



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE**

AmeriHealth Caritas Ohio, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (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

Main Administrative Office **200 Stevens Drive**
(Street and Number)
Philadelphia, PA, US 19113 **215-937-8000**

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

200 Stevens Drive, Philadelphia, PA 19115
(Street and Number or P.O. Box)
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____ 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 _____, _____ 215-937-8000

(City, State, County Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
President			

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Pennsylvania.....

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 February, 2023

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

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
AMHP Holdings, Inc.	24,000,000					24,000,000	
0199999 Individually listed receivables	24,000,000	0	0	0	0	24,000,000	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	24,000,000	0	0	0	0	24,000,000	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth Caritas Services, LLC.....	Administrative and staffing services.....	4,371,860	4,371,860	
.....
.....
.....
.....
.....
.....
.....
.....
.....
0199999 Individually listed payables.....	.....	4,371,860	4,371,860	0
0299999 Payables not individually listed				
0399999 Total gross payables		4,371,860	4,371,860	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0			0.0	
2. Intermediaries	0	0.0			0.0	
3. All other providers	0	0.0			0.0	
4. Total capitation payments	0	0.0			0.0	
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	0	0.0	XXX	XXX	0	
13. Total (Line 4 plus Line 12)	0	100 %	XXX	XXX	0	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,350,866		96,690	1,254,176	1,254,176	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,535,313		147,373	1,387,940	1,387,940	
6. Total	2,886,179	0	244,063	2,642,116	2,642,116	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. _____

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2022							NAIC Company Code	16980		
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year		0													
2. First Quarter		0													
3. Second Quarter		0													
4. Third Quarter		0													
5. Current Year		0													
6. Current Year Member Months		0													
Total Member Ambulatory Encounters for Year:															
7. Physician		0													
8. Non-Physician		0													
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0													
11. Number of Inpatient Admissions		0													
12. Health Premiums Written (b)		0													
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned		0													
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		0													
18. Amount Incurred for Provision of Health Care Services		0													

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

NONE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. _____

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2022										NAIC Company Code	16980	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																	
1. Prior Year .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First Quarter .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Second Quarter .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																	
7. Physician .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-Physician .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		0	0	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Life Premiums Direct		0	0	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written		0	0	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned		0	0	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	18,434,641		18,434,641
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	24,005,444		24,005,444
6. Total assets (Line 28)	42,440,085	0	42,440,085
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	17,465,279		17,465,279
15. Total liabilities (Line 24).....	17,465,279	0	17,465,279
16. Total capital and surplus (Line 33).....	24,974,806	XXX	24,974,806
17. Total liabilities, capital and surplus (Line 34)	42,440,085	0	42,440,085
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000.....		00000.....	47-1233198.....				Independence Health Group, Inc.....	PA.....	UIP.....	Independence Health Group, Inc.....			Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	UIP.....	AmeriHealth, Inc.....	Ownership.....	100.0	AmeriHealth Group, Inc.....	NO	
00000.....		00000.....	92-0826129.....				AmeriHealth Franklin, LLC.....	DE.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	AmeriHealth Group, Inc.....	NO	
00000.....		00000.....	46-5339475.....				Tandigm Health, LLC.....	DE.....	NIA.....	AmeriHealth, Inc. (99%) / AmeriHealth Franklin, LLC (1%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	82-4299279.....				Tandigm MSO, LLC.....	PA.....	NIA.....	Tandigm Health, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	47-2516811.....				Tandigm Scholars, Inc.....	PA.....	OTH.....	Tandigm Health, LLC.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-0672015.....				Tandigm HVN, LLC.....	PA.....	NIA.....	Tandigm Health, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	87-2068950.....				Tandigm Value Partners, LLC.....	PA.....	NIA.....	Tandigm HVN, LLC.....	Ownership.....	85.2	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-0682780.....				Tandigm Specialist Alliances, LLC.....	PA.....	NIA.....	Tandigm HVN, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	88-3900008.....				Doylestown Value Partners, LLC.....	PA.....	NIA.....	Tandigm HVN, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	88-3890709.....				Penn Medicine Healthcare Partners, LLC.....	PA.....	NIA.....	Tandigm HVN, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-0693771.....				TPS Hold Co., LLC.....	PA.....	NIA.....	Tandigm HVN, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
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.....	NO	
00000.....		00000.....	82-5264307.....				1819 LLC.....	DE.....	NIA.....	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%).....	Ownership.....	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC.....	NO	
00000.....		00000.....	85-3092159.....				Evio Pharmacy Solutions, LLC.....	DE.....	NIA.....	AmeriHealth, Inc. (20%).....	Ownership.....	20.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	46-3867722.....				Independence Blue Cross, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	90-0799945.....				3BE Holdings, LLC.....	DE.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	40.5	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
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. / Elevance Health, Inc.....	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00671	Anthem, Inc.	12812	30-0326654			Group Retiree Health Solutions, Inc.		PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	
00936	Independence Health Group, Inc.	95794	51-0296135			Healthcare Delaware, Inc.		DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00936	Independence Health Group, Inc.	60254	23-2865349			Independence Insurance, Inc.		DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	98-0426648			AmeriHealth Assurance, Ltd.		BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2795357			AmeriHealth Services, Inc.		PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2824200			NS Assisted Living Communities, Inc.		PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2982367			Independence Holdings, Inc.		PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2944969			KMHP Holding Company, Inc.		PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	NO	
00936	Independence Health Group, Inc.	93688	23-2184623			QCC Insurance Company		PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	81-0681081			Veridign Health Solutions, LLC		PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	27-0204996			International Plan Solutions, LLC		DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	NO	
00000		00000	23-2903313			Highway to Health, Inc.		DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	NO	
00000		00000	98-0408753			HTH Re, Ltd.		BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	
00000		00000	54-1867679			Worldwide Insurance Services, LLC		VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	
00000		00000	23-2521508			AmeriHealth Administrators, Inc.		PA	NIA	Highway to Health, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00936	Independence Health Group, Inc.	16053	81-3078234			Independence Assurance Company		PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00936	Independence Health Group, Inc.	95044	23-2314460			AmeriHealth HMO, Inc.		PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
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.	NO	
00000		00000	85-1427898			1901 Market Holdco, LLC		DE	NIA	Independence Blue Cross, LLC (23%)	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	85-1428394			1901 Market, LLC		DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
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.	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000.....		00000.....	36-4685801.....			Independence Blue Cross Foundation.....		PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	54763.....	23-0724427.....			Inter-County Hospitalization Plan, Inc.....		PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00936.....	Independence Health Group, Inc.....	53252.....	23-2063810.....			Inter-County Health Plan, Inc.....		PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00000.....		00000.....	46-3878323.....			AmeriHealth Casualty Holdings, LLC.....		PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	25-1686685.....			CompServices, Inc.....		PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	25-1765486.....			CSI Services, Inc.....		PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	46-3893959.....			AmeriHealth New Jersey Holdings, LLC.....		PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	61-1741302.....			AmeriHealth New Jersey, LLC.....		DE.....	NIA.....	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	61-1741805.....			AmeriHealth TPA of New Jersey, LLC.....		NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	60061.....	22-3338404.....			AmeriHealth Insurance Company of New Jersey.....		NJ.....	IA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	35-2511976.....			AmeriHealth HMO of New Jersey, Inc.....		NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	45-3672640.....			IBC MH LLC.....		DE.....	UIP.....	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	96660.....	23-2408039.....			Vista Health Plan, Inc.....		PA.....	IA.....	IBC MH LLC.....	Ownership.....	100.0	Health Group, Inc.....	NO	
00000.....		00000.....	30-0703311.....			BMH LLC.....		DE.....	UIP.....	IBC MH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	
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 Mutual Insurance Company.....	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Yes/No)	16	
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		
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 Mutual Insurance Company.....	NO		

41.3

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
00000.....		00000.....	61-1729412.....			PerformSpecialty, LLC.....	PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
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 Michigan Mutual Insurance Company / GoodLife Partners, Inc.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
00572.....	Blue Cross Blue Shield of Michigan.....	11557.....	47-2582248.....			Blue Cross Complete of Michigan LLC.....	MI.....	IA.....	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%).....	Ownership.....	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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 Mutual Insurance Company.....	NO.....		
00936.....	Independence Health Group, Inc.....	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 Mutual Insurance Company.....	NO.....		
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 Mutual Insurance Company.....	NO.....		
00000.....		00000.....	83-3241979.....			AmeriHealth Caritas Minnesota, Inc.....	MN.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
00936.....	Independence Health Group, Inc.....	16496.....	83-0987716.....			AmeriHealth Caritas New Hampshire, Inc.....	NH.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
00936.....	Independence Health Group, Inc.....	16980.....	84-2435374.....			AmeriHealth Caritas Ohio, Inc.....	OH.....	RE.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
00000.....		00000.....	81-4458766.....			AmeriHealth Caritas Oklahoma, Inc.....	OK.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

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

Asterisk	Explanation
1	Charity.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95458	57-1032456	Select Health of South Carolina, Inc.						(197,883,590)			(197,883,590)	
13630	26-0885397	CBHNP Services, Inc.									0	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.						(110,289,876)			(110,289,876)	
14378	45-4088232	AmeriHealth Caritas Florida, Inc.						(79,902,525)			(79,902,525)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.		20,000,000				(74,947,365)			(54,947,365)	
15104	46-0906893	AmeriHealth Michigan, Inc.		10,000,000				(12,466,626)			(2,466,626)	
00000	23-2859523	AmeriHealth Caritas Health Plan									0	
00000	45-5415725	AmeriHealth Caritas Services, LLC						492,600,769			492,600,769	
16451	82-1141687	AmeriHealth Caritas Texas, Inc.							.105		.105	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc.							.1,361		.1,361	
16498	83-0987718	AmeriHealth Caritas New Hampshire, Inc.		8,000,000				(36,425,790)			(28,425,790)	
16539	83-1481671	AmeriHealth Caritas North Carolina, Inc.		15,000,000				(92,720,702)			(77,720,702)	
16980	84-2435374	AmeriHealth Caritas Ohio, Inc.		49,000,000				(26,593,395)			22,406,605	
00000	27-0863878	PerformRx, LLC						36,270,319			36,270,319	
00000	61-1729412	PerformSpecialty, LLC						103,948,224			103,948,224	
17293	87-4065041	AmeriHealth Caritas VIP Next, Inc.		23,300,000				(1,590,909)			21,709,091	
00000	26-1144363	AMHP Holdings Corp		(125,300,000)							(125,300,000)	
9999999 Control Totals												
0 0 0 0 0 0 0 0 0 XXX 0 0 0												

Contributions to AmeriHealth Caritas Ohio, Inc. include a \$24,000,000 SSAP 72 contribution approved by the Ohio Department of Insurance before March 1, 2023 and was paid to the Company on February 22, 2023.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	8 Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Florida, Inc.	AmeriHealth Caritas Health Plan	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Louisiana, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas District of Columbia, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas New Mexico, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas North Carolina, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Ohio, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Texas, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth HMO, Inc.	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Insurance Company of New Jersey	AmeriHealth New Jersey, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Michigan, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Blue Cross Complete of Michigan LLC	AmeriHealth Caritas Health Plan 50% / Michigan Medicaid Holdings Company 50%	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
CBHNP Services, Inc.	Community Behavioral Healthcare Network of Pennsylvania, Inc.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Group Retiree Health Solutions, Inc.	GR Health Solutions, LLC	100.000 %	NO	Anthem, Inc. Independence Health Group, Inc.	Anthem, Inc. (See Anthem Sch Y) Independence Health Group, Inc.	100.000 %	NO
Healthcare Delaware, Inc.	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Assurance Company	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Hospital Indemnity Plan, Inc.	Independence Blue Cross, LLC	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Independence Insurance, Inc.	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Inter-County Health Plan, Inc.	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.	0.000 %	NO	Highmark Health Independence Health Group, Inc.	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.	100.000 %	NO
Inter-County Hospitalization Plan, Inc.	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.	0.000 %	NO	Highmark Health Independence Health Group, Inc.	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.	100.000 %	NO
Keystone Health Plan East, Inc.	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
QCC Insurance Company	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Select Health of South Carolina, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Vista Health Plan, Inc.	IBC MH LLC	95.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE AmeriHealth Caritas Ohio, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING

	<u>Responses</u>
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

JUNE FILING

8. Will an audited financial report be filed by June 1?	.....WAIVED.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....WAIVED.....

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....

APRIL FILING

19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	.....YES.....

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....
--	--------------

Explanation:

10. Business not written
11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. Business not written
18. Business not written
19. Business not written
20. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

24. Business not written

Bar code:

8. 
1 6 9 8 0 2 0 2 2 2 0 0 0 0 0 0

9. 
1 6 9 8 0 2 0 2 2 2 1 0 0 0 0 0

10. 
1 6 9 8 0 2 0 2 2 3 6 0 5 9 0 0 0 0

11. 
1 6 9 8 0 2 0 2 2 0 5 5 9 0 0 0 0 0

12. 
1 6 9 8 0 2 0 2 2 4 2 0 0 0 0 0 0

13. 
1 6 9 8 0 2 0 2 2 3 7 1 0 0 0 0 0

14. 
1 6 9 8 0 2 0 2 2 3 7 0 0 0 0 0 0

15. 
1 6 9 8 0 2 0 2 2 3 6 5 0 0 0 0 0

16. 
1 6 9 8 0 2 0 2 2 4 0 0 0 0 0 0 0

17. 
1 6 9 8 0 2 0 2 2 2 5 0 0 0 0 0 0

18. 
1 6 9 8 0 2 0 2 2 2 6 0 0 0 0 0 0

19. 
1 6 9 8 0 2 0 2 2 3 0 6 0 0 0 0 0

20. 
1 6 9 8 0 2 0 2 2 2 1 1 0 0 0 0 0

21. 
1 6 9 8 0 2 0 2 2 1 6 5 9 0 0 0 0

22. 
1 6 9 8 0 2 0 2 2 1 7 0 0 0 0 0 0

24. 
1 6 9 8 0 2 0 2 2 2 3 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Administrative Services.....	0	0	4,394,740		4,394,740
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	4,394,740	0	4,394,740