



# QUARTERLY STATEMENT

AS OF JUNE 30, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## AmeriHealth Caritas Ohio, Inc.

|                                       |  |   |   |                                    |                      |  |  |
|---------------------------------------|--|---|---|------------------------------------|----------------------|--|--|
| NAIC Group Code                       | 00936<br>(Current Period)  | 00936<br>(Prior Period)   | NAIC Company Code                                   | 16980                              | Employer's ID Number |  | 84-2435374   |
| Organized under the Laws of           |  |   | Ohio  | State of Domicile or Port of Entry |                      |  | Ohio   |
| Country of Domicile                   |  | United States   |   |                                    |                      |  |  |
| Licensed as business type:            | Life, Accident & Health [ ]  | Property/Casualty [ ]   | Hospital, Medical & Dental Service or Indemnity [ ] |                                    |                      |  |  |
|                                       | Dental Service Corporation [ ]   | Vision Service Corporation [ ]  | Health Maintenance Organization [ X ]               |                                    |                      |  |  |
|                                       | Other [ ]  |   | Is HMO Federally Qualified? Yes [ ] No [ X ]        |                                    |                      |  |  |
| Incorporated/Organized                | 07/16/2019   | Commenced Business  |   |                                    |                      |  | 02/25/2021   |
| Statutory Home Office                 | 200 Stevens Drive<br>(Street and Number)   | Philadelphia, PA, US 19113<br>(City or Town, State, Country and Zip Code) |   |                                    |                      |  |  |
| Main Administrative Office            | 200 Stevens Drive<br>(Street and Number)   | Philadelphia, PA, US 19113<br>(City or Town, State, Country and Zip Code) |   |                                    |                      |  | 215-937-8000<br>(Area Code) (Telephone Number)   |
| Mail Address                          | 200 Stevens Drive<br>(Street and Number or P.O. Box)                                 | Philadelphia, PA, US 19113<br>(City or Town, State, Country and Zip Code) |   |                                    |                      |  |  |
| Primary Location of Books and Records | 200 Stevens Drive<br>(Street and Number)   | Philadelphia, PA, US 19113<br>(City or Town, State, Country and Zip Code) |   |                                    |                      |  | 215-937-8000<br>(Area Code) (Telephone Number)   |
| Internet Web Site Address             | N/A  |   |   |                                    |                      |  |  |
| Statutory Statement Contact           | Sharon Elaine Duncan<br>(Name)<br>sduncan@amerihealthcaritas.com<br>(E-Mail Address) |   |   |                                    |                      |  | 717-671-6552<br>(Area Code) (Telephone Number) (Extension)<br>215-937-5353<br>(FAX Number) |

### OFFICERS

|                               |           |                                 |           |
|-------------------------------|-----------|---------------------------------|-----------|
| Name                          | Title     | Name                            | Title     |
| Michael John Burgoyne #       | Treasurer | Robert Edward Tootle, Esquire # | Secretary |
| Russell Raymond Gianforcaro # | President |                                 |           |

### OTHER OFFICERS

### DIRECTORS OR TRUSTEES

|                        |                      |                         |
|------------------------|----------------------|-------------------------|
| Steven Harvey Bohner # | Marilyn Lee Eckley # | Michael John Burgoyne # |
|------------------------|----------------------|-------------------------|

State of .....Pennsylvania.....

ss

County of .....Philadelphia.....

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.

Michael John Burgoyne  
Treasurer

Robert Edward Tootle, Esquire  
Secretary

Russell Raymond Gianforcaro  
President

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this  
day of August, 2021

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**ASSETS**

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  |                        |                         | 0   | 0   |
| 2. Stocks:  |                        |                         |   |   |
| 2.1 Preferred stocks .....  |                        |                         | 0   | 0   |
| 2.2 Common stocks .....   |                        |                         | 0   | 0   |
| 3. Mortgage loans on real estate:   |                        |                         |   |   |
| 3.1 First liens .....   |                        |                         | 0   | 0   |
| 3.2 Other than first liens .....  |                        |                         | 0   | 0   |
| 4. Real estate:   |                        |                         |   |   |
| 4.1 Properties occupied by the company (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.2 Properties held for the production of income<br>(less \$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 5. Cash (\$ ..... 1,792,048 ),<br>cash equivalents (\$ ..... 0 )<br>and short-term investments (\$ ..... 405,305 ) .....                                    |                        | 2,197,353               | 2,197,353                                 | 0   |
| 6. Contract loans (including \$ ..... premium notes) .....  |                        |                         | 0   | 0   |
| 7. Derivatives .....  | 0                      |                         | 0   | 0   |
| 8. Other invested assets .....  | 0                      |                         | 0   | 0   |
| 9. Receivables for securities .....   |                        |                         | 0   | 0   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         | 0   | 0   |
| 11. Aggregate write-ins for invested assets .....   | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 2,197,353              | 0                       | 2,197,353                                 | 0   |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only) .....   |                        |                         | 0   | 0   |
| 14. Investment income due and accrued .....   | 2,516                  |                         | 2,516                                     | 0   |
| 15. Premiums and considerations:  |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....   |                        |                         | 0   | 0   |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ ..... earned<br>but unbilled premiums) ..... |                        |                         | 0   | 0   |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>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 .....  | 118                    |                         | 118                                       | 0   |
| 18.2 Net deferred tax asset .....   |                        |                         | 0   | 0   |
| 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<br>(\$ ..... ) .....   |                        |                         | 0   | 0   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         | 0   | 0   |
| 23. Receivables from parent, subsidiaries and affiliates .....  |                        |                         | 0   | 0   |
| 24. Health care (\$ ..... ) and other amounts receivable .....  |                        |                         | 0   | 0   |
| 25. Aggregate write-ins for other-than-invested assets .....  | 0                      | 0                       | 0   | 0   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                     | 2,199,987              | 0                       | 2,199,987                                 | 0   |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts .....  |                        |                         | 0   | 0   |
| 28. Total (Lines 26 and 27) .....   | 2,199,987              | 0                       | 2,199,987                                 | 0   |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 1101. .....   |                        |                         |   |   |
| 1102. .....   |                        |                         |   |   |
| 1103. .....   |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....  | 0                      | 0                       | 0   | 0   |
| 2501. .....   |                        |                         |   |   |
| 2502. .....   |                        |                         |   |   |
| 2503. .....   |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....  | 0                      | 0                       | 0   | 0   |

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Period |                |            | Prior Year |
|--|----------------|----------------|------------|------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ ..... reinsurance ceded).  |                |                | 0          | 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<br>\$ ..... for medical loss ratio rebate per the Public Health<br>Service Act.....             |                |                | 0          | 0          |
| 5. Aggregate life policy reserves .....  |                |                | 0          | 0          |
| 6. Property/casualty unearned premium reserve .....  |                |                | 0          | 0          |
| 7. Aggregate health claim reserves .....   |                |                | 0          | 0          |
| 8. Premiums received in advance .....  |                |                | 0          | 0          |
| 9. General expenses due or accrued .....   |                |                | 0          | 0          |
| 10.1 Current federal and foreign income tax payable and interest thereon (including<br>\$ ..... on realized gains (losses)) .....                              |                |                | 0          | 0          |
| 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 .....  |                |                | 0          | 0          |
| 14. Borrowed money (including \$ ..... current) and<br>interest thereon \$ ..... (including<br>\$ ..... current)) .....  |                |                | 0          | 0          |
| 15. Amounts due to parent, subsidiaries and affiliates .....   | 75             |                | 75         | 0          |
| 16. Derivatives.....   |                |                | 0          | 0          |
| 17. Payable for securities .....   |                |                | 0          | 0          |
| 18. Payable for securities lending .....   |                |                | 0          | 0          |
| 19. Funds held under reinsurance treaties (with \$ .....<br>authorized reinsurers, \$ ..... unauthorized reinsurers<br>and \$ ..... certified reinsurers)..... |                |                | 0          | 0          |
| 20. Reinsurance in unauthorized and certified (\$ ..... )<br>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 \$ .....<br>current) .....  | 0              | 0              | 0          | 0          |
| 24. Total liabilities (Lines 1 to 23).....   | 75             | 0              | 75         | 0          |
| 25. Aggregate write-ins for special surplus funds .....  | XXX            | XXX            | 0          | 0          |
| 26. Common capital stock .....   | XXX            | XXX            | 1,000      | 0          |
| 27. Preferred capital stock .....  | XXX            | XXX            | 0          | 0          |
| 28. Gross paid in and contributed surplus .....  | XXX            | XXX            | 2,199,000  | 0          |
| 29. Surplus notes .....  | XXX            | XXX            | 0          | 0          |
| 30. Aggregate write-ins for other-than-special surplus funds .....   | XXX            | XXX            | 0          | 0          |
| 31. Unassigned funds (surplus) .....   | XXX            | XXX            | (88)       | 0          |
| 32. Less treasury stock, at cost:  |                |                |            |            |
| 32.1 ..... shares common (value included in Line 26<br>\$ ..... ) .....  | XXX            | XXX            | 0          | 0          |
| 32.2 ..... shares preferred (value included in Line 27<br>\$ ..... ) .....   | XXX            | XXX            | 0          | 0          |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX            | XXX            | 2,199,912  | 0          |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            | 2,199,987  | 0          |
| <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 through 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 through 2503 plus 2598) (Line 25 above)   | XXX            | XXX            | 0          | 0          |
| 3001. ....   | XXX            | XXX            |            |            |
| 3002. ....   | XXX            | XXX            |            |            |
| 3003. ....   | XXX            | XXX            |            |            |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | XXX            | XXX            | 0          | 0          |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)   | XXX            | XXX            | 0          | 0          |

## STATEMENT OF REVENUE AND EXPENSES

|  | Current Year To Date |            | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|------------|--------------------|------------------------------|
|  | 1<br>Uncovered       | 2<br>Total | 3<br>Total         | 4<br>Total                   |
| 1. Member Months.....  | XXX.....             |            | 0.....             | 0.....                       |
| 2. Net premium income (including \$ non-health premium income).....  | XXX.....             |            | 0.....             | 0.....                       |
| 3. Change in unearned premium reserves and reserve for rate credits.....   | XXX.....             |            | 0.....             | 0.....                       |
| 4. Fee-for-service (net of \$ medical expenses).....   | XXX.....             |            | 0.....             | 0.....                       |
| 5. Risk revenue.....   | XXX.....             |            | 0.....             | 0.....                       |
| 6. Aggregate write-ins for other health care related revenues.....   | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 7. Aggregate write-ins for other non-health revenues.....  | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 8. Total revenues (Lines 2 to 7).....  | XXX.....             | 0.....     | 0.....             | 0.....                       |
| <b>Hospital and Medical:</b>   |                      |            |                    |                              |
| 9. Hospital/medical benefits.....  |                      |            | 0.....             | 0.....                       |
| 10. Other professional services.....   |                      |            | 0.....             | 0.....                       |
| 11. Outside referrals.....   |                      |            | 0.....             | 0.....                       |
| 12. Emergency room and out-of-area.....  |                      |            | 0.....             | 0.....                       |
| 13. Prescription drugs.....  |                      |            | 0.....             | 0.....                       |
| 14. Aggregate write-ins for other hospital and medical.....  | .0.....              | 0.....     | 0.....             | 0.....                       |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                      |            | 0.....             | 0.....                       |
| 16. Subtotal (Lines 9 to 15).....  | .0.....              | 0.....     | 0.....             | 0.....                       |
| <b>Less:</b>   |                      |            |                    |                              |
| 17. Net reinsurance recoveries.....  |                      |            | 0.....             | 0.....                       |
| 18. Total hospital and medical (Lines 16 minus 17).....  | .0.....              | 0.....     | 0.....             | 0.....                       |
| 19. Non-health claims (net).....   |                      |            | 0.....             | 0.....                       |
| 20. Claims adjustment expenses, including \$ cost containment expenses.....  |                      |            | 0.....             | 0.....                       |
| 21. General administrative expenses.....   |                      | 346.....   | 0.....             | 0.....                       |
| 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.....              | 346.....   | 0.....             | 0.....                       |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....  | XXX.....             | (346)..... | 0.....             | 0.....                       |
| 25. Net investment income earned.....  |                      | 234.....   | 0.....             | 0.....                       |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....  |                      |            | 0.....             | 0.....                       |
| 27. Net investment gains (losses) (Lines 25 plus 26).....  | .0.....              | 234.....   | 0.....             | 0.....                       |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )]..... |                      |            | 0.....             | 0.....                       |
| 29. Aggregate write-ins for other income or expenses.....  | .0.....              | 0.....     | 0.....             | 0.....                       |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....     | XXX.....             | (112)..... | 0.....             | 0.....                       |
| 31. Federal and foreign income taxes incurred.....   | XXX.....             | (24).....  | 0.....             | 0.....                       |
| 32. Net income (loss) (Lines 30 minus 31).....   | XXX.....             | (88).....  | 0.....             | 0.....                       |
| <b>DETAILS OF WRITE-INS</b>  |                      |            |                    |                              |
| 0601.....  | XXX.....             |            |                    |                              |
| 0602.....  | XXX.....             |            |                    |                              |
| 0603.....  | XXX.....             |            |                    |                              |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....  | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....   | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 0701.....  | XXX.....             |            |                    |                              |
| 0702.....  | XXX.....             |            |                    |                              |
| 0703.....  | XXX.....             |            |                    |                              |
| 0798. Summary of remaining write-ins for Line 7 from overflow page.....  | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....   | XXX.....             | 0.....     | 0.....             | 0.....                       |
| 1401.....  |                      |            |                    |                              |
| 1402.....  |                      |            |                    |                              |
| 1403.....  |                      |            |                    |                              |
| 1498. Summary of remaining write-ins for Line 14 from overflow page.....   | .0.....              | 0.....     | 0.....             | 0.....                       |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....  | 0.....               | 0.....     | 0.....             | 0.....                       |
| 2901.....  |                      |            |                    |                              |
| 2902.....  |                      |            |                    |                              |
| 2903.....  |                      |            |                    |                              |
| 2998. Summary of remaining write-ins for Line 29 from overflow page.....   | .0.....              | 0.....     | 0.....             | 0.....                       |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....  | 0.....               | 0.....     | 0.....             | 0.....                       |

## STATEMENT OF REVENUE AND EXPENSES (Continued)

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year<br>Ended<br>December 31 |
|--|------------------------------|----------------------------|---|
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                              |                            |   |
| 33. Capital and surplus prior reporting year                                     | .0                           | .0                         | 0                                       |
| 34. Net income or (loss) from Line 32  | (88)                         | .0                         | 0                                       |
| 35. Change in valuation basis of aggregate policy and claim reserves             | .0                           | .0                         | 0                                       |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | .0                           | .0                         | 0                                       |
| 37. Change in net unrealized foreign exchange capital gain or (loss)             | .0                           | .0                         | 0                                       |
| 38. Change in net deferred income tax  | .0                           | .0                         | 0                                       |
| 39. Change in nonadmitted assets   | .0                           | .0                         | 0                                       |
| 40. Change in unauthorized and certified reinsurance                             | .0                           | .0                         | 0                                       |
| 41. Change in treasury stock   | .0                           | .0                         | 0                                       |
| 42. Change in surplus notes  | .0                           | .0                         | 0                                       |
| 43. Cumulative effect of changes in accounting principles                        | .0                           | .0                         | 0                                       |
| 44. Capital Changes:   |                              |                            |   |
| 44.1 Paid in   | 1,000                        | .0                         | 0                                       |
| 44.2 Transferred from surplus (Stock Dividend)                                   | .0                           | .0                         | 0                                       |
| 44.3 Transferred to surplus  | .0                           | .0                         | 0                                       |
| 45. Surplus adjustments:   |                              |                            |   |
| 45.1 Paid in   | 2,199,000                    | .0                         | 0                                       |
| 45.2 Transferred to capital (Stock Dividend)                                     | .0                           | .0                         | 0                                       |
| 45.3 Transferred from capital  | .0                           | .0                         | 0                                       |
| 46. Dividends to stockholders  | .0                           | .0                         | 0                                       |
| 47. Aggregate write-ins for gains or (losses) in surplus                         | .0                           | .0                         | 0                                       |
| 48. Net change in capital and surplus (Lines 34 to 47)                           | 2,199,912                    | .0                         | 0                                       |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                | 2,199,912                    | 0                          | 0                                       |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |   |
| 4701.  |                              |                            |   |
| 4702.  |                              |                            |   |
| 4703.  |                              |                            |   |
| 4798. Summary of remaining write-ins for Line 47 from overflow page              | 0                            | .0                         | 0                                       |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                 | 0                            | 0                          | 0                                       |

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**CASH FLOW**

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance.....   | 0                            | 0                          | 0                                    |
| 2. Net investment income.....   | (2,282)                      | 0                          | 0                                    |
| 3. Miscellaneous income.....  | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3).....  | (2,282)                      | 0                          | 0                                    |
| 5. Benefit and loss related payments.....   | 0                            | 0                          | 0                                    |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                             | 0                            | 0                          | 0                                    |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....   | .271                         | 0                          | 0                                    |
| 8. Dividends paid to policyholders.....   | 0                            | 0                          | 0                                    |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....                 | 94                           | 0                          | 0                                    |
| 10. Total (Lines 5 through 9).....  | 365                          | 0                          | 0                                    |
| 11. Net cash from operations (Line 4 minus Line 10).....  | (2,647)                      | 0                          | 0                                    |
| <b>Cash from Investments</b>  |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds.....   | 0                            | 0                          | 0                                    |
| 12.2 Stocks.....  | 0                            | 0                          | 0                                    |
| 12.3 Mortgage loans.....  | 0                            | 0                          | 0                                    |
| 12.4 Real estate.....   | 0                            | 0                          | 0                                    |
| 12.5 Other invested assets.....   | 0                            | 0                          | 0                                    |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                                    | 0                            | 0                          | 0                                    |
| 12.7 Miscellaneous proceeds.....  | 0                            | 0                          | 0                                    |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....  | 0                            | 0                          | 0                                    |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds.....   | 0                            | 0                          | 0                                    |
| 13.2 Stocks.....  | 0                            | 0                          | 0                                    |
| 13.3 Mortgage loans.....  | 0                            | 0                          | 0                                    |
| 13.4 Real estate.....   | 0                            | 0                          | 0                                    |
| 13.5 Other invested assets.....   | 0                            | 0                          | 0                                    |
| 13.6 Miscellaneous applications.....  | 0                            | 0                          | 0                                    |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....   | 0                            | 0                          | 0                                    |
| 14. Net increase (or decrease) in contract loans and premium notes.....   | 0                            | 0                          | 0                                    |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....  | 0                            | 0                          | 0                                    |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes.....  | 0                            | 0                          | 0                                    |
| 16.2 Capital and paid in surplus, less treasury stock.....  | 2,200,000                    | 0                          | 0                                    |
| 16.3 Borrowed funds.....  | 0                            | 0                          | 0                                    |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....  | 0                            | 0                          | 0                                    |
| 16.5 Dividends to stockholders.....   | 0                            | 0                          | 0                                    |
| 16.6 Other cash provided (applied).....   | 0                            | 0                          | 0                                    |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 2,200,000                    | 0                          | 0                                    |
| <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).....                | 2,197,353                    | 0                          | 0                                    |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year.....   | 0                            | 0                          | 0                                    |
| 19.2 End of period (Line 18 plus Line 19.1).....  | 2,197,353                    | 0                          | 0                                    |

Prem., Enrollment

**NONE**

Claims Unpaid

**NONE**

Underwriting and Investment Exhibit

**NONE**

# STATEMENT AS OF JUNE 30, 2021 OF THE AMERIHEALTH CARITAS OHIO, INC.

## NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of AmeriHealth Caritas Ohio, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (DOI).

The Ohio DOI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. As of June 30, 2021, these prescribed or permitted accounting practices are not applicable to the Company.

The Company commenced business on February 25, 2021 and did not acquire members as of June 30, 2021 statement date. A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

|   | <u>SSAP #</u> | <u>F/S Page</u> | <u>F/S Line#</u> | <u>2021</u>       |
|---|---------------|-----------------|------------------|-------------------|
| <b>NET INCOME</b>   |               |                 |                  |                   |
| (1) AmeriHealth Caritas Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3) |               |                 |                  | \$ .....(88)      |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP    |               |                 |                  | \$ .....0         |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP     |               |                 |                  | \$ .....0         |
| (4) NAIC SAP (1-2-3=4)  |               |                 |                  | \$ .....(88)      |
| <b>SURPLUS</b>  |               |                 |                  |                   |
| (5) AmeriHealth Caritas Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4) |               |                 |                  | \$ .....2,199,912 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP    |               |                 |                  | \$ .....0         |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP     |               |                 |                  | \$ .....0         |
| (8) NAIC SAP (5-6-7=8)  |               |                 |                  | \$ .....2,199,912 |

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

The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Ohio DOI 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 Policy

The Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds – None
- (3) Common Stocks – None
- (4) Preferred Stock – None
- (5) Mortgage Loans – None
- (6) Loan-backed securities – None
- (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
- (8) Investments in joint ventures, partnerships and limited liability companies – None
- (9) Derivatives – None
- (10) Anticipated investment income as a factor in premium deficiency calculation – None
- (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – None
- (12) Fixed asset capitalization policy modifications – None
- (13) Pharmaceutical Rebates – None

#### D. Going Concern – None

### 2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

### 3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger
  - (1) Name and brief description of the combined entities – None
  - (2) Method of accounting – None
  - (3) Shares of stock issued in the transaction – None
  - (4) Details of results of operations – None
  - (5) Adjustments recorded directly to surplus – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

### 4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in the Discontinued Operation After Disposal – None

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
  - (1) Prepayment assumptions – None
  - (2) Recognized Other-than-Temporary Impairment – None
  - (3) Present Value of Cash Flows – None
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
    - (a) The aggregate amount of unrealized losses – None
    - (b) The aggregate related fair value of securities with unrealized losses – None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None
- L. Restricted Assets
  - (1) Restricted Assets (Including Pledged)

| Restricted Asset Category   | Total Gross (Admitted and Nonadmitted) Restricted From Current Year | Total Gross (Admitted and Nonadmitted) Restricted From Prior Year | Increase/(Decrease) (1 minus 2) | Total Current Year Nonadmitted Restricted | Total Current Year Admitted Restricted (1 minus 4) | Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | Percentage Admitted Restricted to Total Admitted Assets (b) |
|---|---|---|---------------------------------|---|--|--|---|
| a. Subject to contractual obligation for which liability is not shown                                     | \$  | \$  | \$                              | \$  | \$   | %  | %   |
| b. Collateral held under security lending agreements  |   |   |                                 |   |  |  |   |
| c. Subject to repurchase agreements   |   |   |                                 |   |  |  |   |
| d. Subject to reverse repurchase agreements   |   |   |                                 |   |  |  |   |
| e. Subject to dollar repurchase agreements  |   |   |                                 |   |  |  |   |
| f. Subject to dollar reverse repurchase agreements  |   |   |                                 |   |  |  |   |
| g. Placed under option contracts  |   |   |                                 |   |  |  |   |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock                        |   |   |                                 |   |  |  |   |
| i. FHLB capital stock   |   |   |                                 |   |  |  |   |
| l. On deposit with states   | 405,305   | 0   | 405,305                         | 0   | 405,305  | 18.4   | 18.4  |
| k. On deposit with other regulatory bodies  |   |   |                                 |   |  |  |   |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)                            |   |   |                                 |   |  |  |   |
| m. Pledged as collateral not captured in other categories   |   |   |                                 |   |  |  |   |
| n. Other restricted assets  |   |   |                                 |   |  |  |   |
| o. Total Restricted Assets  | \$ 405,305  | \$ 0  | \$ 405,305                      | \$ 0                                      | \$ 405,305   | 18.4%  | 18.4%   |
| (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None                        |   |   |                                 |   |  |  |   |
| (3) Detail of Other Restricted Assets – None  |   |   |                                 |   |  |  |   |
| (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None |   |   |                                 |   |  |  |   |



# STATEMENT AS OF JUNE 30, 2021 OF THE AMERIHEALTH CARITAS OHIO, INC.

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

- A. B. Material related party transactions – The Company received capital contributions of \$2,200,000 from Holdings during 2021.
- C. Transactions with related parties who are not reported on Schedule Y – None
- D. Amounts due from or to related parties as of June 30, 2021 – ACS-\$75
- E. Material management or service arrangements – None
- F. Parental guarantees – None
- G. The Company is an indirect wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
- I. Investments in an SCA entity that exceed 10% of admitted assets – None
- J. Write-downs for impaired investments in SCA entities – None
- K. Investment in foreign subsidiary calculation – None
- L. Investment in a downstream noninsurance holding company – None
- M. All SCA Investments
  - (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
  - (2) NAIC filing response information – None
- N. Investment in Insurance SCAs – None
- O. SCA and SSAP No. 48 Entities Loss Tracking – None

## 11. Debt

- A. Capital Notes – None
- B. Federal Home Loan Bank (FHLB) Agreements – None

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

- A. Defined Benefit Plan – None
- B.,C. Postretirement Plan Assets – None
- D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
- E. Defined Contribution Plans – None
- F. Multiemployer Plans – None
- G. Consolidated/Holding Company Plans – None
- H. Postemployment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits – None

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

- A. Common Capital stock outstanding – The Company has 1,000 shares authorized, 1,000 shares issued and outstanding, with par value of \$1.
- B. Preferred stock – None
- C. Dividend restrictions – None
- D. Dates and amounts of dividends paid – None
- E. Stockholder's portion of ordinary dividend from profits – None
- F. Restrictions placed on unassigned funds (surplus) – None
- G. The total amount of advances to surplus not repaid – None
- H. The amount of stock held by the Company for special purposes – None
- I. Changes in balances of special surplus funds from the prior year – None
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – None
- K. Surplus notes – None
- L. Impact of any restatement due to quasi-reorganization – None
- M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

## 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – None

## 15. Leases

- A. Lessee Operating Leases
  - (1) General description of lessee's leasing arrangements – None
  - (2) Minimum aggregate rental commitments – None
  - (3) Sales leaseback transactions – None
- B. Lessor Leases
  - (1) Operating Leases – None
  - (2) Leveraged Leases – None

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

- A. The face, contract or notional principle amount – None
- B. The nature and terms of the contract – None
- C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
- D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None

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

- A. Transfers of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

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

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

## 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None

## 20. Fair Value Measurements

- A.,B. Fair value measurement at reporting date
  - (1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
  - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
  - (3) Transfers in and/or out of Level 3 – None
  - (4) Fair value measurements categorized within Level 2 and 3 – None
- C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
- D. Not Practicable to Estimate Fair Value – None
- E. Investments measured using the NAV practical expedient – None

## 21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring: Debtors – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-Linked Securities (ILS) Contracts – None
- I. Amounts that could be realized on Life Insurance where the reporting entity is owned and beneficiary or has otherwise obtained rights to control the policy – None

## 22. Events Subsequent

Type 1 – Recognized subsequent events – None

Type 2 – Nonrecognized subsequent events – None

## 23. Reinsurance

- A. Ceded Reinsurance Report – None
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
  - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
  - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- E. Reinsurance Credits – None

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

- A. Accrued retrospective premium adjustments – None
- B. Accrued retrospective premium as an adjustment to earned premium – None
- C. The amount of net premium written that are subject to retrospective rating features – None
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
- E. Risk-Sharing Provisions of the ACA – None

## **STATEMENT AS OF JUNE 30, 2021 OF THE AMERIHEALTH CARITAS OHIO, INC.**

- 25. **Change in Incurred Claims and Claim Adjustment Expenses** – None
- 26. **Intercompany Pooling Arrangements** – None
- 27. **Structured Settlements** – None
- 28. **Health Care Receivables**
  - A. Pharmaceutical Rebate Receivables – None
  - B. Risk Sharing Receivables – None
- 29. **Participating Policies** – None
- 30. **Premium Deficiency Reserves** – None
- 31. **Anticipated Salvage and Subrogation** – None

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

2.2 If yes, date of change: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

If yes, complete and file the merger history data file with the NAIC.

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

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

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

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

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

6.4 By what department or departments?  
.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

7.2 If yes, give full information:  
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

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

| 1<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
|                     |                                |          |          |           |          |

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.****GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  Yes [X]  No [ ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? .....  Yes [ ]  No [X]

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

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? .....  Yes [ ]  No [X]

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

.....

**FINANCIAL**

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

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

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....  Yes [ ]  No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....  Yes [ ]  No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  NA [X]

If no, attach a description with this statement.

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

|  |           |
|--|-----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2                   | \$ .....0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ .....0 |
| 16.3 Total payable for securities lending reported on the liability page                                       | \$ .....0 |

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [ ] No [X]

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

| 1<br>Name of Custodian(s)                             | 2<br>Custodian Address |
|---|------------------------|
| Company has no stocks, bonds or other securities..... |                        |

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

| 1<br>Name(s)  | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|------------------|------------------------------|
| Company has no stocks, bonds or other securities..... |                  |                              |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes [ ] No [X]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|                    |                    |                     |             |

17.5 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<br>Name of Firm or Individual                         | 2<br>Affiliation |
|---|------------------|
| Michael Burgoyne, who makes recommendations to BOD..... | .....            |
| .....   | .....            |
| .....   | .....            |
| .....   | .....            |

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or<br>Individual | 3<br>Legal Entity<br>Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management<br>Agreement (IMA) Filed |
|--|------------------------------------|---------------------------------------|----------------------|---|
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes [X] No [ ]

18.2 If no, list exceptions:

.....

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

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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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]

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**GENERAL INTERROGATORIES**

21. 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

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent..... 0.0 %

1.2 A&H cost containment percent..... 0.0 %

1.3 A&H expense percent excluding cost containment expenses..... 0.0 %

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

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

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

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

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

3.1 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  [X]

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

**NONE**

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

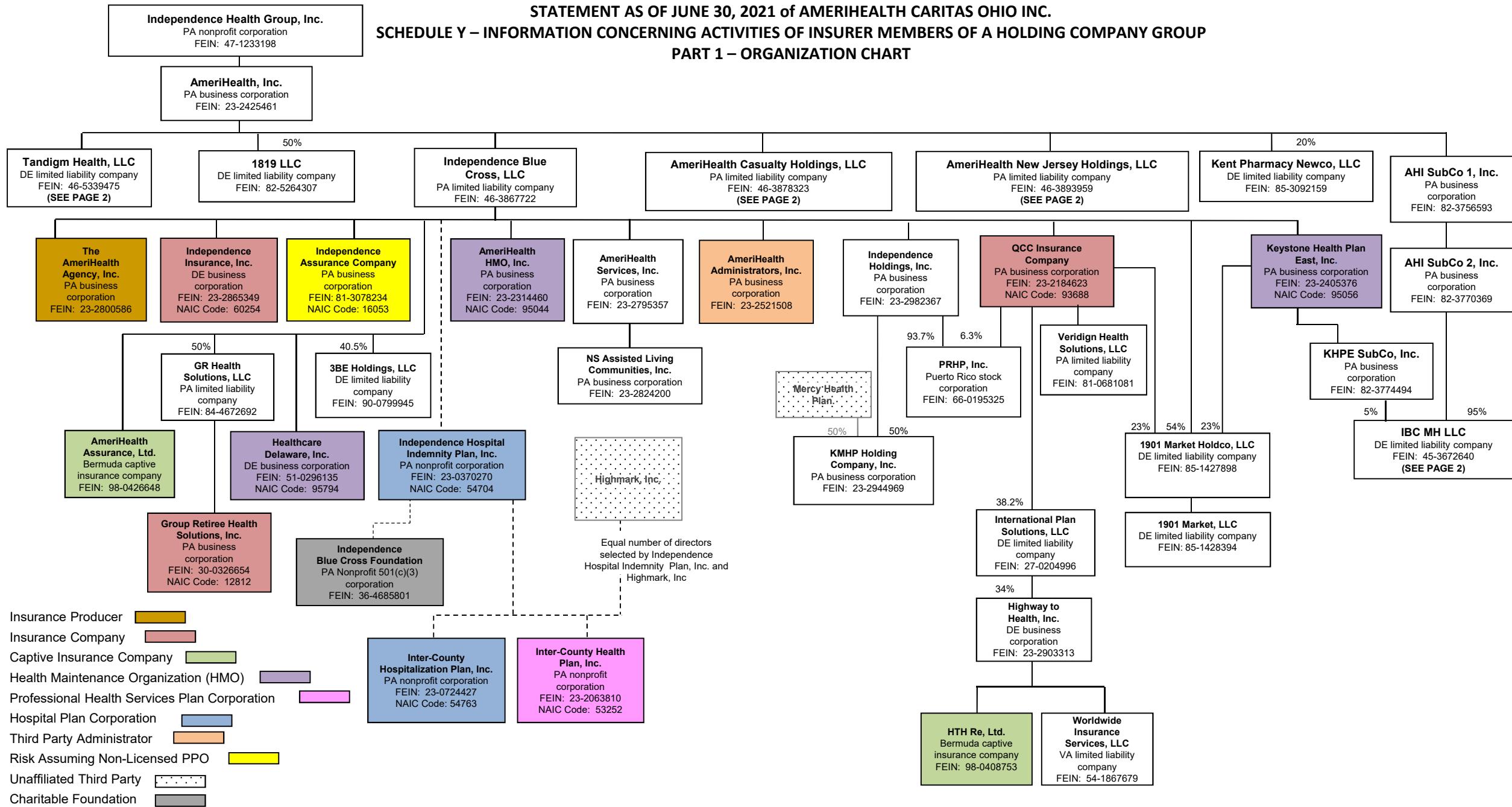
| States, Etc.   | 1<br>Active Status (a) | Direct Business Only            |                          |                         |                     |   |   |                                  |                                |                              |
|--|------------------------|---------------------------------|--------------------------|-------------------------|---------------------|---|---|----------------------------------|--------------------------------|------------------------------|
|  |                        | 2<br>Accident & Health Premiums | 3<br>Medicare Title XVII | 4<br>Medicaid Title XIX | 5<br>CHIP Title XXI | 6<br>Federal Employees Health Benefits Program Premiums | 7<br>Life & Annuity Premiums & Other Considerations | 8<br>Property/ Casualty Premiums | 9<br>Total Columns 2 Through 8 | 10<br>Deposit-Type Contracts |
| 1. Alabama .....   | AL                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 2. Alaska .....  | AK                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 3. Arizona .....   | AZ                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 4. Arkansas .....  | AR                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 5. California .....  | CA                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 6. Colorado .....  | CO                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 7. Connecticut .....   | CT                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 8. Delaware .....  | DE                     | N                               |                          |                         |                     |   |   |                                  | 0                              |                              |
| 9. Dist. 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                              | 0                            |
| 59. Subtotal .....   |                        | XXX                             | 0                        | 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                              | 0                            |
| <b>DETAILS OF WRITE-INS</b>  |                        |                                 |                          |                         |                     |   |   |                                  |                                |                              |
| 58001 .....  |                        | XXX                             |                          |                         |                     |   |   |                                  |                                |                              |
| 58002 .....  |                        | XXX                             |                          |                         |                     |   |   |                                  |                                |                              |
| 58003 .....  |                        | XXX                             |                          |                         |                     |   |   |                                  |                                |                              |
| 58998. Summary of remaining write-ins for Line 58 from overflow page ..... |                        | XXX                             | 0                        | 0                       | 0                   | 0   | 0   | 0                                | 0                              | 0                            |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)       |                        | XXX                             | 0                        | 0                       | 0                   | 0   | 0   | 0                                | 0                              | 0                            |

(a) Active Status Counts

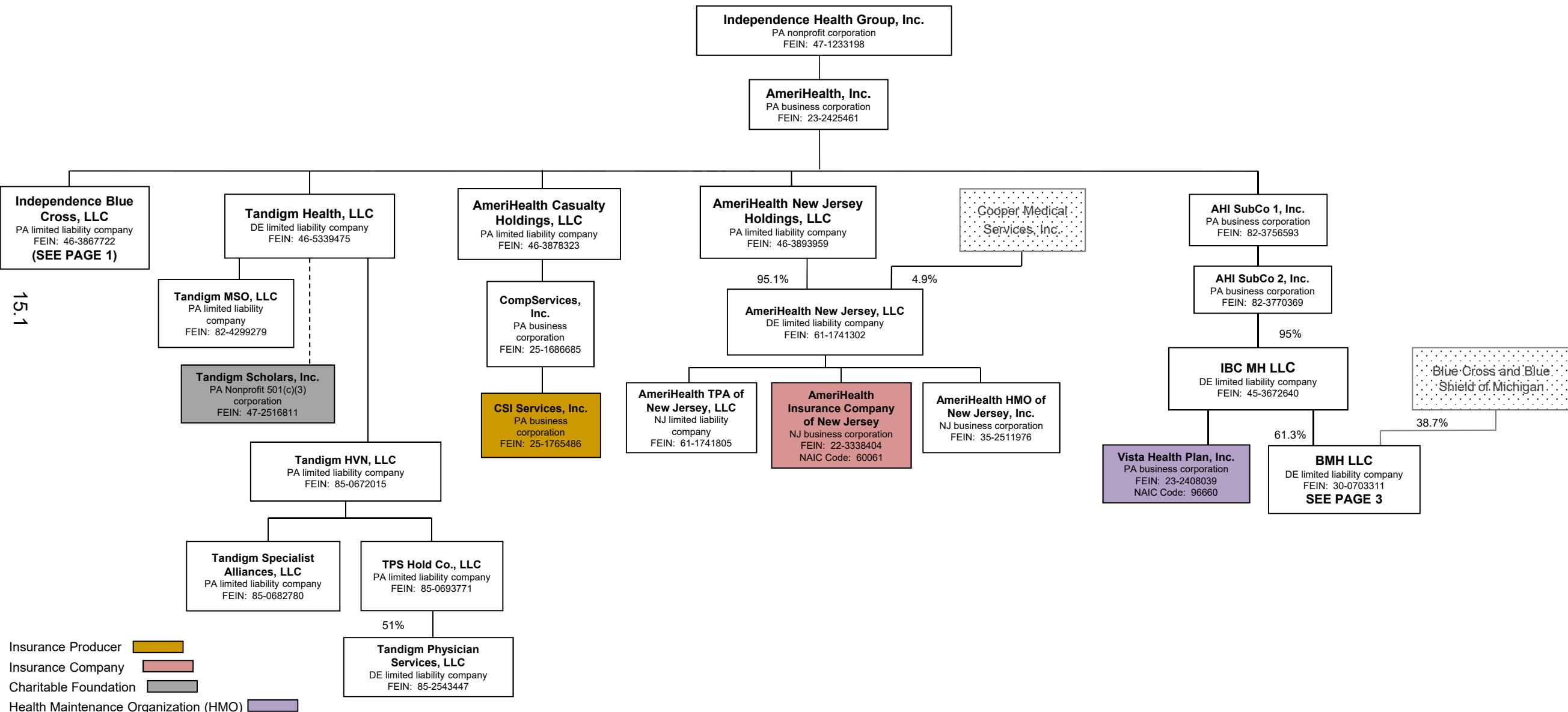
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 R – Registered – Non-domiciled RRGs ..... 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
N – None of the above – Not allowed to write business in the state ..... 56

STATEMENT AS OF JUNE 30, 2021 of AMERIHEALTH CARITAS OHIO INC.

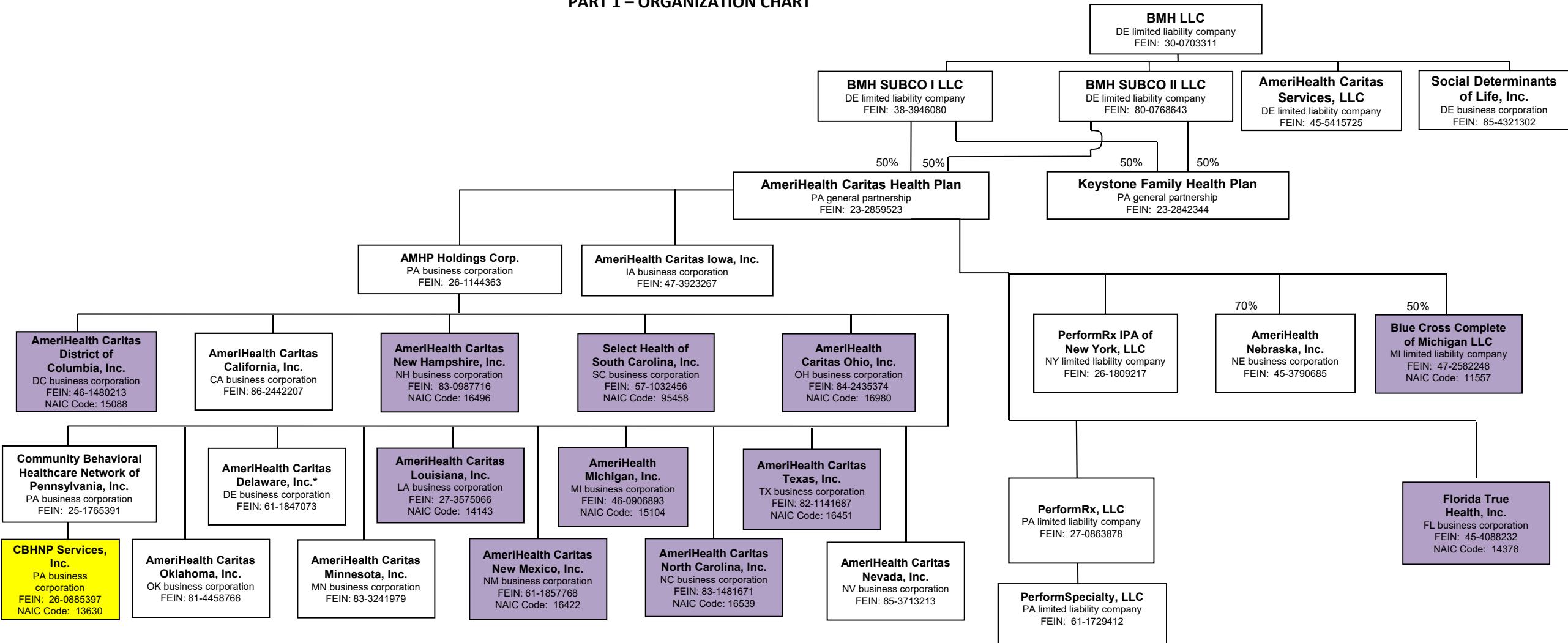
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



**STATEMENT AS OF JUNE 30, 2021 of AMERIHEALTH CARITAS OHIO INC.**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



**STATEMENT AS OF JUNE 30, 2021 of AMERIHEALTH CARITAS OHIO INC.**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



Health Maintenance Organization (HMO)

Risk Assuming Non-Licensed PPO

## STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                   | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person)                      | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s)                     | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|-----------------|-----------------------------------|------------------------|----------------|-------------------|----------|---|--|---------------------------|--|---|--|--|--|--|---------|
| 00000...        |                                   | 00000...               | 47-1233198...  |                   |          |   | Independence Health Group, Inc...                | PA                        | UIP                                    | Independence Health Group, Inc...   |  |  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 23-2425461...  |                   |          |   | AmeriHealth, Inc...                              | PA                        | UIP                                    | AmeriHealth, Inc...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 46-5339475...  |                   |          |   | Tandigm Health, LLC...                           | DE                        | NIA                                    | AmeriHealth, Inc...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 82-4299279...  |                   |          |   | Tandigm MSO, LLC...                              | PA                        | NIA                                    | Tandigm Health, LLC...  | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 47-2516811...  |                   |          |   | Tandigm Scholars, Inc...                         | PA                        | OTH                                    | Tandigm Health, LLC...  | Board  | 0.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 85-0672015...  |                   |          |   | Tandigm HVN, LLC...                              | PA                        | NIA                                    | Tandigm Health, LLC...  | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 85-0682780...  |                   |          |   | Tandigm Specialist Alliances, LLC...             | PA                        | NIA                                    | Tandigm HVN, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 85-0693771...  |                   |          |   | TPS Hold Co., LLC...                             | PA                        | NIA                                    | Tandigm HVN, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 85-2543447...  |                   |          |   | Tandigm Physician Services, LLC...               | DE                        | NIA                                    | TPS Hold Co., LLC...  | Ownership  | 51.0   | Independence Health Group, Inc. / Gateway Medical Associates, Inc... | N                                      | 0       |
| 00000...        |                                   | 00000...               | 82-5264307...  |                   |          |   | 1819 LLC   | DE                        | NIA                                    | AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)             | Ownership  | 50.0   | Independence Health Group, Inc. / Comcast Connected Health, LLC...   | N                                      | 0       |
| 00000...        |                                   | 00000...               | 85-3092159...  |                   |          |   | Kent Pharmacy Newco, LLC...                      | DE                        | NIA                                    | AmeriHealth, Inc. (20%)   | Ownership  | 20.0   | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 46-3867722...  |                   |          |   | Independence Blue Cross, LLC...                  | PA                        | NIA                                    | AmeriHealth, Inc...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 90-0799945...  |                   |          |   | 3BE Holdings, LLC...                             | DE                        | NIA                                    | Independence Blue Cross, LLC...   | Ownership  | 40.5   | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 23-2800586...  |                   |          |   | The AmeriHealth Agency, Inc...                   | PA                        | NIA                                    | Independence Blue Cross, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 84-4672692...  |                   |          |   | GR Health Solutions, LLC...                      | PA                        | NIA                                    | Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC... | Ownership  | 50.0   | Independence Health Group, Inc. / Anthem, Inc...                     | N                                      | 0       |
| 00671...        | Anthem, Inc...                    | 12812...               | 30-0326654...  |                   |          |   | Group Retiree Health Solutions, Inc...           | PA                        | IA                                     | GR Health Solutions, LLC...   | Ownership  | 50.0   | / Anthem, Inc...   | N                                      | 0       |
| 00936...        | Independence Health Group, Inc... | 95794...               | 51-0296135...  |                   |          |   | Healthcare Delaware, Inc...                      | DE                        | IA                                     | Independence Blue Cross, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00936...        | Independence Health Group, Inc... | 60254...               | 23-2865349...  |                   |          |   | Independence Insurance, Inc...                   | DE                        | IA                                     | Independence Blue Cross, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 98-0426648...  |                   |          |   | AmeriHealth Assurance, Ltd...                    | BMU                       | NIA                                    | Independence Blue Cross, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 23-2795357...  |                   |          |   | AmeriHealth Services, Inc...                     | PA                        | NIA                                    | Independence Blue Cross, LLC...   | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |
| 00000...        |                                   | 00000...               | 23-2824200...  |                   |          |   | NS Assisted Living Communities, Inc...           | PA                        | NIA                                    | AmeriHealth Services, Inc...  | Ownership  | 100.0  | Independence Health Group, Inc...                                    | N                                      | 0       |

## STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                     | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person)   | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s)         | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|-----------------|-------------------------------------|------------------------|-----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|--|--|---------|
| 00000.....      |                                     | 00000.....             | 23-2982367..... |                   |          |   | Independence Holdings, Inc.....                  | PA.....                   | NIA.....                               | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 23-2944969..... |                   |          |   | KMHP Holding Company, Inc.....                   | PA.....                   | NIA.....                               | Independence Holdings, Inc.....  | Ownership.....   | 50.0   | Independence Health Group, Inc. / Mercy Health Plan..... | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 66-0195325..... |                   |          |   | PRHP, Inc.....                                   | PR.....                   | NIA.....                               | Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%).....                                  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 93688.....             | 23-2184623..... |                   |          |   | QCC Insurance Company.....                       | PA.....                   | IA.....                                | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 81-0681081..... |                   |          |   | Veridign Health Solutions, LLC.....              | PA.....                   | NIA.....                               | QCC Insurance Company.....   | Ownership.....   | 100.0  | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 27-0204996..... |                   |          |   | International Plan Solutions, LLC.....           | DE.....                   | NIA.....                               | QCC Insurance Company.....   | Ownership.....   | 38.2   | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 23-2903313..... |                   |          |   | Highway to Health, Inc.....                      | DE.....                   | NIA.....                               | International Plan Solutions, LLC.....   | Ownership.....   | 13.0   | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 98-0408753..... |                   |          |   | HTH Re, Ltd.....                                 | BMU.....                  | NIA.....                               | Highway to Health, Inc.....  | Ownership.....   | 13.0   | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 54-1867679..... |                   |          |   | Worldwide Insurance Services, LLC.....           | VA.....                   | NIA.....                               | Highway to Health, Inc.....  | Ownership.....   | 13.0   | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 23-2521508..... |                   |          |   | AmeriHealth Administrators, Inc.....             | PA.....                   | NIA.....                               | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Health Group, Inc.....                                   | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 16053.....             | 81-3078234..... |                   |          |   | Independence Assurance Company.....              | PA.....                   | IA.....                                | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 95044.....             | 23-2314460..... |                   |          |   | AmeriHealth HMO, Inc.....                        | PA.....                   | IA.....                                | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 95056.....             | 23-2405376..... |                   |          |   | Keystone Health Plan East, Inc.....              | PA.....                   | IA.....                                | Independence Blue Cross, LLC.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 82-3774494..... |                   |          |   | KHPE SubCo, Inc.....                             | PA.....                   | NIA.....                               | Keystone Health Plan East, Inc.....  | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 85-1427898..... |                   |          |   | 1901 Market Holdco, LLC.....                     | DE.....                   | NIA.....                               | Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)..... | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 85-1428394..... |                   |          |   | 1901 Market, LLC.....                            | DE.....                   | NIA.....                               | 1901 Market Holdco, LLC.....   | Ownership.....   | 100.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 54704.....             | 23-0370270..... |                   |          |   | Independence Hospital Indemnity Plan, Inc.....   | PA.....                   | IA.....                                | Independence Blue Cross, LLC.....  | Board.....   | 0.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00000.....      |                                     | 00000.....             | 36-4685801..... |                   |          |   | Independence Blue Cross Foundation.....          | PA.....                   | OTH.....                               | Independence Hospital Indemnity Plan, Inc.....   | Board.....   | 0.0  | Independence Health Group, Inc.....                      | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 54763.....             | 23-0724427..... |                   |          |   | Inter-County Hospitalization Plan, Inc.....      | PA.....                   | IA.....                                | Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....                             | Ownership.....   | 50.0   | Independence Health Group, Inc. / Highmark Health.....   | N.....                                 | 0       |
| 00936.....      | Independence Health Group, Inc..... | 53252.....             | 23-2063810..... |                   |          |   | Inter-County Health Plan, Inc.....               | PA.....                   | IA.....                                | Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....                             | Ownership.....   | 50.0   | Independence Health Group, Inc. / Highmark Health.....   | N.....                                 | 0       |

## STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                     | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s)                          | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|-----------------|-------------------------------------|------------------------|-----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|---|--|---------|
| 00000.....      |                                     | 00000.....             | 46-3878323..... |                   |          |   | AmeriHealth Casualty Holdings, LLC.....          | PA.....                   | NIA.....                               | AmeriHealth, Inc.....                                | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 25-1686685..... |                   |          |   | CompServices, Inc.....                           | PA.....                   | NIA.....                               | AmeriHealth Casualty Holdings, LLC.....              | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 25-1765486..... |                   |          |   | CSI Services, Inc.....                           | PA.....                   | NIA.....                               | CompServices, Inc.....                               | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 46-3893959..... |                   |          |   | AmeriHealth New Jersey Holdings, LLC.....        | PA.....                   | NIA.....                               | AmeriHealth, Inc.....                                | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 61-1741302..... |                   |          |   | AmeriHealth New Jersey, LLC.....                 | DE.....                   | NIA.....                               | AmeriHealth New Jersey Holdings, LLC.....            | Ownership.....   | 95.1.....  | Independence Health Group, Inc. / Cooper Medical Services, Inc.....       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 61-1741805..... |                   |          |   | AmeriHealth TPA of New Jersey, LLC.....          | NJ.....                   | NIA.....                               | AmeriHealth New Jersey, LLC.....                     | Ownership.....   | 95.1.....  | Independence Health Group, Inc. / Cooper Medical Services, Inc.....       | N.....                                 | 0.....  |
| 00936.....      | Independence Health Group, Inc..... | 60061.....             | 22-3338404..... |                   |          |   | AmeriHealth Insurance Company of New Jersey..... | NJ.....                   | IA.....                                | AmeriHealth New Jersey, LLC.....                     | Ownership.....   | 95.1.....  | Independence Health Group, Inc. / Cooper Medical Services, Inc.....       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 35-2511976..... |                   |          |   | AmeriHealth HMO of New Jersey, Inc.....          | NJ.....                   | NIA.....                               | AmeriHealth New Jersey, LLC.....                     | Ownership.....   | 95.1.....  | Independence Health Group, Inc. / Cooper Medical Services, Inc.....       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 82-3756593..... |                   |          |   | AHI SubCo 1, Inc.....                            | PA.....                   | UIP.....                               | AmeriHealth, Inc.....                                | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 82-3770369..... |                   |          |   | AHI SubCo 2, Inc.....                            | PA.....                   | UIP.....                               | AHI SubCo 1, Inc.....                                | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 45-3672640..... |                   |          |   | IBC MH LLC.....                                  | DE.....                   | UIP.....                               | AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)..... | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc.....                                       | N.....                                 | 0.....  |
| 00936.....      | Independence Health Group, Inc..... | 96660.....             | 23-2408039..... |                   |          |   | Vista Health Plan, Inc.....                      | PA.....                   | IA.....                                | IBC MH LLC.....                                      | Ownership.....   | 100.0.....                                       | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 30-0703311..... |                   |          |   | BMH LLC.....                                     | DE.....                   | UIP.....                               | IBC MH LLC.....                                      | Ownership.....   | 61.3.....  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 45-5415725..... |                   |          |   | AmeriHealth Caritas Services, LLC.....           | DE.....                   | NIA.....                               | BMH LLC.....   | Ownership.....   | 61.3.....  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | 0.....  |
| 00000.....      |                                     | 00000.....             | 85-4321302..... |                   |          |   | Social Determinants of Life, Inc.....            | DE.....                   | NIA.....                               | BMH LLC.....   | Ownership.....   | 61.3.....  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | 0.....  |

## STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                     | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates   | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s)                          | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|-----------------|-------------------------------------|------------------------|-----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|---|--|---------|
| 00000.....      |                                     | 00000.....             | 38-3946080..... |                   |          |   | BMH SUBCO I LLC.....                               | DE.....                   | .UIP.....                              | BMH LLC.....   | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 80-0768643..... |                   |          |   | BMH SUBCO II LLC.....                              | DE.....                   | .UIP.....                              | BMH LLC.....   | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 23-2842344..... |                   |          |   | Keystone Family Health Plan.....                   | PA.....                   | .NIA.....                              | BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....  | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 23-2859523..... |                   |          |   | AmeriHealth Caritas Health Plan.....               | PA.....                   | .UIP.....                              | BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....  | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00936.....      | Independence Health Group, Inc..... | 14143.....             | 27-3575066..... |                   |          |   | AmeriHealth Caritas Louisiana, Inc.....            | LA.....                   | .IA.....                               | AMHP Holdings Corp.....                              | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 47-3923267..... |                   |          |   | AmeriHealth Caritas Iowa, Inc.....                 | IA.....                   | .NIA.....                              | AmeriHealth Caritas Health Plan.....                 | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00936.....      | Independence Health Group, Inc..... | 15104.....             | 46-0906893..... |                   |          |   | AmeriHealth Michigan, Inc.....                     | MI.....                   | .IA.....                               | AMHP Holdings Corp.....                              | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00936.....      | Independence Health Group, Inc..... | 95458.....             | 57-1032456..... |                   |          |   | Select Health of South Carolina, Inc.....          | SC.....                   | .IA.....                               | AMHP Holdings Corp.....                              | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00936.....      | Independence Health Group, Inc..... | 15088.....             | 46-1480213..... |                   |          |   | AmeriHealth Caritas District of Columbia, Inc..... | DC.....                   | .IA.....                               | AMHP Holdings Corp.....                              | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 27-0863878..... |                   |          |   | PerformRx, LLC.....                                | PA.....                   | .NIA.....                              | AmeriHealth Caritas Health Plan.....                 | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |
| 00000.....      |                                     | 00000.....             | 61-1729412..... |                   |          |   | PerformSpecialty, LLC.....                         | PA.....                   | .NIA.....                              | PerformRx, LLC.....                                  | Ownership.....   | .61.3  | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan..... | N.....                                 | .0      |

## STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| 1<br>Group Code | 2<br>Group Name                     | 3<br>NAIC Company Code | 4<br>ID Number  | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location   | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14 | 15<br>Is an SCA Filing Required? (Y/N) | 16 |
|-----------------|-------------------------------------|------------------------|-----------------|-------------------|----------|---|--|---|--|--|--|--|----|--|----|
| 00000.....      | Independence Health Group, Inc.     | 00000.....             | 26-1809217..... |                   |          | PerformRx IPA of New York, LLC.....   | NY.....NIA.....                                  | AmeriHealth Caritas Health Plan.....                              | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 00000.....             | 26-1144363..... |                   |          | AMHP Holdings Corp.....   | PA.....UDP.....                                  | AmeriHealth Caritas Health Plan.....                              | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 00000.....             | 25-1765391..... |                   |          | Community Behavioral Healthcare Network of Pennsylvania, Inc.....           | PA.....NIA.....                                  | AMHP Holdings Corp.....   | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 13630.....             | 26-0885397..... |                   |          | CBHNP Services, Inc.....  | PA.....IA.....                                   | Community Behavioral Healthcare Network of Pennsylvania, Inc..... | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 00000.....             | 45-3790685..... |                   |          | AmeriHealth Nebraska, Inc.....  | NE.....NIA.....                                  | AmeriHealth Caritas Health Plan.....                              | Ownership.....                         | 42.9   | Independence Health Group, Inc. / Blue Cross Blue Shield of Nebraska.....                | N.....0  |    |  |    |
|                 |                                     | 14378.....             | 45-4088232..... |                   |          | Florida True Health, Inc.....   | FL.....IA.....                                   | AmeriHealth Caritas Health Plan.....                              | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 11557.....             | 47-2582248..... |                   |          | Blue Cross Complete of Michigan LLC.....                                    | MI.....IA.....                                   | AmeriHealth Caritas Health Plan.....                              | Ownership.....                         | 30.6   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 00000.....             | 61-1847073..... |                   |          | AmeriHealth Caritas Delaware, Inc.....                                      | DE.....NIA.....                                  | AMHP Holdings Corp.....   | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 16451.....             | 82-1141687..... |                   |          | AmeriHealth Caritas Texas, Inc.....   | TX.....IA.....                                   | AMHP Holdings Corp.....   | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
|                 |                                     | 16422.....             | 61-1857768..... |                   |          | AmeriHealth Caritas New Mexico, Inc.....                                    | NM.....IA.....                                   | AMHP Holdings Corp.....   | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |
| 00936.....      | Independence Health Group, Inc..... | 16539.....             | 83-1481671..... |                   |          | AmeriHealth Caritas North Carolina, Inc.....                                | NC.....IA.....                                   | AMHP Holdings Corp.....   | Ownership.....                         | 61.3   | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....                | N.....0  |    |  |    |

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

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

| Asterisk | Explanation  |
|----------|--------------|
| 1        | Charity..... |

**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

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

.....NO.....

**Explanation:**

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

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STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE A – VERIFICATION**

| Real Estate   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year.....                           | 0                 | 0                                    |
| 2. Cost of acquired:  |                   |                                      |
| 2.1 Actual cost at time of acquisition.....   | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition.....                                     | 0                 | 0                                    |
| 3. Current year change in encumbrances.....   | 0                 | 0                                    |
| 4. Total gain (loss) on disposals.....  | 0                 | 0                                    |
| 5. Deduct amounts received on disposals.....  | 0                 | 0                                    |
| 6. Total foreign exchange change in book/adjusted carrying value.....                     | 0                 | 0                                    |
| 7. Deduct current year's other-than-temporary impairment recognized.....                  | 0                 | 0                                    |
| 8. Deduct current year's depreciation.....  | 0                 | 0                                    |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)..... | 0                 | 0                                    |
| 10. Deduct total nonadmitted amounts.....   | 0                 | 0                                    |
| 11. Statement value at end of current period (Line 9 minus Line 10).....                  | 0                 | 0                                    |

**NONE**

**SCHEDULE B – VERIFICATION**

| Mortgage Loans   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....                             | 0                 | 0                                    |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition.....  | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition.....  | 0                 | 0                                    |
| 3. Capitalized deferred interest and other.....  | 0                 | 0                                    |
| 4. Accrual of discount.....  | 0                 | 0                                    |
| 5. Unrealized valuation increase (decrease).....   | 0                 | 0                                    |
| 6. Total gain (loss) on disposals.....   | 0                 | 0                                    |
| 7. Deduct amounts received on disposals.....   | 0                 | 0                                    |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees.....                                  | 0                 | 0                                    |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....                       | 0                 | 0                                    |
| 10. Deduct current year's other-than-temporary impairment recognized.....  | 0                 | 0                                    |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 0                 | 0                                    |
| 12. Total valuation allowance.....   | 0                 | 0                                    |
| 13. Subtotal (Line 11 plus Line 12).....   | 0                 | 0                                    |
| 14. Deduct total nonadmitted amounts.....  | 0                 | 0                                    |
| 15. Statement value at end of current period (Line 13 minus Line 14).....  | 0                 | 0                                    |

**NONE**

**SCHEDULE BA – VERIFICATION**

| Other Long-Term Invested Assets   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year.....                             | 0                 | 0                                    |
| 2. Cost of acquired:  |                   |                                      |
| 2.1 Actual cost at time of acquisition.....   | 0                 | 0                                    |
| 2.2 Additional investment made after acquisition.....                                       | 0                 | 0                                    |
| 3. Capitalized deferred interest and other.....   | 0                 | 0                                    |
| 4. Accrual of discount.....   | 0                 | 0                                    |
| 5. Unrealized valuation increase (decrease).....  | 0                 | 0                                    |
| 6. Total gain (loss) on disposals.....  | 0                 | 0                                    |
| 7. Deduct amounts received on disposals.....  | 0                 | 0                                    |
| 8. Deduct amortization of premium and depreciation.....                                     | 0                 | 0                                    |
| 9. Total foreign exchange change in book/adjusted carrying value.....                       | 0                 | 0                                    |
| 10. Deduct current year's other-than-temporary impairment recognized.....                   | 0                 | 0                                    |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 0                 | 0                                    |
| 12. Deduct total nonadmitted amounts.....   | 0                 | 0                                    |
| 13. Statement value at end of current period (Line 11 minus Line 12).....                   | 0                 | 0                                    |

**NONE**

**SCHEDULE D – VERIFICATION**

| Bonds and Stocks   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....                      | 0                 | 0                                    |
| 2. Cost of bonds and stocks acquired.....  | 0                 | 0                                    |
| 3. Accrual of discount.....  | 0                 | 0                                    |
| 4. Unrealized valuation increase (decrease).....   | 0                 | 0                                    |
| 5. Total gain (loss) on disposals.....   | 0                 | 0                                    |
| 6. Deduct consideration for bonds and stocks disposed of.....  | 0                 | 0                                    |
| 7. Deduct amortization of premium.....   | 0                 | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value.....                                    | 0                 | 0                                    |
| 9. Deduct current year's other-than-temporary impairment recognized.....                                 | 0                 | 0                                    |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | 0                 | 0                                    |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....              | 0                 | 0                                    |
| 12. Deduct total nonadmitted amounts.....  | 0                 | 0                                    |
| 13. Statement value at end of current period (Line 11 minus Line 12).....                                | 0                 | 0                                    |

**NONE**

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE D - PART 1B**

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

| NAIC Designation                       | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading<br>Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|--|---|--|--|---|---|--|---|---|
| <b>BONDS</b>                           |   |  |  |   |   |  |   |   |
| 1. NAIC 1 (a).....                     | 406,730   |  |  | (1,425)   | 406,730   | 405,305  | 0   | 0   |
| 2. NAIC 2 (a).....                     | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 3. NAIC 3 (a).....                     | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 4. NAIC 4 (a).....                     | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 5. NAIC 5 (a).....                     | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 6. NAIC 6 (a).....                     | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 7. Total Bonds.....                    | 406,730   | 0  | 0  | (1,425)   | 406,730   | 405,305  | 0   | 0   |
| <b>PREFERRED STOCK</b>                 |   |  |  |   |   |  |   |   |
| 8. NAIC 1.....                         | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 9. NAIC 2.....                         | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 10. NAIC 3.....                        | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 11. NAIC 4.....                        | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 12. NAIC 5.....                        | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 13. NAIC 6.....                        | 0   |  |  |   | 0   | 0  | 0   | 0   |
| 14. Total Preferred Stock.....         | 0   | 0  | 0  | 0   | 0   | 0  | 0   | 0   |
| 15. Total Bonds & Preferred Stock..... | 406,730   | 0  | 0  | (1,425)   | 406,730   | 405,305  | 0   | 0   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... 405,305 ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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**STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.**

**SCHEDULE DA - PART 1**

Short-Term Investments

|         | 1<br>Book/Adjusted<br>Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected<br>Year To Date | 5<br>Paid for Accrued<br>Interest<br>Year To Date |
|---------|--------------------------------------|----------------|------------------|---|---|
| 9199999 | 405,305                              | XXX            | 407,591          |   | 83  |

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

|  | 1<br>Year To Date | 2<br>Prior Year<br>Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year.....                          | 0                 | 0                                    |
| 2. Cost of short-term investments acquired .....   | 407,591           | 0                                    |
| 3. Accrual of discount .....   |                   | 0                                    |
| 4. Unrealized valuation increase (decrease).....   |                   | 0                                    |
| 5. Total gain (loss) on disposals .....  |                   | 0                                    |
| 6. Deduct consideration received on disposals .....                                      |                   | 0                                    |
| 7. Deduct amortization of premium.....   | 2,286             | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value..                       |                   | 0                                    |
| 9. Deduct current year's other-than-temporary impairment recognized.....                 |                   | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 405,305           | 0                                    |
| 11. Deduct total nonadmitted amounts.....  |                   | 0                                    |
| 12. Statement value at end of current period (Line 10 minus Line 11)                     | 405,305           | 0                                    |

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Part 2 - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**

Schedule DB - Part E

**NONE**

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

## SCHEDULE E - PART 1 - CASH

| Month End Depository Balances  |           |                             |  |  |   |                   |                  | 9<br>*   |  |
|--|-----------|-----------------------------|--|--|---|-------------------|------------------|----------|--|
| 1<br>Depository  | 2<br>Code | 3<br>Rate<br>of<br>Interest | 4<br>Amount of<br>Interest<br>Received<br>During<br>Current<br>Quarter | 5<br>Amount of<br>Interest<br>Accrued at<br>Current<br>Statement<br>Date | Book Balance at End of Each<br>Month During Current Quarter |                   |                  |          |  |
|  |           |                             |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |          |  |
| Open Depositories  |           |                             |  |  |   |                   |                  |          |  |
| PNC Bank.....  |           |                             |  |  | 1,292,240   | 1,292,088         | 1,792,048        | XXX..... |  |
| 0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX       | XXX                         |  |  |   |                   |                  | XXX      |  |
| 0199999 Total Open Depositories  | XXX       | XXX                         | 0  | 0  | 1,292,240   | 1,292,088         | 1,792,048        | XXX      |  |
| 0399999 Total Cash on Deposit  | XXX       | XXX                         | 0  | 0  | 1,292,240   | 1,292,088         | 1,792,048        | XXX      |  |
| 0499999 Cash in Company's Office   | XXX       | XXX                         | XXX  | XXX  |   |                   |                  | XXX      |  |
| 0599999 Total  | XXX       | XXX                         | 0  | 0  | 1,292,240   | 1,292,088         | 1,792,048        | XXX      |  |

STATEMENT AS OF JUNE 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

**NONE**

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