



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
AMERIGROUP Ohio, Inc.

NAIC Group Code06710671NAIC Company Code10767Employer's ID Number13-4212818  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized03/08/2002Commenced Business09/01/2005

Statutory Home Office4361 Irwin Simpson Road, C/O Community Ins. Co. (Street and Number)Mason, OH, US 45040 (City or Town, State, Country and Zip Code)

Main Administrative Office1300 Amerigroup Way (Street and Number)Virginia Beach, VA, US 23464 (City or Town, State, Country and Zip Code)757-490-6900 (Area Code) (Telephone Number)

Mail Address220 Virginia Ave (Street and Number or P.O. Box)Indianapolis, IN, US 46204 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records220 Virginia Ave (Street and Number)Indianapolis, IN, US 46204 (City or Town, State, Country and Zip Code)317-287-5000 (Area Code) (Telephone Number)

Internet Website Addresswww.elevancehealth.com

Statutory Statement ContactJill M Waddell (Name)262-202-1569 (Area Code) (Telephone Number)jill.waddell@elevancehealth.com (E-mail Address)262-523-4945 (FAX Number)

OFFICERS

President/ChairpersonKristen Louise MetzgerTreasurerVincent Edward Scher

SecretaryKathleen Susan KieferVice President/Assistant SecretaryJack Louis Young

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

DIRECTORS OR TRUSTEES

Jack Louis YoungKristen Louise MetzgerRonald William Penczek

State ofIndianaSS:County ofJohnson

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

DocuSigned by:Kristen Metzger5C5DDB10C7D345F...Kristen Louise MetzgerPresident/Chairperson

DocuSigned by:kathy kieferD65173EE03784B7...Kathleen Susan KieferSecretary

DocuSigned by:Vincent E. ScherA85A33722D4143E...Vincent Edward ScherTreasurer

Subscribed and sworn to before me this3rd day ofAugust 2022

Rita F. GentryExecutive Assistant1/17/2029

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

Yes [ X ] No [ ]

Rita F. Gentry  
Notary Public  
SEAL  
Johnson County, State of Indiana  
My Commission Expires January 17, 2029  
Commission No: NP0641321