



QUARTERLY STATEMENT

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

AmeriHealth Caritas Ohio, Inc.

NAIC Group Code	00936	00936	NAIC Company Code	16980	Employer's ID Number	84-2435374
	(Current Period)	(Prior Period)				
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		Philadelphia, PA, US 19113			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	200 Stevens Drive		Philadelphia, PA, US 19113			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address			N/A			
Statutory Statement Contact	Sharon Elaine Duncan		717-671-6552			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	sduncan@amerihealthcaritas.com		215-937-5353			
	(E-Mail Address)		(FAX Number)			

OFFICERS

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

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Steven Harvey Bohner #	Marilyn Lee Eckley #	Michael John Burgoyne #	
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State ofPennsylvania.....
County ofPhiladelphia.....
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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
Subscribed and sworn to before me this _____ day of _____ November, 2021		a. Is this an original filing? Yes [X] No []
		b. If no:
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			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 \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$7,704,958), cash equivalents (\$3,015) and short-term investments (\$403,880)	8,111,853		8,111,853	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)	8,111,853	0	8,111,853	0
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,016		1,016	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	103,369		103,369	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 (\$)			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 Protected Cell Accounts (Lines 12 to 25)	8,216,238	0	8,216,238	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	8,216,238	0	8,216,238	0
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				
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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium 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 \$ 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 interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	552,776		552,776	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 \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	552,776	0	552,776	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
28. Gross paid in and contributed surplus	XXX	XXX	8,199,000	0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(536,538)	0
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	7,663,462	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	8,216,238	0
DETAILS OF WRITE-INS				
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 Uncovered	2 Total	3 Total	4 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
Hospital and Medical:				
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
Less:				
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.....		.679,492	.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	.679,492	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(.679,492)	.0	.0
25. Net investment income earned		.331	.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	.331	.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	(.679,161)	.0	.0
31. Federal and foreign income taxes incurred	XXX	(.142,623)	.0	.0
32. Net income (loss) (Lines 30 minus 31)	XXX	(.536,538)	0	0
DETAILS OF WRITE-INS				
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	0	0	0
34. Net income or (loss) from Line 32	(536,538)	0	0
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets		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
44. Capital Changes:			
44.1 Paid in	1,000	0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	8,199,000	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		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)	7,663,462	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,663,462	0	0
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income	(685)	0	0
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	(685)	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	126,716	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).....	(39,254)	0	0
10. Total (Lines 5 through 9)	87,462	0	0
11. Net cash from operations (Line 4 minus Line 10)	(88,147)	0	0
Cash from Investments			
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
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	8,200,000	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).....	8,200,000	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8,111,853	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)	8,111,853	0	0

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

STATEMENT AS OF SEPTEMBER 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 September 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 September 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:

	SSAP #	F/S Page	F/S Line#	2021
<u>NET INCOME</u>				
(1) AmeriHealth Caritas Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$.....(536,538)
(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)				<u>\$.....(536,538)</u>
<u>SURPLUS</u>				
(5) AmeriHealth Caritas Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$.....7,663,462
(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)				<u>\$.....7,663,462</u>

- 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							
j. On deposit with states	406,895	0	406,895	0	406,895	5.0	5.0
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	\$406,895	\$0	\$406,895	\$0	\$406,895	5.0%	5.0%

- (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

- M. Working Capital Finance Investments – None
N. Offsetting and Netting of Assets and Liabilities – None
O. 5GI Securities – None

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

- P. Short Sales – None
- Q. Prepayment Penalty and Acceleration Fess – None
- R. Reporting Entity's Share of Cash Pool by Asset Type – None
6. Joint Ventures, Partnerships and Limited Liability Companies
- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
- B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income
- A. Due and accrued income is excluded from surplus on the following bases:
- All investment income due and accrued with amounts that are over 90 days past due.
- B. Total amount excluded was \$0.

8. Derivative Instruments
- A. Derivatives under SSAP No. 86 *Derivatives* – None
- B. Derivatives under SSAP No. 108 *Derivative Hedging Variable Annuity Guarantees* -None
- (1) Discussion of hedged item / hedging instruments and hedging strategy – None
- (2) Recognition of gains/losses and deferred assets and liabilities – None
- (3) Hedging Strategies Identified as No Longer Highly Effective – None
- (4) Hedging Strategies Terminated – None
- C. Accounting policies for recognizing and measuring derivatives instruments used – None
- D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
- E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None
- F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes
- A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) – None
- (1)

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA
- (1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA
- (1c -1d)
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)
- (1e - 1f)

- (2) Admission Calculation Components SSAP No. 101:

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
- Total (2(a) + 2(b) + 2(c))

- (3)

- (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
- (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

- (4) Impact of Tax Planning Strategies

- (a). Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage

- (1) Adjusted Gross DTAs amount from Note 9A1(c)
- (2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies
- (3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)
- (4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies

- B. There are no temporary differences for which DTL are not recognized.
- C. Current income taxes incurred consist of the following major components:

- (1) Current Income Tax
- (a) Federal
- (b) Foreign
- (c) Subtotal
- (d) Federal income tax on net capital gains
- (e) Utilization of capital loss carry-forwards
- (f) Other
- (g) Federal and foreign income taxes incurred
- (2) DTA – None
- (3) DTL – None
- (4) Net deferred tax assets/liabilities – None

- D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate to (loss) income before income taxes as follows:

- Current income tax (benefit) expense incurred
- Change in deferred income tax
- (without tax on unrealized gains and losses)
- Total income tax (benefit) expense reported
- (Loss)income before taxes
- Statutory Tax Rate
- Expected income tax expense at statutory tax rate
- Increase (decrease) in actual tax reported resulting from:
- a. Nondeductible expenses for meals and entertainment
- b. Change in deferred taxes on nonadmitted assets
- c. Change in valuation allowance adjustment
- d. Other – rounding/tax exempt income
- e. Effect of new tax law
- Total income tax expense reported

- E. Operating loss carryforward

- (1) As of December 31, 2020 there was no net operating loss carryforward available for tax purposes.
- (2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

- 2021
- 2020

- (3) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None

- F. The Company's federal income tax return is consolidated with the following entities: BMH LLC, AMHP Holdings Corp. (Holdings), AmeriHealth Caritas District of Columbia, Inc., AmeriHealth Caritas Florida, Inc. (formerly, Florida True Health, Inc.), AmeriHealth Caritas Iowa, Inc., Community Behavioral HealthCare Network of Pennsylvania, Inc., AmeriHealth Caritas Delaware, Inc., AmeriHealth Caritas Louisiana, Inc., AmeriHealth Caritas Texas, Inc., CBHNP Services, Inc., Select Health of South Carolina, Inc., AmeriHealth Caritas New Hampshire, Inc., AmeriHealth Caritas New Mexico, Inc., BMH Subco I LLC, Keystone Family Health Plan, PerformSpecialty, LLC (PerformSpecialty), AmeriHealth Michigan, Inc., AmeriHealth Caritas Minnesota, Inc., AmeriHealth Caritas Services, LLC (ACS), BMH Subco II LLC, AmeriHealth Caritas Health Plan (ACHP), PerformRx, LLC (PerformRx); AmeriHealth Caritas North Carolina, Inc.

The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.

- G. Federal or foreign income tax loss contingencies – None
- H. Repatriation Transition Tax (RTT) – None
- I. Alternative Minimum Tax (AMT) Credit – None

09/30/2021		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
\$.....0	\$.....0	\$.....0
.....0	0	0
.....0	0	0
.....0	0	0
.....0	0	0
.....0	0	0
.....0	0	0
\$.....0	\$.....0	\$.....0

09/30/2021		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
\$.....0	\$.....0	\$.....0
.....0	0	0
.....0	0	0
XXXXXX	XXXXXX	1,149,517
.....0	0	0
\$.....0	\$.....0	\$.....0

2021

187370%

\$7,663,448

09/30/2021	
(1)	(2)
Ordinary	Capital
\$.....0	\$.....0
\$.....0	\$.....0

09/30/2021
\$.....(142,623)
.....0
.....(142,623)
.....0
.....0
.....0
.....(142,623)

09/30/2021
\$.....(142,623)
.....0
.....(142,623)
.....(679161)
21%
.....(142,623)

.....0
.....0
.....0
.....0
.....0

Ordinary	Capital
\$.....0	\$.....0
\$.....0	\$.....0

STATEMENT AS OF SEPTEMBER 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 \$8,200,000 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 September 30, 2021 – ACS-\$552,776
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 SEPTEMBER 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

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 ☒
- 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 ☒
- 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 ☒ 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 ☒
- 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 ☒
- 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 ☒

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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

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

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 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 ☒
- 6.6

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

Yes ☐ No ☐ NA ☒
- 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 ☒
- 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 ☒
- 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 ☒
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

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

Yes ☒ No ☐

9.11

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

9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒

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 ☒

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 ☒

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 ☒

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:\$0

13.

Amount of real estate and mortgages held in short-term investments:\$0

14.1

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

Yes ☐ No ☒

14.2

If yes, please complete the following:

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

15.1

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

Yes ☐ No ☒

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes ☐ No ☐ NA ☒

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

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 Name of Custodian(s)	2 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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD.....	I.....

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management 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
- a. PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [] No [X]

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

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

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 [X]

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 ☒

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 ☒

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 ☒

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 ☒

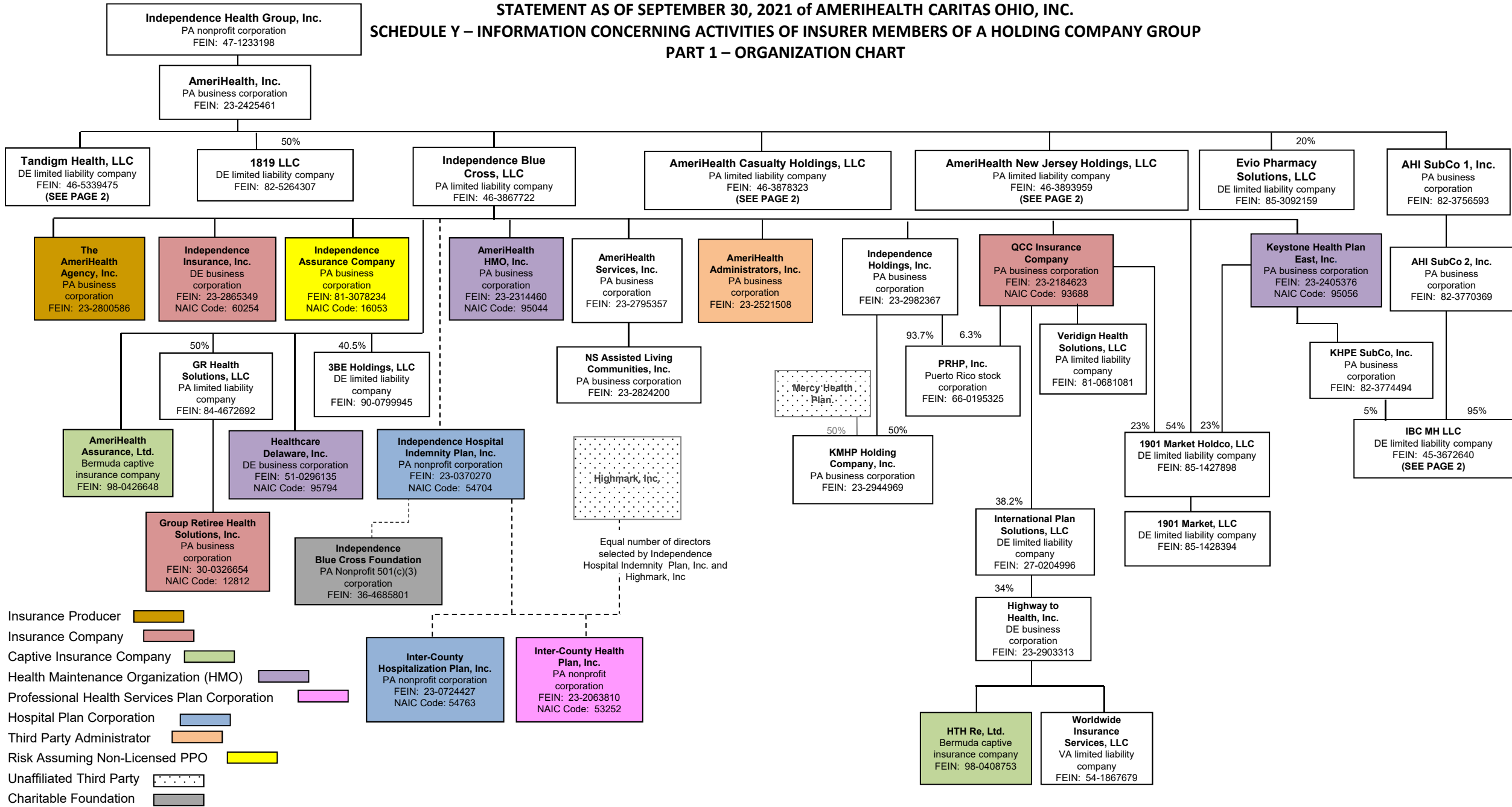
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1 Active Status (a)	Direct Business Only								
			2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 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	N								.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	.0
59. Subtotal		.XXX	.0	.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	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

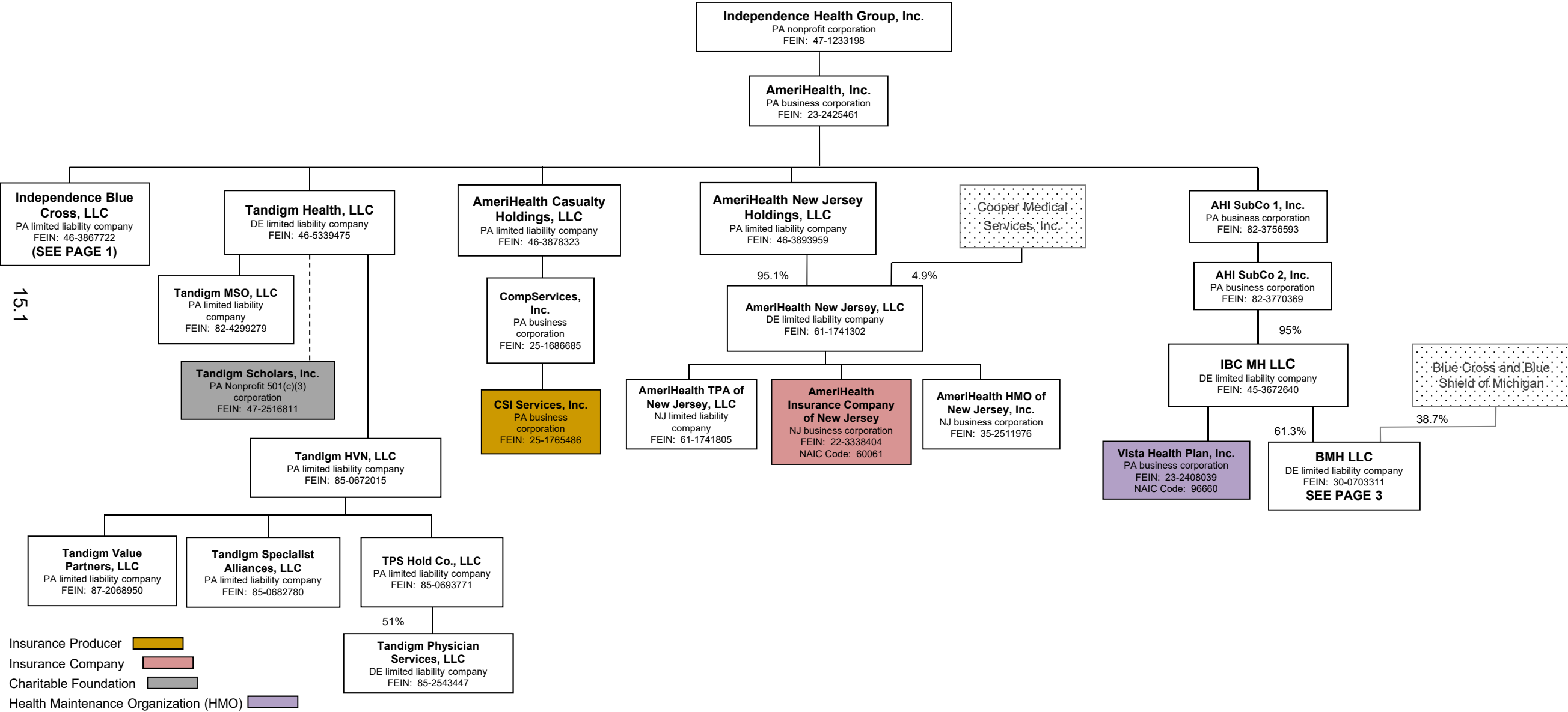
(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1 R – Registered – Non-domiciled RRGs0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 Q – Qualified – Qualified or accredited reinsurer0
N – None of the above – Not allowed to write business in the state56

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

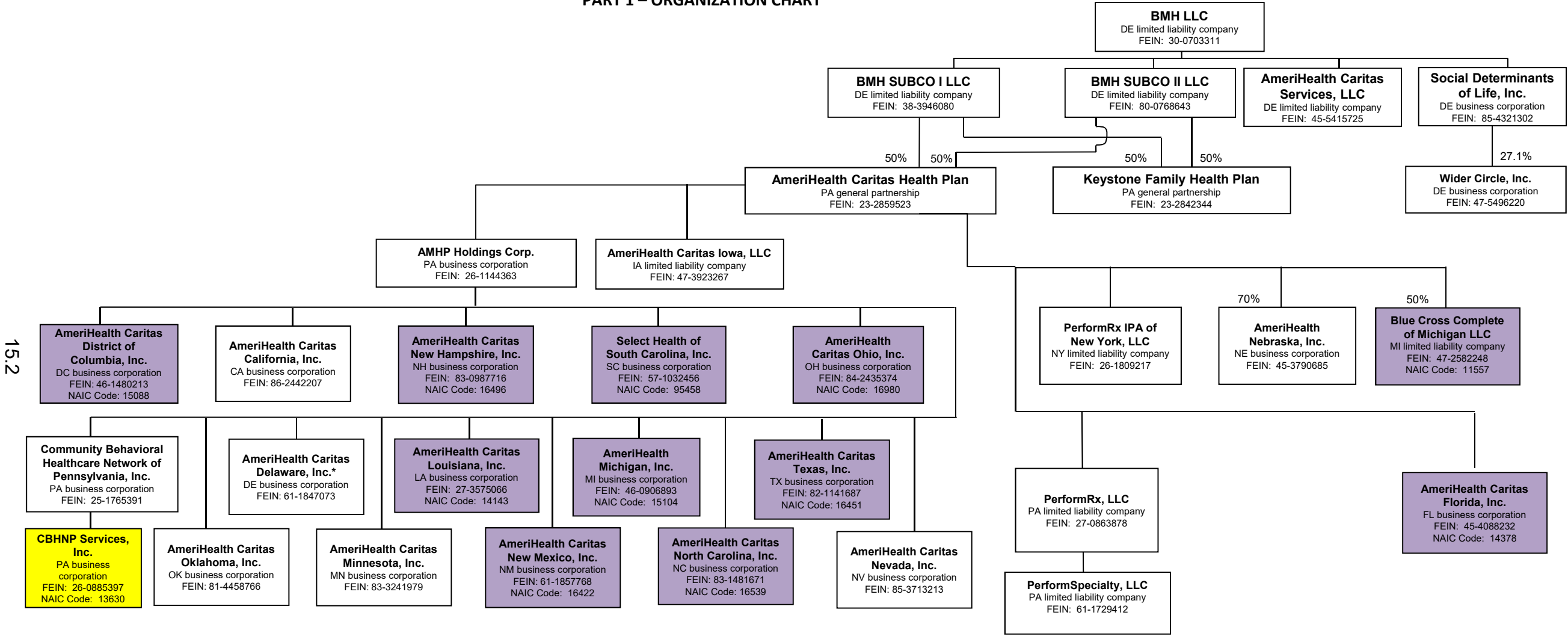


STATEMENT AS OF SEPTEMBER 30, 2021 of AMERIHEALTH CARITAS OHIO, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



15.1

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



*Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.

Health Maintenance Organization (HMO)
Risk Assuming Non-Licensed PPO

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP				Independence Health Group, Inc.	N	0
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	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	Health Group, Inc.	N	0
00000		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, 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				Evio Pharmacy Solutions, 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	Independence Health Group, Inc. / 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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	.0
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. (93.7%) / QCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	.0
00000	Independence Health Group, Inc.	00000	66-0195325				PRHP, Inc.	PR	NIA		Ownership	100.0	Independence Health Group, Inc.	N	.0
00936		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	Independence Health Group, Inc.	N	.0
00000		00000	27-0204996				International Plan Solutions, LLC.	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	.0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC.	Ownership	13.0	Independence Health Group, Inc.	N	.0
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	.0
00000		00000	54-1867679				Worldwide Insurance Services, LLC.	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	.0
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936		16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936		95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936		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	Independence Health Group, Inc.	00000	85-1428394				1901 Market, LLC.	DE	NIA	1901 Market Holdco, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	.0
00936		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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.	N	.0
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.	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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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
00000		00000	47-5496220				Wider Circle, Inc.	DE	NIA	Social Determinants of Life, Inc.	Ownership	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
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, LLC	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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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
00000		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		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		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
00936	Independence Health Group, Inc.	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		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
00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00572	Blue Cross Blue Shield of Michigan	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		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
00936	Independence Health Group, Inc.	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

16.5

[illegible]

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

Asterisk	Explanation
1	Charity.....

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.

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

Response

.....NO.....

Explanation:

Bar Code:

1.


1 6 9 8 0 2 0 2 1 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		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

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		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
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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	0	0
2. Cost of bonds and stocks acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		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

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	405,305			(1,452)	406,730	405,305	403,853	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	405,305	0	0	(1,452)	406,730	405,305	403,853	0
PREFERRED STOCK								
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	405,305	0	0	(1,452)	406,730	405,305	403,853	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 \$403,880 ; NAIC 2 \$;

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

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	403,880	XXX	407,591	3,015	83

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	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.....	3,711	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).....	403,880	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	403,880	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
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents acquired	3,015	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		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)	3,015	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	3,015	0

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 SEPTEMBER 30, 2021 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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