



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023
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 Office5800 Northampton Blvd (Street and Number)Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)757-490-6900 (Area Code) (Telephone Number)

Mail Address5800 Northampton Blvd (Street and Number or P.O. Box)Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records5800 Northampton Blvd (Street and Number)Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)800-331-1476 (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 KieferAssistant TreasurerEric (Rick) Kenneth Noble

OTHER

Jennifer Ann Dewane, Vice President

DIRECTORS OR TRUSTEES

Kristen Louise MetzgerRonald William PenczekJennifer Ann Dewane

State ofIndianaSS:
County ofMarion

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:Metzger, kristen l.93EUBTE1F93B437...Kristen Louise MetzgerPresident/Chairperson

DocuSigned by:kathy kieferU85175EE05784B1...Kathleen Susan KieferSecretary

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

Subscribed and sworn to before me this8thday ofAugust 2023

Louanna StinerExecutive Admin Assistant06/29/31

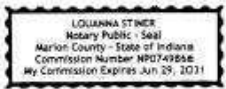
a. Is this an original filing?Yes [X] No []

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 | 17,245,347 | | 17,245,347 | 1,319,151 |
| 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 (\$ 3,385,182), cash equivalents (\$ 0) and short-term investments (\$) | 3,385,182 | | 3,385,182 | 21,307,422 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | 15,043,581 | | 15,043,581 | 0 |
| 10. Securities lending reinvested collateral assets | 186,403 | | 186,403 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 35,860,513 | 0 | 35,860,513 | 22,626,573 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 19,631 | 0 | 19,631 | 19,617 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 52,356 | 32,263 | 20,093 | 17,599 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 0 | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$ 1,487,821) and contracts subject to redetermination (\$ 2,749,985) | 4,237,806 | 0 | 4,237,806 | 4,096,349 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 2,345,630 | 0 | 2,345,630 | 3,804,978 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 328,987 | 0 | 328,987 | 367,476 |
| 18.2 Net deferred tax asset | 445,971 | 0 | 445,971 | 11,591 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$ 0) | 0 | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 24. Health care (\$ 47,262) and other amounts receivable | 123,199 | 75,937 | 47,262 | 106,122 |
| 25. Aggregate write-ins for other than invested assets | 221,598 | 221,298 | 300 | 150 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 43,635,691 | 329,498 | 43,306,193 | 31,050,455 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 43,635,691 | 329,498 | 43,306,193 | 31,050,455 |
| 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. State income tax recoverable | 300 | 0 | 300 | 150 |
| 2502. Prepaid expenses | 184,076 | 184,076 | 0 | 0 |
| 2503. Miscellaneous receivables | 37,222 | 37,222 | 0 | 0 |
| 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) | 221,598 | 221,298 | 300 | 150 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 506,642 | 0 | 506,642 | 484,183 |
| 2. Accrued medical incentive pool and bonus amounts | 9,438 | 0 | 9,438 | 19,544 |
| 3. Unpaid claims adjustment expenses | 8,369 | 0 | 8,369 | 11,567 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | 182,355 | 0 | 182,355 | 8,602 |
| 5. Aggregate life policy reserves | 0 | 0 | 0 | 0 |
| 6. Property/casualty unearned premium reserve | 0 | 0 | 0 | 0 |
| 7. Aggregate health claim reserves | 0 | 0 | 0 | 0 |
| 8. Premiums received in advance | 8,609,911 | 0 | 8,609,911 | 1,553 |
| 9. General expenses due or accrued | 206 | 0 | 206 | 863 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 0 | 0 | 0 | 0 |
| 10.2 Net deferred tax liability | 0 | 0 | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 0 | 0 | 0 | 0 |
| 12. Amounts withheld or retained for the account of others..... | 0 | 0 | 0 | 0 |
| 13. Remittances and items not allocated | 12,794 | 0 | 12,794 | 4,336 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | 0 | 0 | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 8,359,860 | 0 | 8,359,860 | 7,787,944 |
| 16. Derivatives | 0 | 0 | 0 | 0 |
| 17. Payable for securities | 0 | 0 | 0 | 0 |
| 18. Payable for securities lending | 186,403 | 0 | 186,403 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | 0 | 0 | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | 0 | 0 | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | 251,136 | 0 | 251,136 | 0 |
| 22. Liability for amounts held under uninsured plans | 0 | 0 | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ 155,924 current) | 155,988 | 0 | 155,988 | 13,444 |
| 24. Total liabilities (Lines 1 to 23) | 18,283,102 | 0 | 18,283,102 | 8,332,036 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000 | 1,000 |
| 27. Preferred capital stock | XXX | XXX | 0 | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 15,147,882 | 15,147,882 |
| 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 | 9,874,209 | 7,569,537 |
| 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 | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 25,023,091 | 22,718,419 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 43,306,193 | 31,050,455 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Miscellaneous liabilities | 155,924 | 0 | 155,924 | 10,314 |
| 2302. Escheat liabilities | 64 | 0 | 64 | 3,130 |
| 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) | 155,988 | 0 | 155,988 | 13,444 |
| 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 | 37,639 | 48,509 | 94,832 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 51,211,378 | 56,548,395 | 110,670,970 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | (125,739) | (677,488) | 1,450,018 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | | 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 | 51,085,639 | 55,870,907 | 112,120,988 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 42,435,747 | 46,177,620 | 91,955,739 |
| 10. Other professional services | | 127,120 | 754,670 | 2,779,779 |
| 11. Outside referrals | | 0 | 0 | 0 |
| 12. Emergency room and out-of-area | | 530,625 | 11,426 | 98,573 |
| 13. Prescription drugs | | 423,223 | 403,002 | 790,828 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | (728) | 55,759 | 24,000 |
| 16. Subtotal (Lines 9 to 15) | 0 | 43,515,987 | 47,402,477 | 95,648,919 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 43,515,987 | 47,402,477 | 95,648,919 |
| 19. Non-health claims (net) | | 0 | | |
| 20. Claims adjustment expenses, including \$218,332 cost containment expenses | | 321,090 | 132,072 | 272,959 |
| 21. General administrative expenses | | 4,670,882 | 5,574,626 | 10,863,028 |
| 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 | 48,507,959 | 53,109,175 | 106,784,906 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 2,577,680 | 2,761,732 | 5,336,082 |
| 25. Net investment income earned | | 587,313 | 10,627 | 66,647 |
| 26. Net realized capital gains (losses) less capital gains tax of \$9,162 | | 34,468 | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 621,781 | 10,627 | 66,647 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 11,590)]. | | (11,590) | (13,923) | (21,017) |
| 29. Aggregate write-ins for other income or expenses | 0 | (98) | (1,332) | (3,911) |
| 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 | 3,187,773 | 2,757,104 | 5,377,801 |
| 31. Federal and foreign income taxes incurred | XXX | 1,036,096 | 498,632 | 1,126,438 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 2,151,677 | 2,258,472 | 4,251,363 |
| 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. Other Income (expense) | | (98) | (1,332) | (3,911) |
| 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 | (98) | (1,332) | (3,911) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 22,718,419 | 18,461,461 | 18,461,461 |
| 34. Net income or (loss) from Line 32 | 2,151,677 | 2,258,472 | 4,251,363 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$0 | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | 434,380 | 49,378 | 1,054 |
| 39. Change in nonadmitted assets | (281,385) | (606,049) | 4,541 |
| 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..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 | 0 |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 2,304,672 | 1,701,801 | 4,256,958 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 25,023,091 | 20,163,262 | 22,718,419 |
| 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 | 59,728,970 | 55,332,317 | 110,680,754 |
| 2. Net investment income | 911,778 | 19,857 | 79,734 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 60,640,748 | 55,352,174 | 110,760,488 |
| 5. Benefit and loss related payments | 43,510,032 | 47,283,068 | 95,361,296 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 3,547,887 | 5,547,484 | 13,513,523 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$9,162 tax on capital gains (losses) | 1,006,769 | 642,996 | 1,588,706 |
| 10. Total (Lines 5 through 9) | 48,064,688 | 53,473,548 | 110,463,525 |
| 11. Net cash from operations (Line 4 minus Line 10) | 12,576,060 | 1,878,626 | 296,963 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 15,043,581 | 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) | 15,043,581 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 30,999,770 | 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 | 15,229,984 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 46,229,754 | 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) | (31,186,173) | 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 | 0 | 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) | 687,873 | (2,451,694) | (3,725,167) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 687,873 | (2,451,694) | (3,725,167) |
| 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) . | (17,922,240) | (573,068) | (3,428,204) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 21,307,422 | 24,735,626 | 24,735,626 |
| 19.2 End of period (Line 18 plus Line 19.1) | 3,385,182 | 24,162,558 | 21,307,422 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|------------|---------------------------------------|-------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|---------------------|
| | | 2 | 3 | | | | | | | | | | | |
| | 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 | 7,571 | 0 | 0 | 0 | 0 | 0 | 0 | 7,571 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 6,277 | 0 | 0 | 0 | 0 | 0 | 0 | 6,277 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 6,143 | | | | | | | 6,143 | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 37,639 | | | | | | | 37,639 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7 Physician | 92,434 | | | | | | | 92,434 | | | | | | |
| 8. Non-Physician | 87,481 | | | | | | | 87,481 | | | | | | |
| 9. Total | 179,915 | 0 | 0 | 0 | 0 | 0 | 0 | 179,915 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 3,462 | | | | | | | 3,462 | | | | | | |
| 11. Number of Inpatient Admissions | 491 | | | | | | | 491 | | | | | | |
| 12. Health Premiums Written (a) | 51,211,378 | | | | | | | 51,211,378 | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | 51,085,639 | | | | | | | 51,085,639 | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 43,503,634 | | | | | | | 43,503,634 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 43,515,987 | | | | | | | 43,515,987 | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 51,211,378

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Medicare Supplement | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Dental Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Vision Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Title XVIII - Medicare | 257,044 | 43,360,411 | 226,537 | 280,105 | 483,581 | 484,183 |
| 8. Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Credit A&H | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Disability Income | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Long-term care | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Other health | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 257,044 | 43,360,411 | 226,537 | 280,105 | 483,581 | 484,183 |
| 14. Health care receivables (a) | 0 | 123,199 | 0 | 0 | 0 | 0 |
| 15. Other non-health | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 17,178 | (7,800) | 1,299 | 8,139 | 18,477 | 19,544 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 274,222 | 43,229,412 | 227,836 | 288,244 | 502,058 | 503,727 |

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2022. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Ohio, Inc. (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Ohio Department of Insurance (“ODI”).

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

| | SSAP # | F/S Page | F/S Line # | June 30, 2023 | December 31, 2022 |
|---|-----------|-------------|---------------|---------------|----------------------|
| <u>Net Income</u> | | | | | |
| (1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 2,151,677 | \$ 4,251,363 |
| (2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: | | | | — | — |
| (3) State Permitted Practices that is an increase/(decrease) from NAIC SAP: | | | | — | — |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ 2,151,677 | \$ 4,251,363 |
| <u>Surplus</u> | | | | | |
| (5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 25,023,091 | \$ 22,718,419 |
| (6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: | | | | — | — |
| (7) State Permitted Practices that is an increase/(decrease) from NAIC SAP: | | | | — | — |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 25,023,091 | \$ 22,718,419 |

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

No significant change.

C. Accounting Policies

- (1) No significant change.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield

NOTES TO FINANCIAL STATEMENTS

to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.

(3) - (5) Not applicable.

(6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.

(7) - (14) Not applicable.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

- (1) The Company did not have loan-backed securities at June 30, 2023.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the six months ended June 30, 2023.
- (3) The Company did not hold OTTI on its loan-backed securities at June 30, 2023.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at June 30, 2023.
- (5) The Company had no impaired loan-backed securities at June 30, 2023.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) Not applicable.
- (2) No significant change.
- (3) Collateral Received
 - a. No significant change.
 - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

\$ 186,403
 - c. No significant change.
- (4) Not applicable.
- (5) No significant change.
- (6) Not applicable.
- (7) Not applicable.

NOTES TO FINANCIAL STATEMENTS

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at June 30, 2023.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at June 30, 2023.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at June 30, 2023.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at June 30, 2023.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at June 30, 2023.

O. 5GI Securities

The Company has no 5GI Securities as of June 30, 2023.

P. Short Sales

The Company did not have any short sales at June 30, 2023.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at June 30, 2023.

R. Reporting Entity's Share of Cash Pool by Asset Type

The Company did not participate in a cash pool at June 30, 2023.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

No significant change.

B. Significant Transactions for Each Period

The Company remits a monthly capitation amount to Caremore Arizona, Inc (“Caremore”), an affiliate, who is responsible for providing health care services to the Company’s Medicare enrollees. During 2023, the Company incurred capitation expense to Caremore of \$37,270,844.

C. Intercompany Management and Service Arrangements

No significant change.

D. Amounts Due to or from Related Parties

At June 30, 2023, the Company reported no amounts due from affiliates and \$8,359,860 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

B. Not applicable.

C. Not applicable.

D. Not applicable.

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

NOTES TO FINANCIAL STATEMENTS

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

Not applicable.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At June 30, 2023 the fair value of securities loaned was \$167,739 and the carrying value of securities loaned was \$166,870.

C. Wash Sales

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At June 30, 2023, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

Not applicable.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

Not applicable.

20. Fair Value Measurements

A. (1) There are no assets or liabilities measured at fair value as of June 30, 2023.

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

There are no investments in Level 3 as of June 30, 2023.

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

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

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

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature, these investments are designated as Level 1. The Company also holds bonds purchased with less than three months to maturity. Fair value of these bonds are based on quoted market prices obtained from third party pricing services which generally use Level 1 or Level 2 inputs.

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

C. Financial Instruments

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value ("NAV") | Not Practicable (Carrying Value) |
|-------------------------------------|----------------------|-----------------|------------|-----------|-----------|-------------------------|----------------------------------|
| Bonds | 17,277,328 | 17,245,347 | 15,989,976 | 1,287,352 | — | — | — |
| Securities lending collateral asset | 186,403 | 186,403 | — | 186,403 | — | — | — |

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

No significant change.

22. Events Subsequent

Effective July 12, 2023, AMERIGROUP Ohio, Inc. changed its name to Wellpoint Ohio, Inc.

Subsequent events have been considered through August 9, 2023 for the statutory statement issued on August 10, 2023. There were no other events occurring subsequent to June 30, 2023 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)? No

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.

(3) (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

- A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$9,428 during 2023. This is approximately 1.8% of unpaid claims and claim adjustment expenses of \$515,294 as of December 31, 2022. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2023. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

The Company did not record any premium deficiency reserves at June 30, 2023.

31. Anticipated Salvage and Subrogation

No significant change.

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

Yes ☒ No ☐

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.

0001156039

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

4.2

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

| | | |
|----------------|-------------------|-------------------|
| 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 ☒ N/A ☐

6.1

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

12/31/2022

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.

12/31/2017

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).

05/23/2019

6.4

By what department or departments?
Ohio Department of Insurance

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 ☐ N/A ☒

6.6

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

Yes ☐ No ☐ N/A ☒

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 [X] 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 [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

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

0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....
13.

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

\$.....
- 14.1

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

Yes [] No []
- 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 | \$.....0 | \$..... |
| 14.26 All Other | \$.....0 | \$..... |
| 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 [X]

15.2

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

16.

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

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$.....186,403

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....186,403

16.3

Total payable for securities lending reported on the liability page.

\$.....186,403
- 11.1

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 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 |
|---------------------------------|---|
| JP Morgan Chase Bank, N.A | 383 Madison Ave, New York, NY 10179 |

- 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) |
|--------------|------------------|------------------------------|
| | | |

- 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 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 |
|------------------------------------|------------------|
| Elevance Health, Inc. | I..... |
| Loomis, Sayles & Company, LP | U..... |
| | |

- 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 Securities Exchange Commission | 5 Investment Management Agreement (IMA) Filed |
|--|------------------------------------|------------------------------------|---|---|
| 105377 | Loomis, Sayles & Company, LP | JIZPN2RX3UMNOYID1313 | NO..... | ..... |

- 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:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

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.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

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

85.6 %
- 1.2 A&H cost containment percent

0.4 %
- 1.3 A&H expense percent excluding cost containment expenses

9.3 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$.
- 2.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$.
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] 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 []

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | | | |
|--|---|-------------------|------------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|
| | | 1 | Direct Business Only | | | | | | | | |
| | | Active Status (a) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| States, etc. | | | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. | Alabama | AL ..N. | | | | | | | | 0 | |
| 2. | Alaska | AK ..N. | | | | | | | | 0 | |
| 3. | Arizona | AZ ..L. | | 51,211,378 | | | | | | 51,211,378 | |
| 4. | Arkansas | AR ..L. | | | | | | | | 0 | |
| 5. | California | CA ..N. | | | | | | | | 0 | |
| 6. | Colorado | CO ..N. | | | | | | | | 0 | |
| 7. | Connecticut | CT ..N. | | | | | | | | 0 | |
| 8. | Delaware | DE ..N. | | | | | | | | 0 | |
| 9. | District of Columbia | DC ..N. | | | | | | | | 0 | |
| 10. | Florida | FL ..N. | | | | | | | | 0 | |
| 11. | Georgia | GA ..N. | | | | | | | | 0 | |
| 12. | Hawaii | HI ..N. | | | | | | | | 0 | |
| 13. | Idaho | ID ..N. | | | | | | | | 0 | |
| 14. | Illinois | IL ..N. | | | | | | | | 0 | |
| 15. | Indiana | IN ..N. | | | | | | | | 0 | |
| 16. | Iowa | IA ..N. | | | | | | | | 0 | |
| 17. | Kansas | KS ..N. | | | | | | | | 0 | |
| 18. | Kentucky | KY ..N. | | | | | | | | 0 | |
| 19. | Louisiana | LA ..N. | | | | | | | | 0 | |
| 20. | Maine | ME ..N. | | | | | | | | 0 | |
| 21. | Maryland | MD ..N. | | | | | | | | 0 | |
| 22. | Massachusetts | MA ..N. | | | | | | | | 0 | |
| 23. | Michigan | MI ..N. | | | | | | | | 0 | |
| 24. | Minnesota | MN ..N. | | | | | | | | 0 | |
| 25. | Mississippi | MS ..N. | | | | | | | | 0 | |
| 26. | Missouri | MO ..N. | | | | | | | | 0 | |
| 27. | Montana | MT ..N. | | | | | | | | 0 | |
| 28. | Nebraska | NE ..N. | | | | | | | | 0 | |
| 29. | Nevada | NV ..N. | | | | | | | | 0 | |
| 30. | New Hampshire | NH ..N. | | | | | | | | 0 | |
| 31. | New Jersey | NJ ..N. | | | | | | | | 0 | |
| 32. | New Mexico | NM ..N. | | | | | | | | 0 | |
| 33. | New York | NY ..N. | | | | | | | | 0 | |
| 34. | North Carolina | NC ..N. | | | | | | | | 0 | |
| 35. | North Dakota | ND ..N. | | | | | | | | 0 | |
| 36. | Ohio | OH ..L. | | | | | | | | 0 | |
| 37. | Oklahoma | OK ..N. | | | | | | | | 0 | |
| 38. | Oregon | OR ..N. | | | | | | | | 0 | |
| 39. | Pennsylvania | PA ..N. | | | | | | | | 0 | |
| 40. | Rhode Island | RI ..N. | | | | | | | | 0 | |
| 41. | South Carolina | SC ..N. | | | | | | | | 0 | |
| 42. | South Dakota | SD ..N. | | | | | | | | 0 | |
| 43. | Tennessee | TN ..N. | | | | | | | | 0 | |
| 44. | Texas | TX ..N. | | | | | | | | 0 | |
| 45. | Utah | UT ..N. | | | | | | | | 0 | |
| 46. | Vermont | VT ..N. | | | | | | | | 0 | |
| 47. | Virginia | VA ..N. | | | | | | | | 0 | |
| 48. | Washington | WA ..N. | | | | | | | | 0 | |
| 49. | West Virginia | WV ..N. | | | | | | | | 0 | |
| 50. | Wisconsin | WI ..N. | | | | | | | | 0 | |
| 51. | Wyoming | WY ..N. | | | | | | | | 0 | |
| 52. | American Samoa | AS ..N. | | | | | | | | 0 | |
| 53. | Guam | GU ..N. | | | | | | | | 0 | |
| 54. | Puerto Rico | PR ..N. | | | | | | | | 0 | |
| 55. | U.S. Virgin Islands | VI ..N. | | | | | | | | 0 | |
| 56. | Northern Mariana Islands | MP ..N. | | | | | | | | 0 | |
| 57. | Canada | CAN ..N. | | | | | | | | 0 | |
| 58. | Aggregate Other Aliens | OT ..XXX. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Subtotal | XXX. | 0 | 51,211,378 | 0 | 0 | 0 | 0 | 0 | 51,211,378 | 0 |
| 60. | Reporting Entity Contributions for Employee Benefit Plans | XXX. | | | | | | | | 0 | |
| 61. | Totals (Direct Business) | XXX. | 0 | 51,211,378 | 0 | 0 | 0 | 0 | 0 | 51,211,378 | 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:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3
2. R - Registered - Non-domiciled RRGs..... 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
4. Q - Qualified - Qualified or accredited reinsurer..... 0
5. N - None of the above - Not allowed to write business in the state..... 54

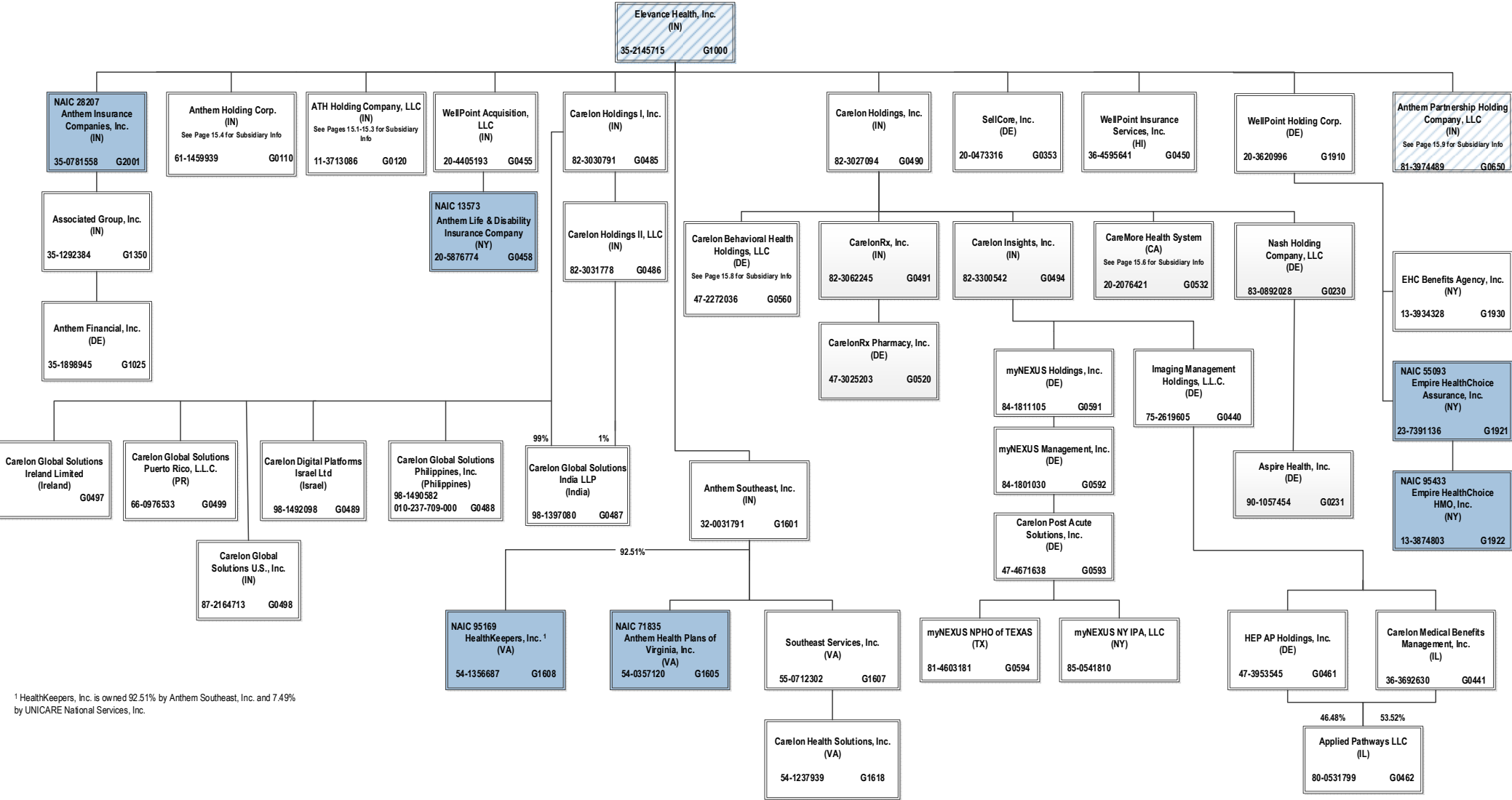
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee

Regulated Insurance Company

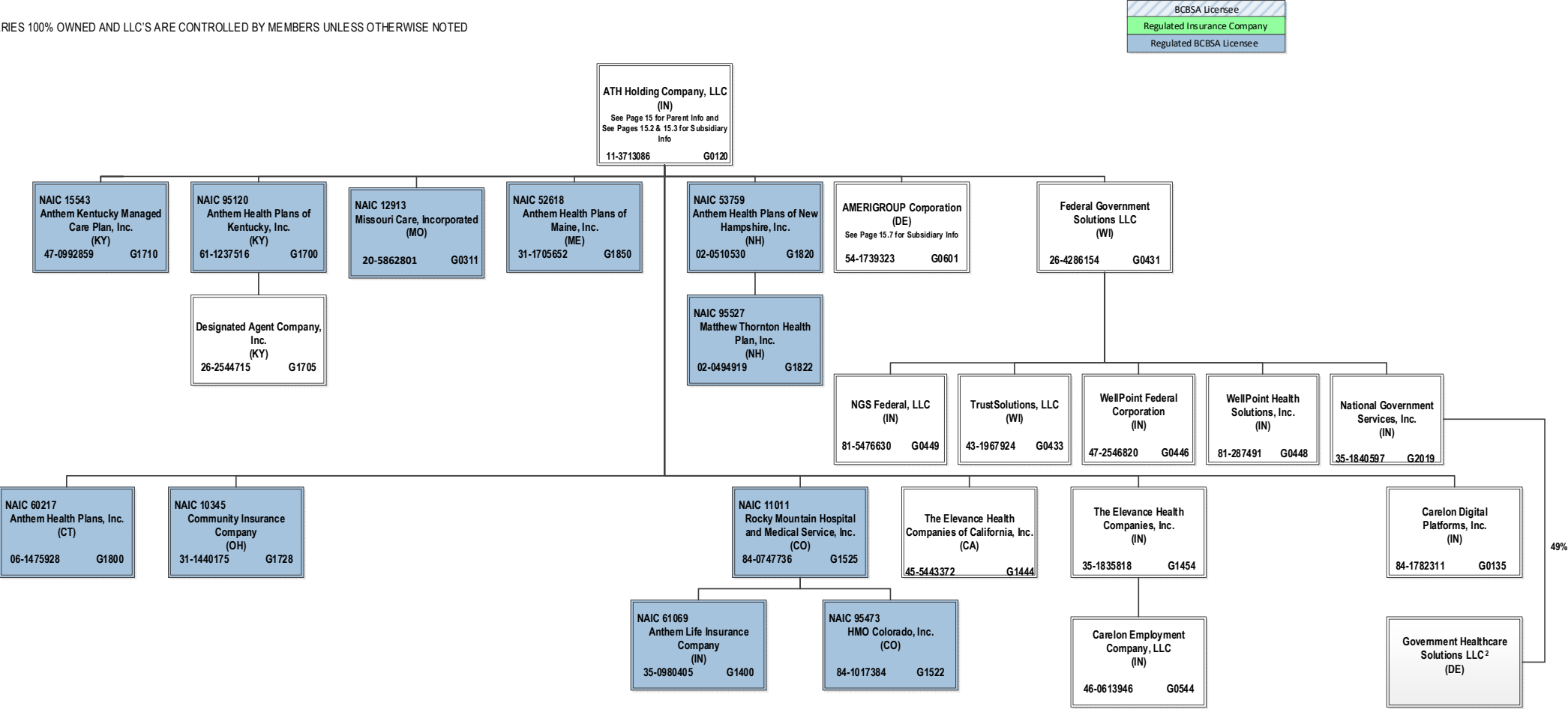
Regulated BCBSA Licensee



¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

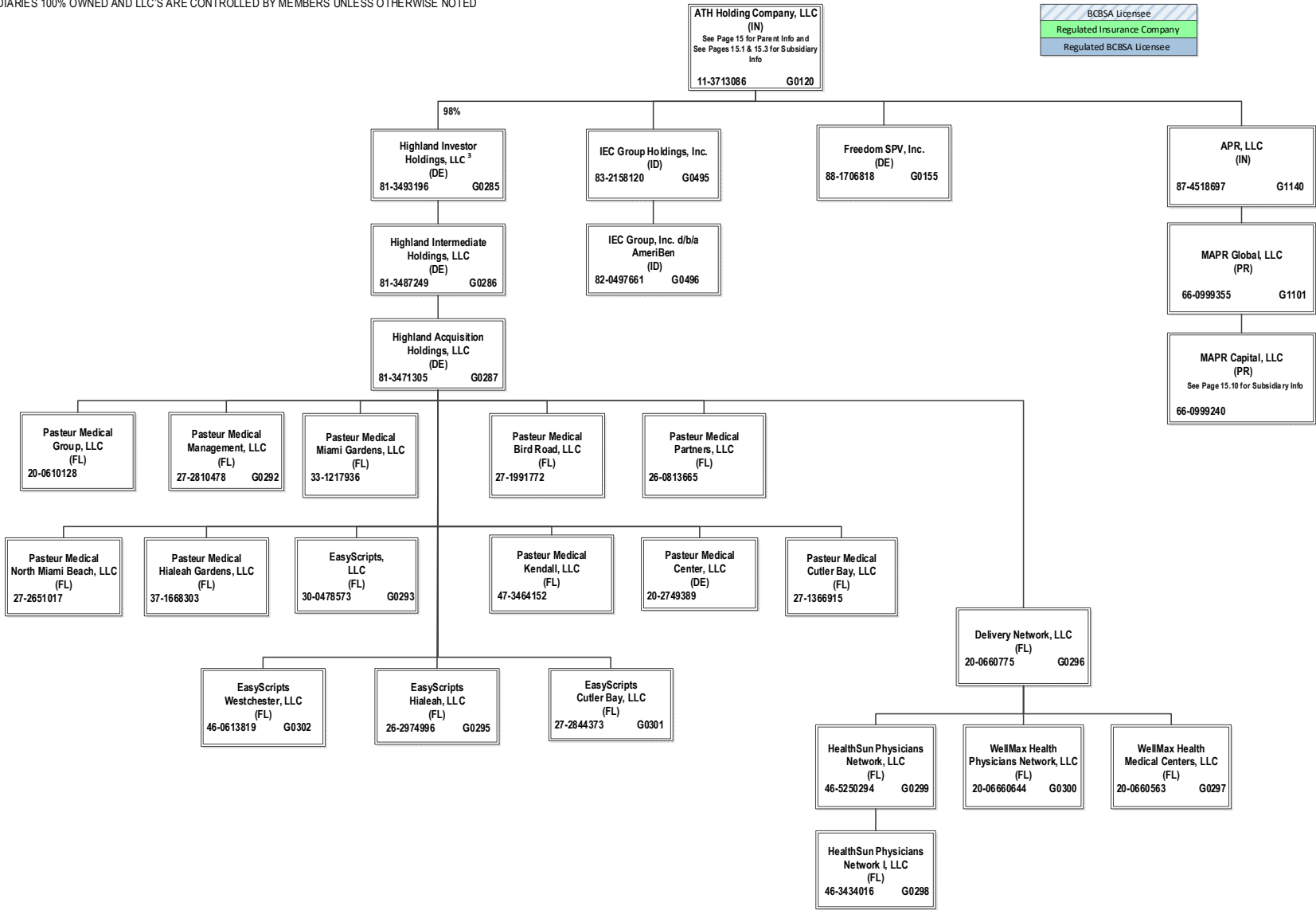
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PART 1 – ORGANIZATIONAL CHART

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PART 1 – ORGANIZATIONAL CHART

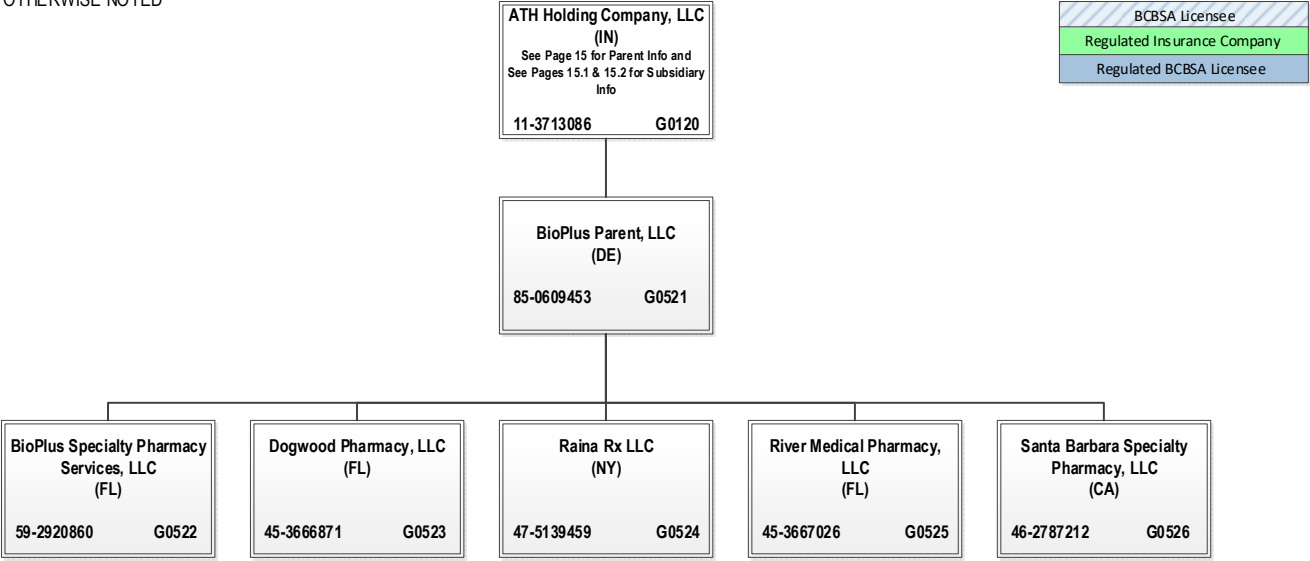
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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

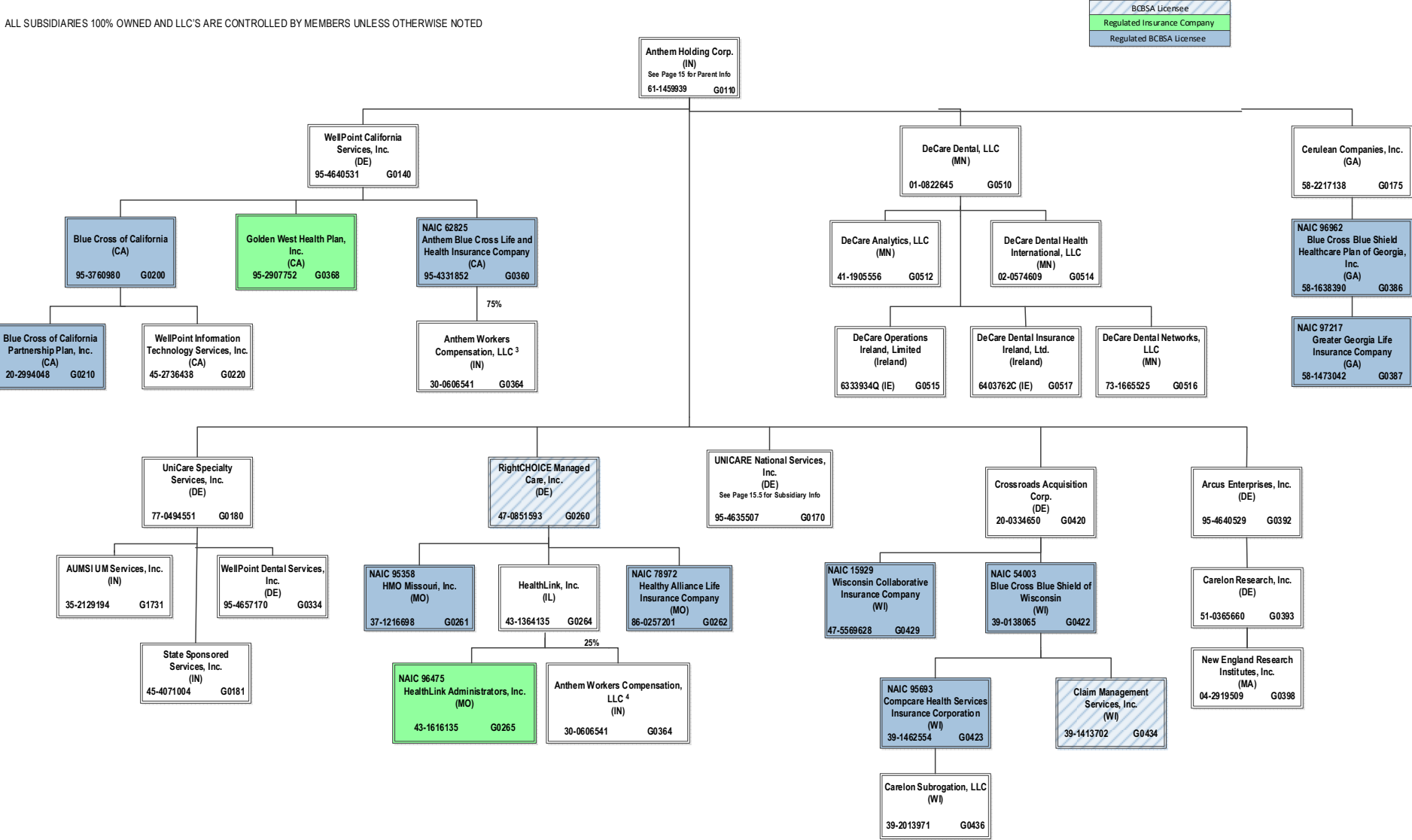
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

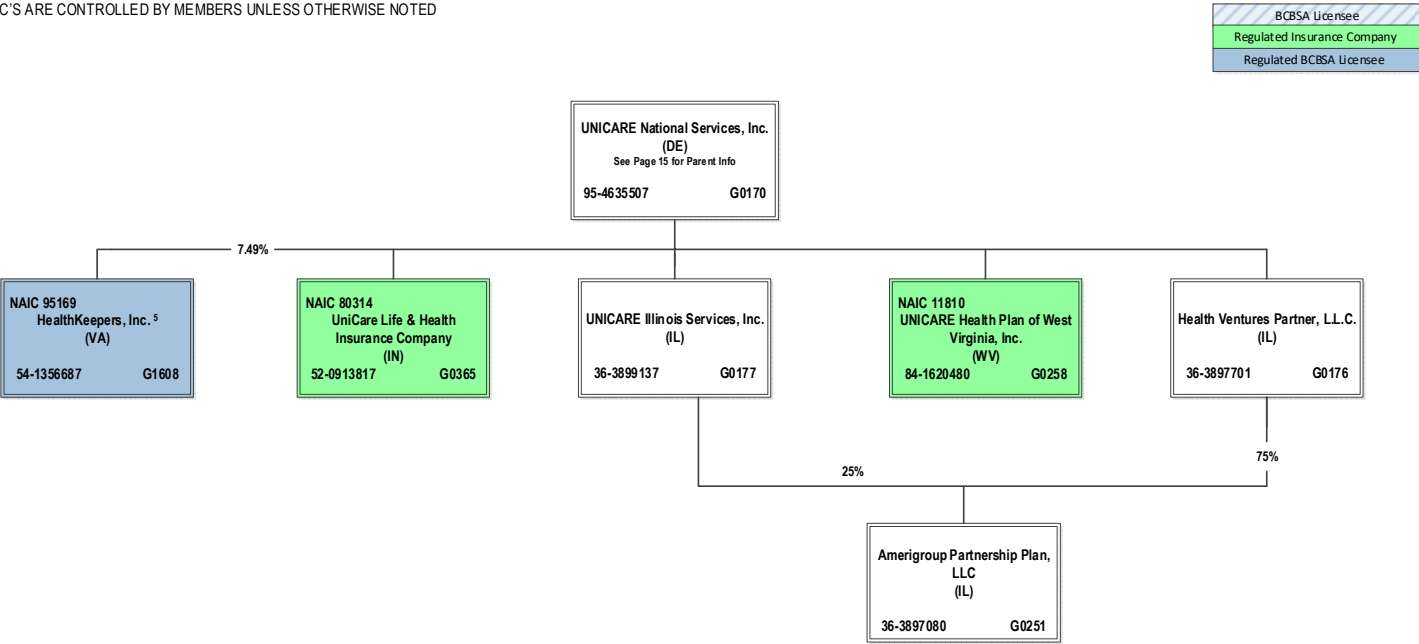
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



⁴ Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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

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

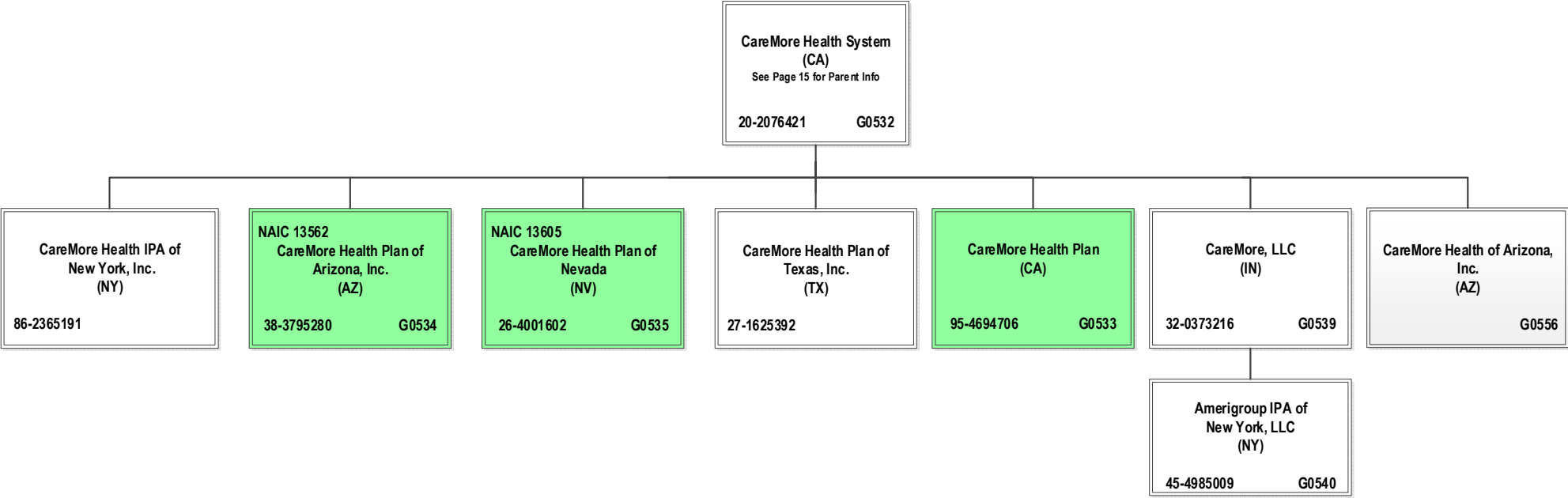


⁵ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

| |
|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |

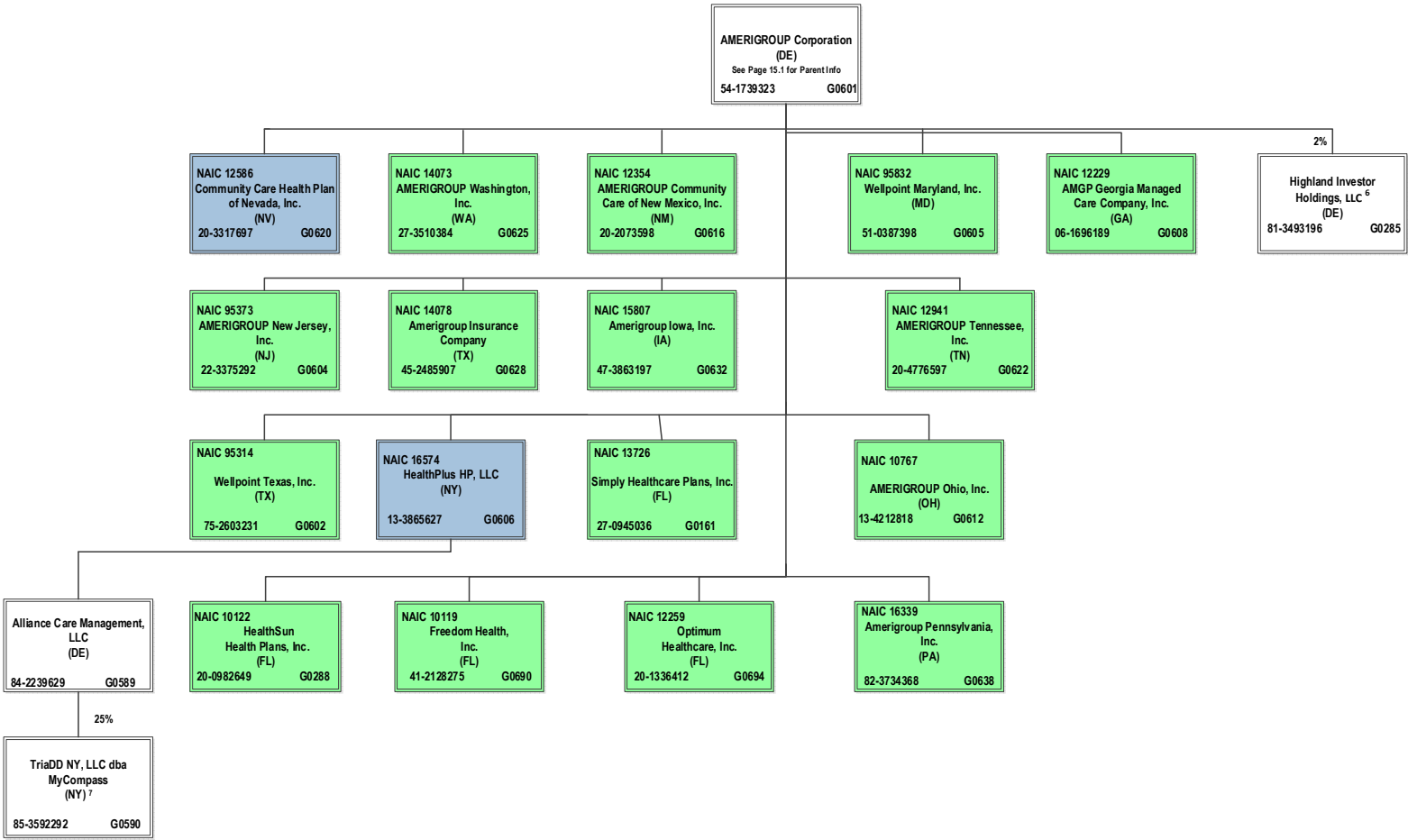
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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

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

| |
|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |



⁶ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

⁷ TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

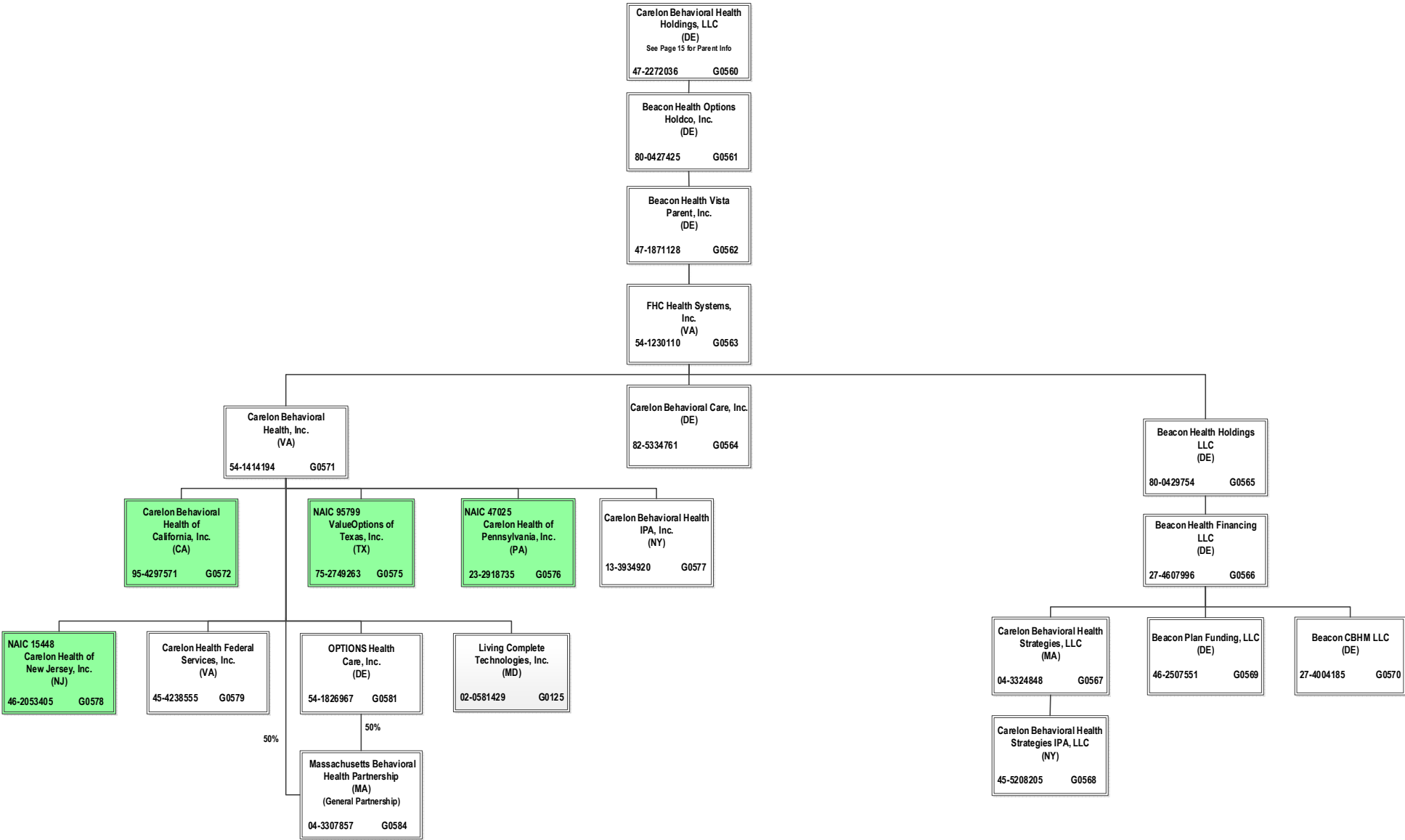
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee

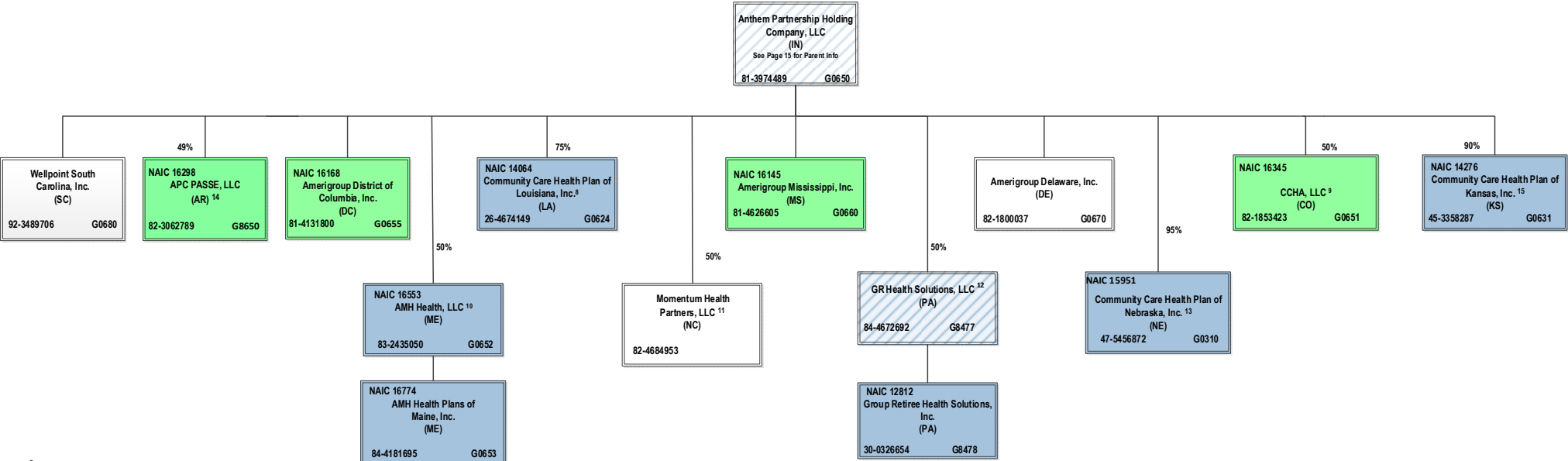
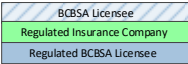
Regulated Insurance Company

Regulated BCBSA Licensee



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

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



⁸ Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

⁹ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

¹⁰ AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

¹¹ Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

¹² GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹³ Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

¹⁴ APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

¹⁵ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

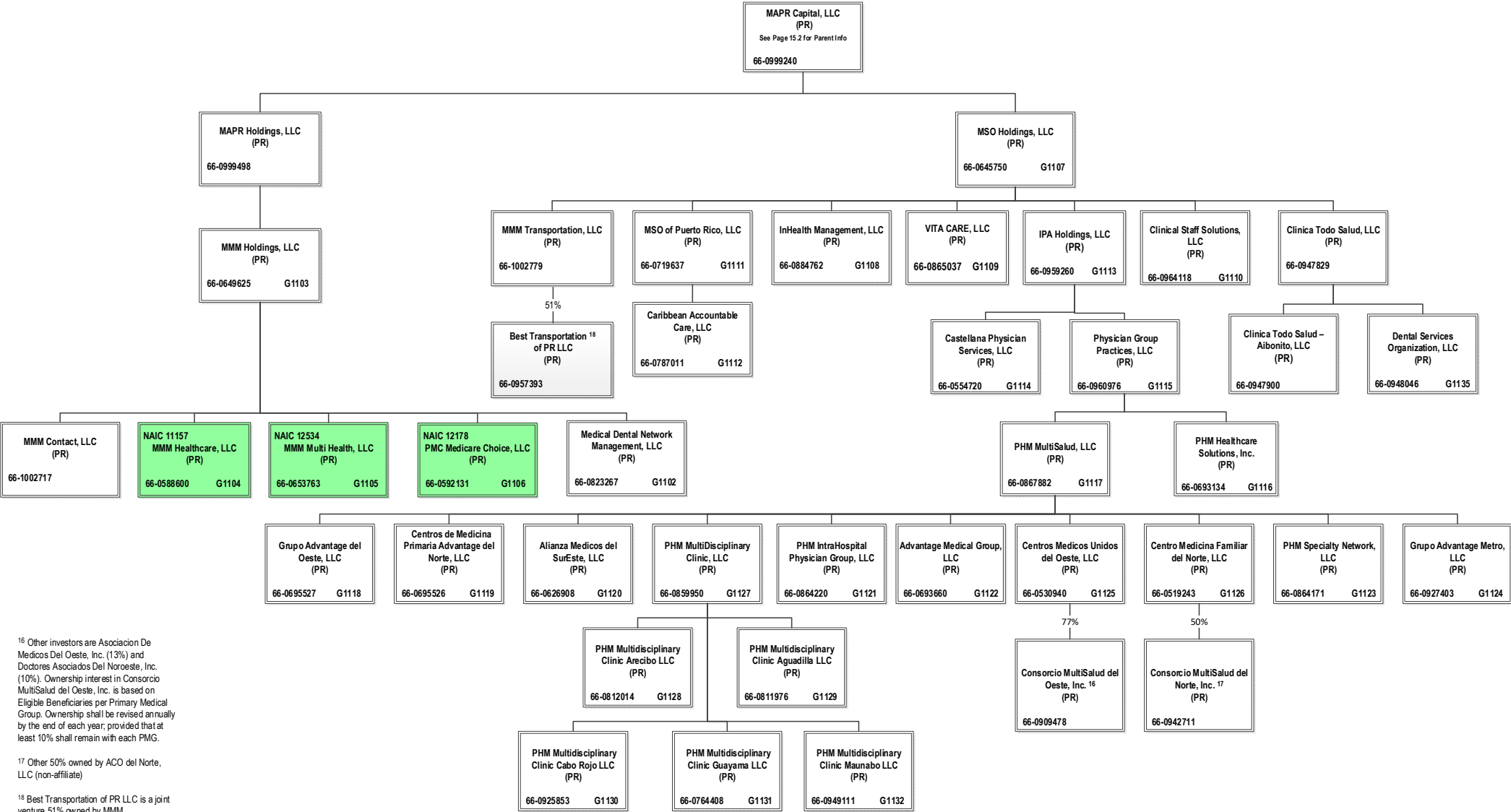
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ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee



¹⁶ Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (10%). Ownership interest in Consortio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year; provided that at least 10% shall remain with each PMG.

¹⁷ Other 50% owned by ACO del Norte, LLC (non-affiliate)

¹⁸ Best Transportation of PR LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by Best Transportation of PR LLC

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

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 | Domi-ciliary Location | Relation-ship 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 Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0693660 .. | ..... | 0001156039 .. | ..... | Advantage Medical Group, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0626908 .. | ..... | 0001156039 .. | ..... | Alianza Medicos del SurEste, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 84-2239629 .. | ..... | 0001156039 .. | ..... | Alliance Care Management, LLC | .. DE..... | .. NIA..... | HealthPlus HP, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| | | | | | | | AMERIGROUP Community Care of New Mexico, Inc. | | | | | | | | |
| . 0671 ... | Elevance Health, Inc. | 12354 | 20-2073598 .. | ..... | 0001156039 .. | ..... | ..... | .. NM..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 54-1739323 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Corporation | .. DE..... | .. UDP..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-1800037 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Delaware, Inc. | .. DE..... | .. NIA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16168 | 81-4131800 .. | ..... | 0001156039 .. | ..... | Amerigroup District of Columbia, Inc. | .. DC..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 14078 | 45-2485907 .. | ..... | 0001156039 .. | ..... | Amerigroup Insurance Company | .. TX..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 15807 | 47-3863197 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Iowa, Inc. | .. IA..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-4985009 .. | ..... | 0001156039 .. | ..... | Amerigroup IPA of New York, LLC | .. NY..... | .. NIA..... | CareMore, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16145 | 81-4626605 .. | ..... | 0001156039 .. | ..... | Amerigroup Mississippi, Inc. | .. MS..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95373 | 22-3375292 .. | ..... | 0001156039 .. | ..... | AMERIGROUP New Jersey, Inc. | .. NJ..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 10767 | 13-4212818 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Ohio, Inc. | .. OH..... | .. RE..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 36-3897080 .. | ..... | 0001156039 .. | ..... | Amerigroup Partnership Plan, LLC | .. IL..... | .. NIA..... | Health Ventures Partner, L.L.C. | Ownership..... | 75.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 36-3897080 .. | ..... | 0001156039 .. | ..... | Amerigroup Partnership Plan, LLC | .. IL..... | .. NIA..... | UNICARE Illinois Services, Inc. | Ownership..... | 25.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16339 | 82-3734368 .. | ..... | 0001156039 .. | ..... | Amerigroup Pennsylvania, Inc. | .. PA..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 12941 | 20-4776597 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Tennessee, Inc. | .. TN..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 14073 | 27-3510384 .. | ..... | 0001156039 .. | ..... | AMERIGROUP Washington, Inc. | .. WA..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 12229 | 06-1696189 .. | ..... | 0001156039 .. | ..... | AMGP Georgia Managed Care Company, Inc. | .. GA..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16774 | 84-4181695 .. | ..... | 0001156039 .. | ..... | AMH Health Plans of Maine, Inc. | .. ME..... | .. IA..... | AMH Health, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16553 | 83-2435050 .. | ..... | 0001156039 .. | ..... | AMH Health, LLC | .. ME..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 50.000 ... | Elevance Health, Inc. | ... NO..... | 0105 ... |
| | | | | | | | Anthem Blue Cross Life and Health Insurance Company | | | | | | | | |
| . 0671 ... | Elevance Health, Inc. | 62825 | 95-4331852 .. | ..... | 0001156039 .. | ..... | Anthem Financial, Inc. | .. CA..... | .. IA..... | WellPoint California Services, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-1898945 .. | ..... | 0001156039 .. | ..... | Anthem Health Plans of Kentucky, Inc. | .. DE..... | .. NIA..... | Associated Group, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95120 | 61-1237516 .. | ..... | 0001156039 .. | ..... | Anthem Health Plans of Maine, Inc. | .. KY..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 52618 | 31-1705652 .. | ..... | 0001156039 .. | ..... | Anthem Health Plans of New Hampshire, Inc. | .. ME..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 53759 | 02-0510530 .. | ..... | 0001156039 .. | ..... | Anthem Health Plans of Virginia, Inc. | .. NH..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 71835 | 54-0357120 .. | 40003317 .. | 0001156039 .. | ..... | Anthem Health Plans, Inc. | .. VA..... | .. IA..... | Anthem Southeast, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 60217 | 06-1475928 .. | ..... | 0001156039 .. | ..... | Anthem Holding Corp. | .. CT..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 61-1459939 .. | ..... | 0001156039 .. | ..... | Anthem Insurance Companies, Inc. | .. IN..... | .. NIA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 28207 | 35-0781558 .. | ..... | 0001156039 .. | ..... | Anthem Kentucky Managed Care Plan, Inc. | .. IN..... | .. IA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 15543 | 47-0992859 .. | ..... | 0001156039 .. | ..... | Anthem Life & Disability Insurance Company .. | .. KY..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 13573 | 20-5876774 .. | ..... | 0001156039 .. | ..... | ..... | .. NY..... | .. IA..... | WellPoint Acquisition, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| | | | | | | | Rocky Mountain Hospital and Medical Service, Inc. | | | | | | | | |
| . 0671 ... | Elevance Health, Inc. | 61069 | 35-0980405 .. | ..... | 0001156039 .. | ..... | Anthem Partnership Holding Company, LLC | .. IN..... | .. IA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 81-3974489 .. | ..... | 0001156039 .. | ..... | Anthem Southeast, Inc. | .. IN..... | .. NIA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 32-0031791 .. | ..... | 0001156039 .. | ..... | ..... | .. IN..... | .. NIA..... | Anthem Blue Cross Life and Health Insurance Company | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| | | | | | | | | | | | | | | | |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 30-0606541 .. | ..... | 0001156039 .. | ..... | Anthem Workers' Compensation, LLC | .. IN..... | .. NIA..... | HealthLink, Inc. | Ownership..... | 75.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 30-0606541 .. | ..... | 0001156039 .. | ..... | APC Passe, LLC | .. IN..... | .. NIA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 25.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16298 | 82-3062789 .. | ..... | 0001156039 .. | ..... | Applied Pathways, LLC | .. AR..... | .. NIA..... | Carelon Medical Benefits Management, Inc. | Ownership..... | 49.000 ... | Elevance Health, Inc. | ... NO..... | 0113 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 80-0531799 .. | ..... | 0001156039 .. | ..... | Aspire Health, Inc. | .. IL..... | .. NIA..... | HEP AP Holdings, Inc. | Ownership..... | 53.520 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 87-4518697 .. | ..... | 0001156039 .. | ..... | Associated Group, Inc. | .. IL..... | .. NIA..... | Nash Holding Company, LLC | Ownership..... | 46.480 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4640529 .. | ..... | 0001156039 .. | ..... | ..... | .. IN..... | .. NIA..... | Anthem Insurance Companies, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 90-1057454 .. | ..... | 0001156039 .. | ..... | ..... | .. DE..... | .. NIA..... | ..... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-1292384 .. | ..... | 0001156039 .. | ..... | ..... | .. DE..... | .. NIA..... | ..... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 11-3713086 .. | ..... | 0001156039 .. | ..... | ..... | .. IN..... | .. NIA..... | ..... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | ..... | ..... | 0001156039 .. | ..... | ATH Holding Company, LLC | .. IN..... | .. UIP..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Owner- ship Provide Percen- tage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 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 | Domi- ciliary Loca- tion | Rela- tion- ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | | | | | |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-2129194 .. | ..... | 0001156039 .. | ..... | AUMSI UM Services, Inc. | .. IN..... | NIA..... | UNICARE Specialty Services, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-4004185 .. | ..... | 0001156039 .. | ..... | Beacon CBHM LLC | .. DE..... | NIA..... | Beacon Health Financing LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-4607996 .. | ..... | 0001156039 .. | ..... | Beacon Health Financing LLC | .. DE..... | NIA..... | Beacon Health Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 80-0429754 .. | ..... | 0001156039 .. | ..... | Beacon Health Holdings, LLC | .. DE..... | NIA..... | FHC Health Systems, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 80-0427425 .. | ..... | 0001156039 .. | ..... | Beacon Health Options Holdco, Inc. | .. DE..... | NIA..... | Carelon Behavioral Health Holdings, LLC ... | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-1871128 .. | ..... | 0001156039 .. | ..... | Beacon Health Vista Parent, Inc. | .. DE..... | NIA..... | Beacon Health Options Holdco, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 46-2507551 .. | ..... | 0001156039 .. | ..... | Beacon Plan Funding, LLC | .. DE..... | NIA..... | Beacon Health Financing LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0957393 .. | ..... | 0001156039 .. | ..... | Best Transportation, LLC | .. PR..... | NIA..... | MM Transportation, LLC | Ownership..... | 51.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 85-0609453 .. | ..... | 0001156039 .. | ..... | BioPlus Parent, LLC | .. DE..... | NIA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 59-2920860 .. | ..... | 0001156039 .. | ..... | BioPlus Specialty Pharmacy Services, LLC | .. FL..... | NIA..... | BioPlus Parent, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 96962 .. | 58-1638390 .. | ..... | 0001156039 .. | ..... | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | .. GA..... | IA..... | Cerulean Companies, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 54003 .. | 39-0138065 .. | ..... | 0001156039 .. | ..... | Blue Cross Blue Shield of Wisconsin | .. WI..... | IA..... | Crossroads Acquisition Corp. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-3760980 .. | ..... | 0001156039 .. | ..... | Blue Cross of California | .. CA..... | IA..... | WellPoint California Services, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | 0101 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-2994048 .. | ..... | 0001156039 .. | ..... | Blue Cross of California Partnership Plan, Inc. | .. CA..... | IA..... | Blue Cross of California | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | 0101 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-5334761 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Care, Inc. | .. DE..... | NIA..... | FHC Health Systems, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-2272036 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health Holdings, LLC | .. DE..... | NIA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 13-39324920 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health IPA, Inc. | .. NY..... | NIA..... | Carelon Behavioral Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4297571 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health of California, Inc. | .. CA..... | IA..... | Carelon Behavioral Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | 0101 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-5208205 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health Strategies IPA, LLC .. | .. NY..... | NIA..... | Beacon Health Strategies LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 04-3324848 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health Strategies, LLC ... | .. MA..... | NIA..... | Beacon Health Financing LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 54-1414194 .. | ..... | 0001156039 .. | ..... | Carelon Behavioral Health, Inc. | .. VA..... | NIA..... | FHC Health Systems, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 98-1492098 .. | ..... | 0001156039 .. | ..... | Carelon Digital Platforms Israel Ltd. | .. ISR..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 84-1782311 .. | ..... | 0001156039 .. | ..... | Carelon Digital Platforms, Inc. | .. IN..... | NIA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 46-0613946 .. | ..... | 0001156039 .. | ..... | Carelon Employment Company, LLC. | .. IN..... | NIA..... | The Elevance Health Companies, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 98-1397080 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions India LLP | .. IN..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 99.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 98-1397080 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions India LLP | .. IN..... | NIA..... | Carelon Holdings II, LLC | Ownership..... | 1.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 98-1397080 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions Ireland Limited | .. IRL..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 98-1490582 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions Philippines, Inc. | .. PHL..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0976533 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions Puerto Rico, L.L.C. | .. PR..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 87-2164713 .. | ..... | 0001156039 .. | ..... | Carelon Global Solutions U.S., Inc. | .. IN..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-4238555 .. | ..... | 0001156039 .. | ..... | Carelon Health Federal Services, Inc. | .. VA..... | NIA..... | Carelon Behavioral Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 15448 .. | 46-2053405 .. | ..... | 0001156039 .. | ..... | Carelon Health of New Jersey, Inc. | .. NJ..... | IA..... | Carelon Behavioral Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 47025 .. | 23-2918735 .. | ..... | 0001156039 .. | ..... | Carelon Health of Pennsylvania, Inc. | .. PA..... | IA..... | Carelon Behavioral Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 54-1237939 .. | ..... | 0001156039 .. | ..... | Carelon Health Solutions, Inc. | .. VA..... | NIA..... | Southeast Services, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-3030791 .. | ..... | 0001156039 .. | ..... | Carelon Holdings I, Inc. | .. IN..... | NIA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-3031178 .. | ..... | 0001156039 .. | ..... | Carelon Holdings II, LLC | .. IN..... | NIA..... | Carelon Holdings I, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-3027094 .. | ..... | 0001156039 .. | ..... | Carelon Holdings, Inc. | .. IN..... | NIA..... | Elevance Health, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-3300542 .. | ..... | 0001156039 .. | ..... | Carelon Insights, Inc. | .. IN..... | NIA..... | Carelon Holdings, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 36-3692630 .. | ..... | 0001156039 .. | ..... | Carelon Medical Benefits Management, Inc. ... | .. IL..... | NIA..... | Imaging Management Holdings, L.L.C. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-4671638 .. | ..... | 0001156039 .. | ..... | Carelon Post Acute Solutions, Inc. | .. DE..... | NIA..... | myNEXUS Management, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 51-0365660 .. | ..... | 0001156039 .. | ..... | Carelon Research, Inc. | .. DE..... | NIA..... | Arcus Enterprises, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 39-2013971 .. | ..... | 0001156039 .. | ..... | Compcare Health Services Insurance Corporation | .. WI..... | NIA..... | Compcare Health Services Insurance Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-3025203 .. | ..... | 0001156039 .. | ..... | CarelonRx Pharmacy, Inc. | .. DE..... | NIA..... | CarelonRx, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-3062245 .. | ..... | 0001156039 .. | ..... | CarelonRx, Inc. | .. IN..... | NIA..... | Carelon Holdings, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

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 | Domi-ciliary Location | Relation-ship 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 Per-centage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 86-2365191 .. | ..... | 0001156039 .. | ..... | CareMore Health IPA of New York, Inc. | .. NY..... | .. NIA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 92-0997812 .. | ..... | 0001156039 .. | ..... | Caremore Health of Arizona, Inc. | .. AZ..... | .. NIA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4694706 .. | ..... | 0001156039 .. | ..... | CareMore Health Plan | .. CA..... | .. IA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | .. 0101 ... |
| . 0671 ... | Elevance Health, Inc. | 13562 .. | 38-3795280 .. | ..... | 0001156039 .. | ..... | CareMore Health Plan of Arizona, Inc. | .. AZ..... | .. IA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 13605 .. | 26-4001602 .. | ..... | 0001156039 .. | ..... | CareMore Health Plan of Nevada | .. NV..... | .. IA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-1625392 .. | ..... | 0001156039 .. | ..... | CareMore Health Plan of Texas, Inc. | .. TX..... | .. NIA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-2076421 .. | ..... | 0001156039 .. | ..... | CareMore Health System | .. CA..... | .. NIA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 32-0373216 .. | ..... | 0001156039 .. | ..... | CareMore, LLC | .. IN..... | .. NIA..... | CareMore Health System | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0787011 .. | ..... | 0001156039 .. | ..... | Caribbean Accountable Care, LLC | .. PR..... | .. NIA..... | MSO of Puerto Rico, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0554720 .. | ..... | 0001156039 .. | ..... | Castellana Physician Services, LLC | .. PR..... | .. NIA..... | IPA Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 16345 .. | 82-1853423 .. | ..... | 0001156039 .. | ..... | CCHA, LLC | .. CO..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 50.000 ... | Elevance Health, Inc. | ... NO..... | .. 0102 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0695526 .. | ..... | 0001156039 .. | ..... | Centros de Medicina Primaria Advantage del Norte, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0519243 .. | ..... | 0001156039 .. | ..... | Centros Medicina Familiar del Norte, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0530940 .. | ..... | 0001156039 .. | ..... | Centros Medicos Unidos del Oeste, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 58-2217138 .. | ..... | 0001156039 .. | ..... | Cerulean Companies, Inc. | .. GA..... | .. NIA..... | Anthem Holding Corp. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 39-1413702 .. | ..... | 0001156039 .. | ..... | Claim Management Services, Inc. | .. WI..... | .. NIA..... | Blue Cross Blue Shield of Wisconsin | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0947829 .. | ..... | 0001156039 .. | ..... | Clinica Todo Salud, LLC | .. PR..... | .. NIA..... | MSO Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0947900 .. | ..... | 0001156039 .. | ..... | Clinica Todo Salud-Aibonito, LLC | .. PR..... | .. NIA..... | Clinica Todo Salud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0964118 .. | ..... | 0001156039 .. | ..... | Clinical Staff Solutions, LLC | .. PR..... | .. NIA..... | MSO Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 14276 .. | 45-3358287 .. | ..... | 0001156039 .. | ..... | Community Care Health Plan of Kansas, Inc. . | .. KS..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 90.000 ... | Elevance Health, Inc. | ... NO..... | .. 0112 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | ..... | ..... | ..... | ..... | Community Care Health Plan of Louisiana, Inc. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 14064 .. | 26-4674149 .. | ..... | 0001156039 .. | ..... | ..... | .. LA..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 75.000 ... | Elevance Health, Inc. | ... NO..... | .. 0104 ... |
| . 0671 ... | Elevance Health, Inc. | 15951 .. | 47-5456872 .. | ..... | 0001156039 .. | ..... | Community Care Health Plan of Nebraska, Inc | .. NE..... | .. IA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | 95.000 ... | Elevance Health, Inc. | ... NO..... | .. 0110 ... |
| . 0671 ... | Elevance Health, Inc. | 12586 .. | 20-3317697 .. | ..... | 0001156039 .. | ..... | Community Care Health Plan of Nevada, Inc. . | .. NV..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 10345 .. | 31-1440175 .. | ..... | 0001156039 .. | ..... | Community Insurance Company | .. OH..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95693 .. | 39-1462554 .. | ..... | 0001156039 .. | ..... | Compcore Health Services Insurance Corporation | .. WI..... | .. IA..... | Blue Cross Blue Shield of Wisconsin | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0942711 .. | ..... | 0001156039 .. | ..... | Consorcio MultiSalud del Norte, Inc. | .. PR..... | .. NIA..... | Centros Medicina Familiar del Norte, LLC . | Ownership..... | 50.000 ... | Elevance Health, Inc. | ... NO..... | .. 0108 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0909478 .. | ..... | 0001156039 .. | ..... | Consorcio MultiSalud del Oeste, Inc. | .. PR..... | .. NIA..... | Centros Medicos Unidos del Oeste, LLC | Ownership..... | 77.000 ... | Elevance Health, Inc. | ... NO..... | .. 0103 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0334650 .. | ..... | 0001156039 .. | ..... | Crossroads Acquisition Corp. | .. DE..... | .. NIA..... | Anthem Holding Corp. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 41-1905556 .. | ..... | 0001156039 .. | ..... | DeCare Analytics, LLC | .. MN..... | .. NIA..... | DeCare Dental, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 02-0574609 .. | ..... | 0001156039 .. | ..... | DeCare Dental Health International, LLC | .. MN..... | .. NIA..... | DeCare Dental, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | ..... | ..... | 0001156039 .. | ..... | DeCare Dental Insurance Ireland, Ltd. | .. IRL..... | .. NIA..... | DeCare Dental, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 73-1665525 .. | ..... | 0001156039 .. | ..... | DeCare Dental Networks, LLC | .. MN..... | .. NIA..... | DeCare Dental, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 01-0822645 .. | ..... | 0001156039 .. | ..... | DeCare Dental, LLC | .. MN..... | .. NIA..... | Anthem Holding Corp. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | ..... | ..... | 0001156039 .. | ..... | DeCare Operations Ireland, Limited | .. IRL..... | .. NIA..... | DeCare Dental, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0660775 .. | ..... | 0001156039 .. | ..... | Delivery Network, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0948046 .. | ..... | 0001156039 .. | ..... | Dental Services Organization, LLC | .. PR..... | .. NIA..... | Clinica Todo Salud, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 26-2544715 .. | ..... | 0001156039 .. | ..... | Designated Agent Company, Inc. | .. KY..... | .. NIA..... | Anthem Health Plans of Kentucky, Inc. | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-3666871 .. | ..... | 0001156039 .. | ..... | Dogwood Pharmacy, LLC | .. FL..... | .. NIA..... | BioPlus Parent, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-2844373 .. | ..... | 0001156039 .. | ..... | EasyScripts Cutler Bay, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 26-2974996 .. | ..... | 0001156039 .. | ..... | EasyScripts Hialeah, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 30-0478573 .. | ..... | 0001156039 .. | ..... | EasyScripts LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 46-0613819 .. | ..... | 0001156039 .. | ..... | EasyScripts Westchester, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 13-3934328 .. | ..... | 0001156039 .. | ..... | EHC Benefits Agency, Inc. | .. NY..... | .. NIA..... | WellPoint Holding Corp | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-2145715 .. | ..... | 0001156039 .. | New York Stock Exchange (NYSE) | Elevance Health, Inc. | .. IN..... | .. UIP..... | ..... | ..... | ..... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 55093 .. | 23-7391136 .. | ..... | 0001156039 .. | ..... | Empire HealthChoice Assurance, Inc. | .. NY..... | .. IA..... | WellPoint Holding Corp | Ownership..... | 100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

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 | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Per-centage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| .0671 | Elevance Health, Inc. | 95433 | 13-3874803 | | 0001156039 | | Empire HealthChoice HMO, Inc. | NY | IA | Empire HealthChoice Assurance, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 26-4286154 | | 0001156039 | | Federal Government Solutions, LLC | WI | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 54-1230110 | | 0001156039 | | FHC Health Systems, Inc. | VA | NIA | Beacon Health Vista Parent, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 10119 | 41-2128275 | | 0001156039 | | Freedom Health, Inc. | FL | IA | AMERIGROUP Corporation | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | | | 0001156039 | | Freedom SPV, Inc. | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 95-2907752 | | 0001156039 | | Golden West Health Plan, Inc. | CA | IA | WellPoint California Services, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | 0101 |
| .0671 | Elevance Health, Inc. | | | | 0001156039 | | Government Healthcare Solutions LLC | DE | NIA | National Government Services, Inc. | Ownership | 49.000 | Elevance Health, Inc. | NO | 0114 |
| .0671 | Elevance Health, Inc. | | 84-4672692 | | 0001156039 | | GR Health Solutions LLC | PA | NIA | Anthem Partnership Holding Company, LLC | Ownership | 50.000 | Elevance Health, Inc. | NO | 0107 |
| .0671 | Elevance Health, Inc. | 97217 | 58-1473042 | | 0001156039 | | Greater Georgia Life Insurance Company | GA | IA | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 12812 | 30-0326654 | | 0001156039 | | Group Retiree Health Solutions, Inc. | PA | IA | GR Health Solutions LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0695527 | | 0001156039 | | Grupo Advantage del Oeste, LLC | PR | NIA | PHM MultiSalud, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0927403 | | 0001156039 | | Grupo Advantage Metro, LLC | PR | NIA | PHM MultiSalud, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 16426 | 82-1820099 | | 0001156039 | | Health Colorado, Inc. | CO | IA | Carelon Behavioral Health, Inc. | Ownership | 16.670 | Elevance Health, Inc. | NO | 0109 |
| .0671 | Elevance Health, Inc. | | 36-3897701 | | 0001156039 | | Health Ventures Partner, L.L.C. | IL | NIA | UNICARE National Services, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 95169 | 54-1356687 | | 0001156039 | | HealthKeepers, Inc. | VA | IA | Anthem Southeast, Inc. | Ownership | 92.510 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 95169 | 54-1356687 | | 0001156039 | | HealthKeepers, Inc. | VA | IA | UNICARE National Services, Inc. | Ownership | 7.490 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 43-1616135 | | 0001156039 | | HealthLink Administrators, Inc. | MO | NIA | HealthLink, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 43-1364135 | | 0001156039 | | HealthLink, Inc. | IL | NIA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 16574 | 13-3865627 | | 0001156039 | | HealthPlus HP, LLC | NY | IA | AMERIGROUP Corporation | Ownership | 100.000 | Elevance Health, Inc. | NO | 0100 |
| .0671 | Elevance Health, Inc. | 10122 | 20-0982649 | | 0001156039 | | HealthSun Health Plans, Inc. | FL | IA | AMERIGROUP Corporation | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 46-3434016 | | 0001156039 | | HealthSun Physicians Network I, LLC | FL | NIA | HealthSun Physicians Network, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 46-5250294 | | 0001156039 | | HealthSun Physicians Network, LLC | FL | NIA | Delivery Network, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 78972 | 86-0257201 | | 0001156039 | | Healthy Alliance Life Insurance Company | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 47-3953545 | | 0001156039 | | HEP AP Holdings, Inc. | DE | NIA | Imaging Management Holdings, L.L.C. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 81-3471305 | | 0001156039 | | Highland Acquisition Holdings, LLC | DE | NIA | Highland Intermediate Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 81-3487249 | | 0001156039 | | Highland Intermediate Holdings, LLC | DE | NIA | Highland Investor Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 81-3493196 | | 0001156039 | | Highland Investor Holdings, LLC | DE | NIA | ATH Holding Company, LLC | Ownership | 98.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 81-3493196 | | 0001156039 | | Highland Investor Holdings, LLC | DE | NIA | AMERIGROUP Corporation | Ownership | 2.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 95473 | 84-1017384 | | 0001156039 | | HMO Colorado, Inc. | CO | IA | Rocky Mountain Hospital and Medical Service, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 95358 | 37-1216698 | | 0001156039 | | HMO Missouri, Inc. | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 83-2158120 | | 0001156039 | | IEC Group Holdings, Inc. | ID | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 82-0497661 | | 0001156039 | | IEC Group, Inc. d/b/a AmeriBen | ID | NIA | IEC Group Holdings, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 75-2619605 | | 0001156039 | | Imaging Management Holdings, L.L.C. | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0884762 | | 0001156039 | | InHealth Management, LLC | PR | NIA | MSO Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0959260 | | 0001156039 | | IPA Holdings, LLC | PR | NIA | MSO Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 02-0581429 | | 0001156039 | | Living Complete Technologies, Inc. | MD | NIA | Carelon Behavioral Health, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0999240 | | 0001156039 | | MAPR Capital, LLC | PR | NIA | MAPR Global, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0999355 | | 0001156039 | | MAPR Global, LLC | PR | NIA | APR, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0999498 | | 0001156039 | | MAPR Holdings, LLC | PR | NIA | MAPR Capital, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 04-3307857 | | 0001156039 | | Massachusetts Behavioral Health Partnership | MA | NIA | Carelon Behavioral Health, Inc. | Ownership | 50.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 04-3307857 | | 0001156039 | | Massachusetts Behavioral Health Partnership | MA | NIA | OPTIONS Health Care, Inc. | Ownership | 50.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 95527 | 02-0494919 | | 0001156039 | | Matthew Thornton Health Plan, Inc. | NH | IA | Anthem Health Plans of New Hampshire, Inc. | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-0823267 | | 0001156039 | | Medical Dental Network Management, LLC | PR | NIA | MMM Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 12913 | 20-5862801 | | 0001156039 | | Missouri Care, Incorporated | MO | IA | ATH Holding Company, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | | 66-1002717 | | 0001156039 | | MMM Contact, LLC | PR | IA | MMM Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |
| .0671 | Elevance Health, Inc. | 11157 | 66-0588600 | | 0001156039 | | MMM Healthcare, LLC | PR | IA | MMM Holdings, LLC | Ownership | 100.000 | Elevance Health, Inc. | NO | |

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 | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0649625 .. | ..... | 0001156039 .. | ..... | MMM Holdings, LLC | .. PR..... | .. NIA..... | MAPR Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 12534 .. | 66-0653763 .. | ..... | 0001156039 .. | ..... | MMM Multi Health, LLC | .. PR..... | .. IA..... | MMM Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-1002779 .. | ..... | 0001156039 .. | ..... | MMM Transportation, LLC | .. PR..... | .. NIA..... | MSO Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 82-4684953 .. | ..... | 0001156039 .. | ..... | Momentum Health Partners, LLC | .. NC..... | .. NIA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | .. 50.000 ... | Elevance Health, Inc. | NO..... | .. 0106 .. |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0645750 .. | ..... | 0001156039 .. | ..... | MSO Holdings, LLC | .. PR..... | .. NIA..... | MAPR Capital, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0719637 .. | ..... | 0001156039 .. | ..... | MSO of Puerto Rico, LLC | .. PR..... | .. NIA..... | MSO Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 84-1811105 .. | ..... | 0001156039 .. | ..... | myNEXUS Holdings, Inc. | .. DE..... | .. NIA..... | ATH Holding Company, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 84-1801030 .. | ..... | 0001156039 .. | ..... | myNEXUS Management, Inc. | .. DE..... | .. NIA..... | myNEXUS Holdings, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 81-4603181 .. | ..... | 0001156039 .. | ..... | myNEXUS NPHO of TEXAS | .. TX..... | .. NIA..... | Carelon Post Acute Solutions, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 85-0541810 .. | ..... | 0001156039 .. | ..... | myNEXUS NY IPA, LLC | .. NY..... | .. NIA..... | Carelon Post Acute Solutions, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 83-0892028 .. | ..... | 0001156039 .. | ..... | Nash Holding Company, LLC | .. DE..... | .. NIA..... | ATH Holding Company, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-1840597 .. | ..... | 0001156039 .. | ..... | National Government Services, Inc. | .. IN..... | .. NIA..... | Federal Government Solutions, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 04-2919509 .. | ..... | 0001156039 .. | ..... | New England Research Institute, Inc. | .. MA..... | .. NIA..... | Carelon Research, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 81-5476630 .. | ..... | 0001156039 .. | ..... | NGS Federal, LLC | .. IN..... | .. NIA..... | Federal Government Solutions, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 12259 .. | 20-1336412 .. | ..... | 0001156039 .. | ..... | Optimum Healthcare, Inc. | .. FL..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 54-1826967 .. | ..... | 0001156039 .. | ..... | OPTIONS Health Care, Inc. | .. DE..... | .. NIA..... | Carelon Behavioral Health, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-1991772 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Bird Road, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-2749389 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Center, LLC | .. DE..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-1366915 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Cutler Bay, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0610128 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Group, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 37-1668303 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Hialeah Gardens, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-3464152 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Kendall, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-2810478 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Management, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 33-1217936 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Miami Gardens, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 27-2651017 .. | ..... | 0001156039 .. | ..... | Pasteur Medical North Miami Beach, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 26-0813665 .. | ..... | 0001156039 .. | ..... | Pasteur Medical Partners, LLC | .. FL..... | .. NIA..... | Highland Acquisition Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0693134 .. | ..... | 0001156039 .. | ..... | PHM Healthcare Solutions, Inc. | .. PR..... | .. NIA..... | Physician Group Practices, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0864220 .. | ..... | 0001156039 .. | ..... | PHM IntraHospital Physician Group, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0811976 .. | ..... | 0001156039 .. | ..... | PHM Multidisciplinary Clinic Aguadilla LLC .. | .. PR..... | .. NIA..... | PHM MultiDisciplinary Clinic, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0812014 .. | ..... | 0001156039 .. | ..... | PHM Multidisciplinary Clinic Arecibo LLC .. | .. PR..... | .. NIA..... | PHM MultiDisciplinary Clinic, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0925853 .. | ..... | 0001156039 .. | ..... | PHM Multidisciplinary Clinic Cabo Rojo LLC .. | .. PR..... | .. NIA..... | PHM MultiDisciplinary Clinic, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0764408 .. | ..... | 0001156039 .. | ..... | PHM Multidisciplinary Clinic Guayama LLC ... | .. PR..... | .. NIA..... | PHM MultiDisciplinary Clinic, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0949111 .. | ..... | 0001156039 .. | ..... | PHM Multidisciplinary Clinic Maunabo LLC ... | .. PR..... | .. NIA..... | PHM MultiDisciplinary Clinic, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0859950 .. | ..... | 0001156039 .. | ..... | PHM MultiDisciplinary Clinic, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0867882 .. | ..... | 0001156039 .. | ..... | PHM MultiSalud, LLC | .. PR..... | .. NIA..... | Physician Group Practices, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0864171 .. | ..... | 0001156039 .. | ..... | PHM Specialty Network, LLC | .. PR..... | .. NIA..... | PHM MultiSalud, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0960976 .. | ..... | 0001156039 .. | ..... | Physician Group Practices, LLC | .. PR..... | .. NIA..... | IPA Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 12178 .. | 66-0592131 .. | ..... | 0001156039 .. | ..... | PMC Medicare Choice, LLC | .. PR..... | .. IA..... | MMM Holdings, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-5139459 .. | ..... | 0001156039 .. | ..... | Raina Rx LLC | .. NY..... | .. NIA..... | BioPlus Parent, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-0851593 .. | ..... | 0001156039 .. | ..... | RightCHOICE Managed Care, Inc. | .. DE..... | .. NIA..... | Anthem Holding Corp. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-3667026 .. | ..... | 0001156039 .. | ..... | River Medical Pharmacy, LLC | .. FL..... | .. NIA..... | BioPlus Parent, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | ..... | ..... | ..... | ..... | Rocky Mountain Hospital and Medical Service, Inc. | .. CO..... | .. IA..... | ATH Holding Company, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 46-2787212 .. | ..... | 0001156039 .. | ..... | Santa Barbara Specialty Pharmacy, LLC | .. CA..... | .. NIA..... | BioPlus Parent, LLC | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0473316 .. | ..... | 0001156039 .. | ..... | SellCore, Inc. | .. DE..... | .. NIA..... | Elevance Health, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 13726 .. | 27-0945036 .. | ..... | 0001156039 .. | ..... | Simply Healthcare Plans, Inc. | .. FL..... | .. IA..... | AMERIGROUP Corporation | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 55-0712302 .. | ..... | 0001156039 .. | ..... | Southeast Services, Inc. | .. VA..... | .. NIA..... | Anthem Southeast, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-4071004 .. | ..... | 0001156039 .. | ..... | State Sponsored Services, Inc. | .. IN..... | .. NIA..... | UNICARE Specialty Services, Inc. | Ownership..... | .. 100.000 ... | Elevance Health, Inc. | NO..... | ..... |

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 | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-5443372 .. | ..... | 0001156039 .. | ..... | The Elevance Health Companies of California, Inc. | .. CA..... |NIA..... | ATH Holding Company, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 35-1835818 .. | ..... | 0001156039 .. | ..... | The Elevance Health Companies, Inc. | .. IN..... |NIA..... | ATH Holding Company, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 43-1967924 .. | ..... | 0001156039 .. | ..... | TriadDD NY, LLC dba MyCompass | .. NY..... |NIA..... | Alliance Care Management, LLC | Ownership..... | ..25.000 ... | Elevance Health, Inc. | ... NO..... | .. 0111 ... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 84-1620480 .. | ..... | 0001156039 .. | ..... | TrustSolutions, LLC | .. WI..... |NIA..... | Federal Government Solutions, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 11810 ... | 44-1620480 .. | ..... | 0001156039 .. | ..... | UNICARE Health Plan of West Virginia, Inc. . | .. WV..... | ..IA..... | UNICARE National Services, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 36-3899137 .. | ..... | 0001156039 .. | ..... | UNICARE Illinois Services, Inc. | .. IL..... |NIA..... | UNICARE National Services, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 80314 ... | 52-0913817 .. | ..... | 0001156039 .. | ..... | UNICARE Life & Health Insurance Company | .. IN..... | ..IA..... | UNICARE National Services, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4635507 .. | ..... | 0001156039 .. | ..... | UNICARE National Services, Inc. | .. DE..... |NIA..... | Anthem Holding Corp. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 77-0494551 .. | ..... | 0001156039 .. | ..... | UNICARE Specialty Services, Inc. | .. DE..... |NIA..... | Anthem Holding Corp. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95799 ... | 75-2749263 .. | ..... | 0001156039 .. | ..... | ValueOptions of Texas, Inc. | .. TX..... | ..IA..... | Carelon Behavioral Health, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 66-0865037 .. | ..... | 0001156039 .. | ..... | VITA CARE, LLC | .. PR..... |NIA..... | MSO Holdings, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0660563 .. | ..... | 0001156039 .. | ..... | WellMax Health Medical Centers, LLC | .. FL..... |NIA..... | Delivery Network, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-0660644 .. | ..... | 0001156039 .. | ..... | WellMax Health Physicians Network, LLC | .. FL..... |NIA..... | Delivery Network, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-4405193 .. | ..... | 0001156039 .. | ..... | WellPoint Acquisition, LLC | .. IN..... |NIA..... | Elevance Health, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4640531 .. | ..... | 0001156039 .. | ..... | WellPoint California Services, Inc. | .. DE..... |NIA..... | Anthem Holding Corp. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 95-4657170 .. | ..... | 0001156039 .. | ..... | WellPoint Dental Services, Inc. | .. DE..... |NIA..... | UNICARE Specialty Services, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 47-2546820 .. | ..... | 0001156039 .. | ..... | Wellpoint Federal Corporation | .. IN..... |NIA..... | Federal Government Solutions, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 81-2874917 .. | ..... | 0001156039 .. | ..... | WellPoint Health Solutions, Inc. | .. DE..... |NIA..... | Federal Government Solutions, LLC | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 20-3620996 .. | ..... | 0001156039 .. | ..... | WellPoint Holding Corp | .. DE..... |NIA..... | Elevance Health, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... | ..... | WellPoint Information Technology Services, Inc. | .. CA..... |NIA..... | Blue Cross of California | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 45-2736438 .. | ..... | 0001156039 .. | ..... | WellPoint Insurance Services, Inc. | .. HI..... |NIA..... | Elevance Health, Inc. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95832 ... | 36-4595641 .. | ..... | 0001156039 .. | ..... | Wellpoint Maryland, Inc. | .. MD..... |IA..... | AMERIGROUP Corporation | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. .... | ..... | 51-0387398 .. | ..... | 0001156039 .. | ..... | Wellpoint South Carolina, Inc. | .. SC..... |NIA..... | Anthem Partnership Holding Company, LLC ... | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 95314 ... | 92-3489706 .. | ..... | 0001156039 .. | ..... | Wellpoint Texas, Inc. | .. TX..... | ..IA..... | AMERIGROUP Corporation | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| . 0671 ... | Elevance Health, Inc. | 15929 ... | 75-2603231 .. | ..... | 0001156039 .. | ..... | Wisconsin Collaborative Insurance Company ... | .. WI..... | ..IA..... | Crossroads Acquisition Corp. | Ownership..... | ..100.000 ... | Elevance Health, Inc. | ... NO..... | ..... |
| ..... | ..... | ..... | 47-5569628 .. | ..... | 0001156039 .. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

| Asterisk | Explanation |
|------------|--|
| 0100 | Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health. |
| 0101 | Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0102 | CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC, a non-affiliate. |
| 0103 | Owned 77% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 10% by Doctores Asociados del Noroeste, Inc. (a non-affiliate). |
| 0104 | Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (a non-affiliate). |
| 0105 | AMH Health, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% by MaineHealth, a non-affiliate. |
| 0106 | Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina, a non-affiliate. |
| 0107 | GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC, a non-affiliate. |
| 0108 | Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity. |
| 0109 | 83.33% owned by unaffiliated investors |
| 0110 | Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, a non-affiliate. |
| 0111 | TriadDD NY , LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates. |
| 0112 | Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (a non-affiliate), and 5% owned by Blue Cross and Blue Shield of Kansas City, a non-affiliate. |
| 0113 | APC Passe, LLC is 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by the Arkansas Provider Coalition, LLC, which is not affiliated with Anthem, Inc. |
| 0114 | Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate) |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|--|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| AUGUST FILING | |
| 2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. | YES |

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

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

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

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

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 | 1,319,151 | 1,335,592 |
| 2. Cost of bonds and stocks acquired | 30,999,770 | |
| 3. Accrual of discount | 0 | |
| 4. Unrealized valuation increase (decrease) | 0 | |
| 5. Total gain (loss) on disposals | 43,630 | |
| 6. Deduct consideration for bonds and stocks disposed of | 15,043,581 | |
| 7. Deduct amortization of premium | 73,623 | 16,441 |
| 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) | 17,245,347 | 1,319,151 |
| 12. Deduct total nonadmitted amounts | 0 | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 17,245,347 | 1,319,151 |

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) | 1,314,976 | 24,999,870 | 14,999,950 | (49,427) | 1,314,976 | 11,265,469 | 0 | 1,319,150 |
| 2. NAIC 2 (a) | 0 | 5,999,899 | 0 | (20,021) | 0 | 5,979,878 | 0 | |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. Total Bonds | 1,314,976 | 30,999,769 | 14,999,950 | (69,448) | 1,314,976 | 17,245,347 | 0 | 1,319,150 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 1,314,976 | 30,999,769 | 14,999,950 | (69,448) | 1,314,976 | 17,245,347 | 0 | 1,319,150 |

(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 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 3 | |
| 2. Cost of cash equivalents acquired | 10,008,801 | 17,603 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 10,008,804 | 17,600 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 3 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 3 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--|---------|---------------------|-------------------|---------------------------------|------------------------|--------------|---|--|
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol |
| 464288-63-8 | ISHARES INTERMEDIATE TERM CORP ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,979 |0 |0 | 2.B |
| 464288-64-6 | ISHARES SHORT TERM CORPORATE B ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,979 |0 |0 | 2.A |
| 464288-67-9 | ISHARES SHORT TREASURY BOND ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 1,000,000 |0 |0 | 1.G |
| 464298-65-5 | ISHARES FLOATING RATE BOND E EFT ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,955 |0 |0 | 1.G |
| 46431W-50-7 | BLACKROCK SHORT MATURITY BOND ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,968 |0 |0 | 2.A |
| 46434V-86-0 | ISHARES TREASURY FLOATING RA ETF ..... | ..... | ...06/01/2023 | WallachBeth | 0.000 | 14,999,950 |0 |0 | 1.A |
| 46434V-87-8 | ISHARES ULTRA SHORT TERM BON ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,965 |0 |0 | 1.G |
| 46436E-71-8 | ISHARES 0 3 MONTH TREASURY B ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,990 |0 |0 | 1.G |
| 46641Q-83-7 | JPMORGAN ULTRA-SHORT INCOME ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,991 |0 |0 | 1.G |
| 69344A-10-7 | PGIM ULTRA SHORT BOND ETF ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,975 |0 |0 | 1.G |
| 72201R-83-3 | PIMCO ENHANCED SHORT MATURITY ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,967 |0 |0 | 2.A |
| 78464A-37-5 | SPDR BLOOMBERG BARCLAYS INTERM ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 1,000,012 |0 |0 | 2.B |
| 78464A-47-4 | SPDR PORTFOLIO SHORT TERM CORP ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,994 |0 |0 | 2.A |
| 78468R-20-0 | SPDR BLOOMBERG INVESTMENT GRAD ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 1,000,060 |0 |0 | 1.G |
| 78468R-66-3 | SPDR BLOOMBERG 1-3 MONTH T-BIL ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 1,000,008 |0 |0 | 1.A |
| 921937-81-9 | VANGUARD INTERMEDIATE TERM B ETF ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,978 |0 |0 | 1.G |
| 921937-82-7 | VANGUARD ..... | ..... | ...06/28/2023 | WallachBeth | 0.000 | 999,999 |0 |0 | 1.E |
| 1619999999. Subtotal - Bonds - SVO Identified Funds | | | | | | 30,999,770 | 0 | 0 | XXX |
| 2509999997. Total - Bonds - Part 3 | | | | | | 30,999,770 | 0 | 0 | XXX |
| 2509999998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 2509999999. Total - Bonds | | | | | | 30,999,770 | 0 | 0 | XXX |
| 4509999997. Total - Preferred Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5989999997. Total - Common Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 5989999998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 5989999999. Total - Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 6009999999 - Totals | | | | | | 30,999,770 | XXX | 0 | XXX |

STATEMENT AS OF JUNE 30, 2023 OF THE AMERIGROUP Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|--|--------------|------------------|----------------------|---------------------------------|--------------------|-----------|-----------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Ident- ification | Description | For- eign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid- eration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amor- tization)/ Accretion | Current Year's Other Than Temporary Impairment Recog- nized | Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Con- tractual Maturity Date | NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol |
| ..46434V-86-0 | ISHARES TREASURY FLOATING RA ETF ..... | ..... | .06/28/2023 . | WallachBeth |0.000 |15,043,581 |0 |14,999,950 |0 |0 |0 |0 |0 |0 |14,999,950 |0 |43,630 |43,630 |0 |0 | 1.A |
| 1619999999. Subtotal - Bonds - SVO Identified Funds | | | | | | 15,043,581 | 0 | 14,999,950 | 0 | 0 | 0 | 0 | 0 | 0 | 14,999,950 | 0 | 43,630 | 43,630 | 0 | XXX | XXX |
| 2509999997. Total - Bonds - Part 4 | | | | | | 15,043,581 | 0 | 14,999,950 | 0 | 0 | 0 | 0 | 0 | 0 | 14,999,950 | 0 | 43,630 | 43,630 | 0 | XXX | XXX |
| 2509999998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2509999999. Total - Bonds | | | | | | 15,043,581 | 0 | 14,999,950 | 0 | 0 | 0 | 0 | 0 | 0 | 14,999,950 | 0 | 43,630 | 43,630 | 0 | XXX | XXX |
| 4509999997. Total - Preferred Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 5989999997. Total - Common Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 5989999998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5989999999. Total - Common Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 6009999999 - Totals | | | | | | 15,043,581 | XXX | 14,999,950 | 0 | 0 | 0 | 0 | 0 | 0 | 14,999,950 | 0 | 43,630 | 43,630 | 0 | XXX | XXX |

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|------|---|------------|------------------------------|---------------|
| CUSIP Identification | Description | Code | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | Fair Value | Book/Adjusted Carrying Value | Maturity Date |
| 912810-EH-4 | UNITED STATES OF AMERICA BOND FIXED 6% 15/FEB/2026 USD 100 | | 1.A | 1 | 1 | 02/15/2026 |
| 912810-FM-5 | UNITED STATES OF AMERICA BOND FIXED 6.25% 15/MAY/2030 USD 100 | | 1.A | 0 | 0 | 05/15/2030 |
| 912810-PU-6 | UNITED STATES OF AMERICA BOND FIXED 5% 15/MAY/2037 USD 100 | | 1.A | 1 | 1 | 05/15/2037 |
| 912810-QB-7 | UNITED STATES OF AMERICA BOND FIXED 4.25% 15/MAY/2039 USD 100 | | 1.A | 0 | 0 | 05/15/2039 |
| 912810-QK-7 | UNITED STATES OF AMERICA BOND FIXED 3.875% 15/AUG/2040 USD 100 | | 1.A | 5,392 | 5,392 | 08/15/2040 |
| 912810-QQ-4 | UNITED STATES OF AMERICA BOND FIXED 4.375% 15/MAY/2041 USD 100 | | 1.A | 310 | 310 | 05/15/2041 |
| 912810-QQ-4 | UNITED STATES OF AMERICA BOND FIXED 4.375% 15/MAY/2041 USD 100 | | 1.A | 0 | 0 | 05/15/2041 |
| 912810-QZ-4 | UNITED STATES OF AMERICA BOND FIXED 3.125% 15/FEB/2043 USD 100 | | 1.A | 2,858 | 2,858 | 02/15/2043 |
| 912810-RE-0 | UNITED STATES OF AMERICA BOND FIXED 3.625% 15/FEB/2044 USD 100 | | 1.A | 0 | 0 | 02/15/2044 |
| 912810-RK-6 | UNITED STATES OF AMERICA BOND FIXED 2.5% 15/FEB/2045 USD 100 | | 1.A | 0 | 0 | 02/15/2045 |
| 912810-RU-4 | UNITED STATES OF AMERICA BOND FIXED 2.875% 15/NOV/2046 USD 100 | | 1.A | 0 | 0 | 11/15/2046 |
| 912810-RY-6 | UNITED STATES OF AMERICA BOND FIXED 2.75% 15/AUG/2047 USD 100 | | 1.A | 128 | 128 | 08/15/2047 |
| 912810-SC-3 | UNITED STATES OF AMERICA BOND FIXED 3.125% 15/MAY/2048 USD 100 | | 1.A | 0 | 0 | 05/15/2048 |
| 912810-SM-1 | UNITED STATES OF AMERICA BOND FIXED 0.25% 15/FEB/2050 USD 100 | | 1.A | 1,203 | 1,203 | 02/15/2050 |
| 912810-SH-9 | UNITED STATES OF AMERICA BOND FIXED 1.875% 15/FEB/2041 USD 100 | | 1.A | 634 | 634 | 02/15/2041 |
| 912810-SZ-2 | UNITED STATES OF AMERICA BOND FIXED 2% 15/AUG/2051 USD 100 | | 1.A | 0 | 0 | 08/15/2051 |
| 912810-TB-4 | UNITED STATES OF AMERICA BOND FIXED 1.875% 15/NOV/2051 USD 100 | | 1.A | 0 | 0 | 11/15/2051 |
| 912810-TC-2 | UNITED STATES OF AMERICA BOND FIXED 2% 15/NOV/2041 USD 100 | | 1.A | 1,037 | 1,037 | 11/15/2041 |
| 912810-TM-0 | UNITED STATES OF AMERICA BOND FIXED 4% 15/NOV/2042 USD 100 | | 1.A | 17,230 | 17,230 | 11/15/2042 |
| 912810-TR-9 | UNITED STATES OF AMERICA BOND FIXED 3.625% 15/MAY/2053 USD 100 | | 1.A | 1,650 | 1,650 | 05/15/2053 |
| 912828-2N-9 | UNITED STATES OF AMERICA NOTES FIXED 2.125% 31/JUL/2024 USD 100 | | 1.A | 929 | 929 | 07/31/2024 |
| 912828-3P-3 | UNITED STATES OF AMERICA NOTES FIXED 2.25% 31/DEC/2024 USD 100 | | 1.A | 4,980 | 4,980 | 12/31/2024 |
| 912828-3Z-1 | UNITED STATES OF AMERICA NOTES FIXED 2.75% 28/FEB/2025 USD 100 | | 1.A | 11,084 | 11,084 | 02/28/2025 |
| 912828-4F-4 | UNITED STATES OF AMERICA NOTES FIXED 2.625% 31/MAR/2025 USD 100 | | 1.A | 2,942 | 2,942 | 03/31/2025 |
| 912828-4M-9 | UNITED STATES OF AMERICA NOTES FIXED 2.875% 30/APR/2025 USD 100 | | 1.A | 2 | 2 | 04/30/2025 |
| 912828-5M-8 | UNITED STATES OF AMERICA NOTES FIXED 3.125% 15/NOV/2028 USD 100 | | 1.A | 123 | 123 | 11/15/2028 |
| 912828-6L-9 | UNITED STATES OF AMERICA NOTES FIXED 2.25% 31/MAR/2026 USD 100 | | 1.A | 0 | 0 | 03/31/2026 |
| 912828-6Z-8 | UNITED STATES OF AMERICA NOTES FIXED 1.75% 30/JUN/2024 USD 100 | | 1.A | 3,938 | 3,938 | 06/30/2024 |
| 912828-7B-0 | UNITED STATES OF AMERICA NOTES FIXED 1.875% 30/JUN/2026 USD 100 | | 1.A | 845 | 845 | 06/30/2026 |
| 912828-G3-8 | UNITED STATES OF AMERICA NOTES FIXED 2.25% 15/NOV/2024 USD 100 | | 1.A | 2,522 | 2,522 | 11/15/2024 |
| 912828-P4-6 | UNITED STATES OF AMERICA NOTES FIXED 1.625% 15/FEB/2026 USD 100 | | 1.A | 66 | 66 | 02/15/2026 |
| 912828-XX-3 | UNITED STATES OF AMERICA NOTES FIXED 2% 30/JUN/2024 USD 100 | | 1.A | 0 | 0 | 06/30/2024 |
| 912828-YQ-7 | UNITED STATES OF AMERICA NOTES FIXED 1.625% 31/OCT/2026 USD 100 | | 1.A | 6,915 | 6,915 | 10/31/2026 |
| 912828-YY-0 | UNITED STATES OF AMERICA NOTES FIXED 1.75% 31/DEC/2024 USD 100 | | 1.A | 20,715 | 20,715 | 12/31/2024 |
| 912828-ZT-0 | UNITED STATES OF AMERICA NOTES FIXED 0.25% 31/MAY/2025 USD 100 | | 1.A | 5,669 | 5,669 | 05/31/2025 |
| 912828-ZZ-6 | UNITED STATES OF AMERICA NOTES FIXED 0.125% 15/JUL/2030 USD 100 | | 1.A | 22 | 22 | 07/15/2030 |
| 91282C-AJ-0 | UNITED STATES OF AMERICA NOTES FIXED 0.25% 31/AUG/2025 USD 100 | | 1.A | 6,036 | 6,036 | 08/31/2025 |
| 91282C-AV-3 | UNITED STATES OF AMERICA NOTES FIXED 0.875% 15/NOV/2030 USD 100 | | 1.A | 0 | 0 | 11/15/2030 |
| 91282C-BB-6 | UNITED STATES OF AMERICA NOTES FIXED 0.625% 31/DEC/2027 USD 100 | | 1.A | 11,406 | 11,406 | 12/31/2027 |
| 91282C-CB-5 | UNITED STATES OF AMERICA NOTES FIXED 1.625% 15/MAY/2031 USD 100 | | 1.A | 1,940 | 1,940 | 05/15/2031 |
| 91282C-CI-9 | UNITED STATES OF AMERICA NOTES FIXED 0.75% 31/AUG/2026 USD 100 | | 1.A | 4,584 | 4,584 | 08/31/2026 |
| 91282C-DX-6 | UNITED STATES OF AMERICA NOTES FIXED 0.125% 15/JAN/2032 USD 100 | | 1.A | 197 | 197 | 01/15/2032 |
| 91282C-DY-4 | UNITED STATES OF AMERICA NOTES FIXED 1.875% 15/FEB/2032 USD 100 | | 1.A | 0 | 0 | 02/15/2032 |
| 91282C-ES-6 | UNITED STATES OF AMERICA NOTES FIXED 2.75% 31/MAY/2029 USD 100 | | 1.A | 393 | 393 | 05/31/2029 |
| 91282C-EV-9 | UNITED STATES OF AMERICA NOTES FIXED 3.25% 30/JUN/2029 USD 100 | | 1.A | 12,563 | 12,563 | 06/30/2029 |
| 91282C-EH-7 | UNITED STATES OF AMERICA NOTES FIXED 3.25% 30/JUN/2027 USD 100 | | 1.A | 4,638 | 4,638 | 06/30/2027 |
| 91282C-EX-5 | UNITED STATES OF AMERICA NOTES FIXED 3% 30/JUN/2024 USD 100 | | 1.A | 6,974 | 6,974 | 06/30/2024 |
| 91282C-FU-0 | UNITED STATES OF AMERICA NOTES FIXED 4.125% 31/OCT/2027 USD 100 | | 1.A | 7,152 | 7,152 | 10/31/2027 |
| 91282C-FY-2 | UNITED STATES OF AMERICA NOTES FIXED 3.875% 30/NOV/2029 USD 100 | | 1.A | 5,070 | 5,070 | 11/30/2029 |
| 91282C-GC-9 | UNITED STATES OF AMERICA NOTES FIXED 3.875% 31/DEC/2027 USD 100 | | 1.A | 5,753 | 5,753 | 12/31/2027 |
| 91282C-GE-5 | UNITED STATES OF AMERICA NOTES FIXED 3.875% 15/JAN/2026 USD 100 | | 1.A | 1,105 | 1,105 | 01/15/2026 |
| 91282C-GF-2 | UNITED STATES OF AMERICA NOTES VARIABLE 31/JAN/2025 USD 100 | | 1.A | 2,959 | 2,959 | 01/31/2025 |
| 91282C-GL-9 | UNITED STATES OF AMERICA NOTES FIXED 4% 15/FEB/2026 USD 100 | | 1.A | 0 | 0 | 02/15/2026 |
| 91282C-GM-7 | UNITED STATES OF AMERICA NOTES FIXED 3.5% 15/FEB/2033 USD 100 | | 1.A | 4,930 | 4,930 | 02/15/2033 |
| 91282C-GQ-8 | UNITED STATES OF AMERICA NOTES FIXED 4% 28/FEB/2030 USD 100 | | 1.A | 9,578 | 9,578 | 02/28/2030 |
| 91282C-GR-6 | UNITED STATES OF AMERICA NOTES FIXED 4.625% 15/MAR/2026 USD 100 | | 1.A | 0 | 0 | 03/15/2026 |
| 91282C-HC-8 | UNITED STATES OF AMERICA NOTES FIXED 3.375% 15/MAY/2033 USD 100 | | 1.A | 853 | 853 | 05/15/2033 |
| 0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations | | | | 177,329 | 177,329 | XXX |
| 0109999999. Total - U.S. Government Bonds | | | | 177,329 | 177,329 | XXX |
| 0309999999. Total - All Other Government Bonds | | | | 0 | 0 | XXX |
| 0509999999. Total - U.S. States, Territories and Possessions Bonds | | | | 0 | 0 | XXX |
| 0709999999. Total - U.S. Political Subdivisions Bonds | | | | 0 | 0 | XXX |
| 0909999999. Total - U.S. Special Revenues Bonds | | | | 0 | 0 | XXX |
| 1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | 0 | 0 | XXX |
| 1309999999. Total - Hybrid Securities | | | | 0 | 0 | XXX |
| 1509999999. Total - Parent, Subsidiaries and Affiliates Bonds | | | | 0 | 0 | XXX |
| 1909999999. Subtotal - Unaffiliated Bank Loans | | | | 0 | 0 | XXX |
| 2419999999. Total - Issuer Obligations | | | | 177,329 | 177,329 | XXX |
| 2429999999. Total - Residential Mortgage-Backed Securities | | | | 0 | 0 | XXX |
| 2439999999. Total - Commercial Mortgage-Backed Securities | | | | 0 | 0 | XXX |
| 2449999999. Total - Other Loan-Backed and Structured Securities | | | | 0 | 0 | XXX |
| 2459999999. Total - SVO Identified Funds | | | | 0 | 0 | XXX |
| 2469999999. Total - Affiliated Bank Loans | | | | 0 | 0 | XXX |
| 2479999999. Total - Unaffiliated Bank Loans | | | | 0 | 0 | XXX |
| 2489999999. Total - Unaffiliated Certificates of Deposit | | | | 0 | 0 | XXX |
| 2509999999. Total Bonds | | | | 177,329 | 177,329 | XXX |
| 4109999999. Total - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Industrial and Miscellaneous (Unaffiliated) | | | | 0 | 0 | XXX |
| 4409999999. Total - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Parent, Subsidiaries and Affiliates | | | | 0 | 0 | XXX |
| 4509999999. Total - Preferred Stocks (Schedule D, Part 2, Section 1 type) | | | | 0 | 0 | XXX |
| 5109999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) - Industrial and Miscellaneous (Unaffiliated) | | | | 0 | 0 | XXX |
| 5409999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) - Mutual Funds | | | | 0 | 0 | XXX |
| 5609999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) - Unit Investment Trusts | | | | 0 | 0 | XXX |
| 5809999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) - Closed-End Funds | | | | 0 | 0 | XXX |
| 5979999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) - Parent, Subsidiaries and Affiliates | | | | 0 | 0 | XXX |
| 5989999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type) | | | | 0 | 0 | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | 0 | 0 | XXX |
| 000000-00-0 | UNITED STATES OF AMERICA NOTES FIXED 2.75% 15/NOV/2023 USD 100 | | 1.A | 6,457 | 6,457 | 11/15/2023 |
| 000000-00-0 | UNITED STATES OF AMERICA NOTES FIXED 2.875% 30/NOV/2023 USD 100 | | 1.A | 0 | 0 | 11/30/2023 |
| 000000-00-0 | UNITED STATES OF AMERICA NOTES FIXED 2.125% 30/NOV/2023 USD 100 | | 1.A | 0 | 0 | 11/30/2023 |
| 000000-00-0 | UNITED STATES OF AMERICA NOTES FIXED 2.625% 31/DEC/2023 USD 100 | | 1.A | 2,040 | 2,040 | 12/31/2023 |
| 000000-00-0 | UNITED STATES OF AMERICA NOTES FIXED 0.75% 31/DEC/2023 USD 100 | | 1.A | 577 | 577 | 12/31/2023 |
| 9509999999. Subtotal - Short-Term Invested Assets (Schedule DA type) | | | | 9,074 | 9,074 | XXX |
| | UNITED STATES OF AMERICA NOTES FIXED 2.5% 15/AUG/2023 USD 100 | | 1.A | 0 | 0 | 08/15/2023 |

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-------------|------|---|------------|---------------------------------|---------------|
| CUSIP Identification | Description | Code | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | Fair Value | Book/Adjusted Carrying Value | Maturity Date |
| 9709999999. Subtotal - Cash Equivalents (Schedule E Part 2 type) | | | | 0 | 0 | XXX |
| 9999999999 - Totals | | | | 186,403 | 186,403 | XXX |

General Interrogatories:

1. Total activity for the year
- Fair Value \$ 186,403
- Book/Adjusted Carrying Value \$ 186,403
2. Average balance for the year
- Fair Value \$ 117,238
- Book/Adjusted Carrying Value \$ 117,213
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
- NAIC 1 \$ 186,403
- NAIC 2 \$
- NAIC 3 \$
- NAIC 4 \$
- NAIC 5 \$
- NAIC 6 \$

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

| Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page) | | | | | | |
|---|----------------------|---------------|--|---------------------|--|------------------------|
| 1 CUSIP Identification | 2 Description | 3 Code | 4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | 5 Fair Value | 6 Book/Adjusted Carrying Value | 7 Maturity Date |
| NONE | | | | | | |
| 999999999 - Totals | | | | | | XXX |

General Interrogatories:

1. Total activity for the year

Fair Value \$ Book/Adjusted Carrying Value \$

2. Average balance for the year

Fair Value \$ Book/Adjusted Carrying Value \$

SCHEDULE E - PART 1 - CASH

[illegible]

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E