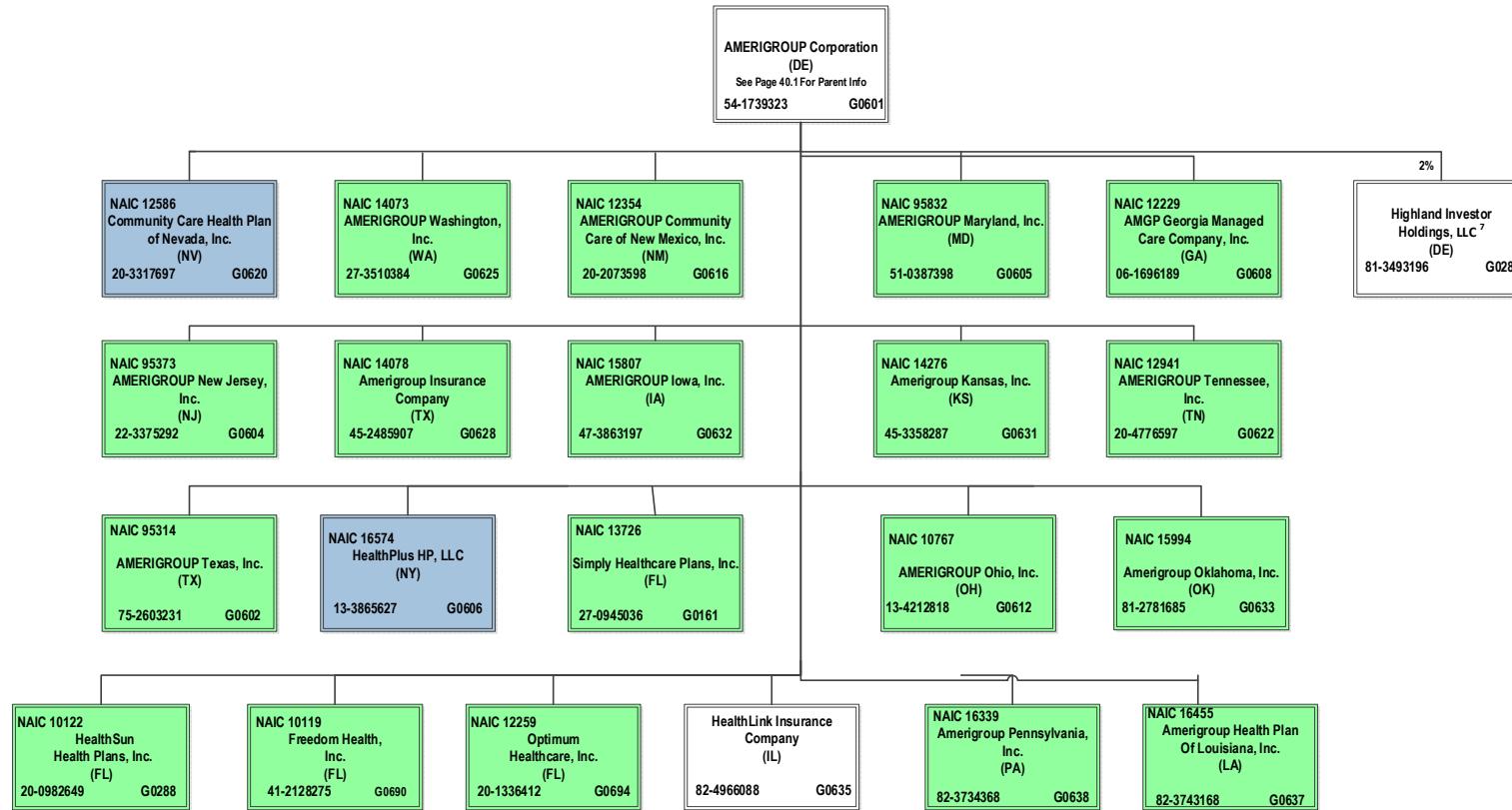
BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



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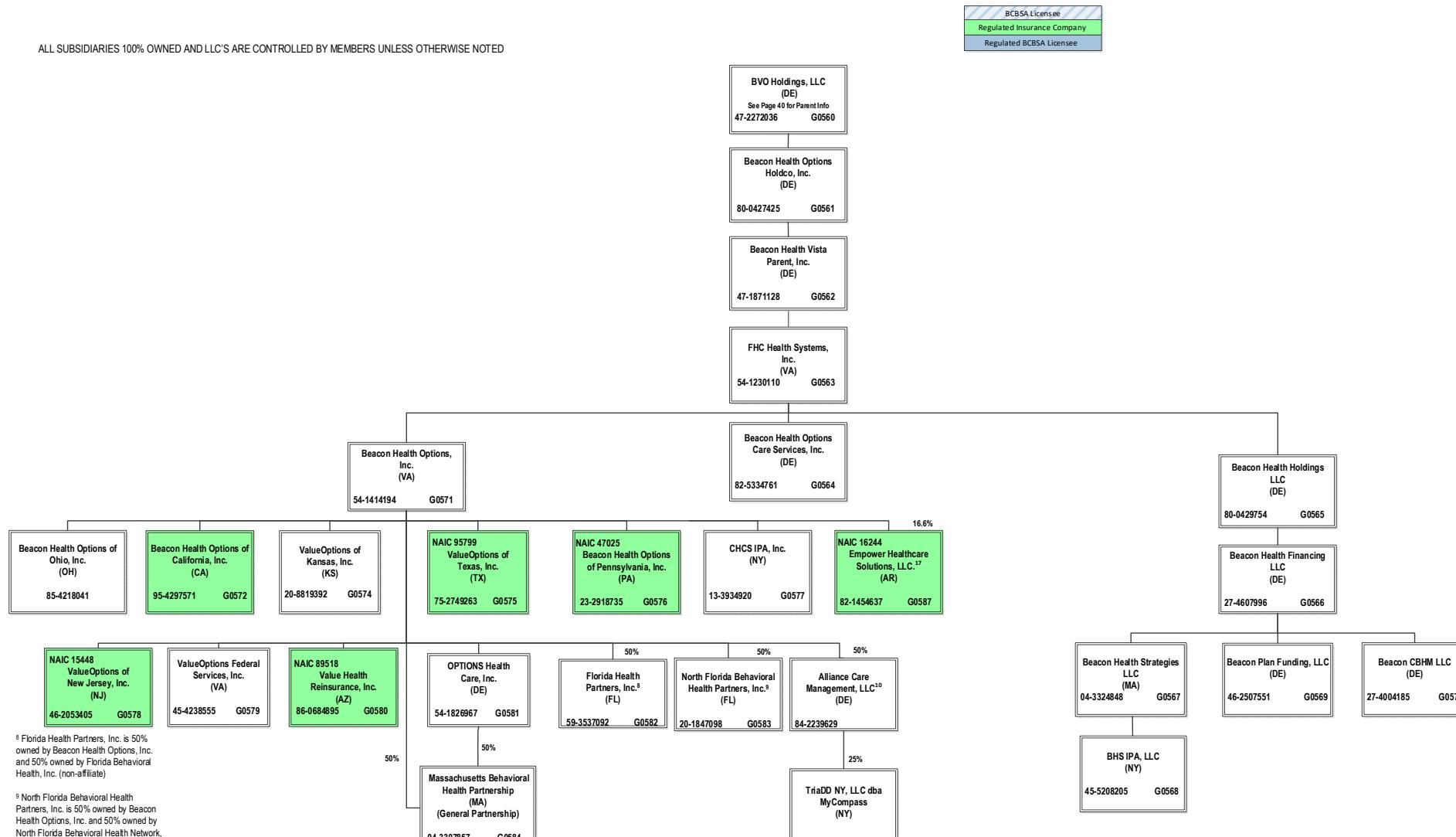
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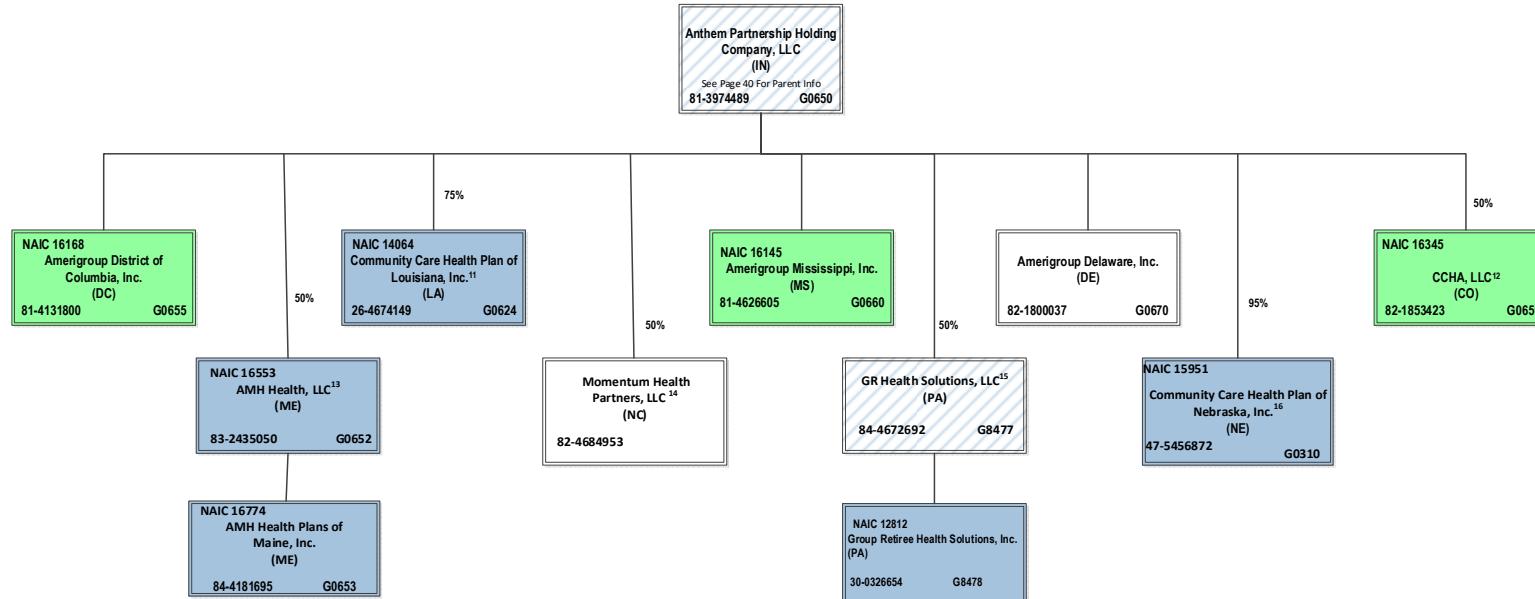
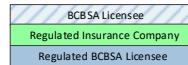
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<sup>11</sup> Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>12</sup> CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

<sup>13</sup> AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

<sup>14</sup> Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

<sup>15</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

<sup>16</sup> Anthem Partnership Holding Company, LLC holds a 95% interest in Community Care Health Plan of Nebraska, Inc., and Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate) holds the remaining 5%

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AMERIGROUP Ohio, Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**