



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE**

AmeriHealth Caritas Ohio, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 16980 Employer's ID Number 84-2435374

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile _____ United States _____

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 07/16/2019 Commenced Business 02/25/2021

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

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

(Street and Number of P.O. Box) _____ (City or Town, State, County and Zip Code) _____

Philadelphia, PA, US 19113
(City or Town, State, Country and Zip Code) , _____ (Street and Number)
215-937-8000
(Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A
Statutory Statement Contact Suzette Nicole Heitkamp, 614-204-0597
(Name) (Area Code) (Telephone Number) (Extension)
sheitkamp@amerihealthcaritasoh.com 717-671-6523
(E-Mail Address) (Fax Number)

OFFICERS

Name _____ Title _____ Name _____ Title _____
Pamela Ann Schmidt _____ Treasurer _____ Robert M. Kessler # _____ Secretary _____
Rebecca Jane Engelman _____ Executive Vice President _____

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Pennsylvania.....

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

Pamela Ann Schmidt
Treasurer

Robert M. Kessler
Secretary

Rebecca Jane Engelma
Executive Vice President

Subscribed and sworn to before me this
day of February, 2025

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	453,754		453,754	401,281
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)			0	0
4.3 Properties held for sale (less \$ 0 encumbrances)			0	0
5. Cash (\$ 248,556,561 , Schedule E-Part 1), cash equivalents (\$ 29,231,477 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	277,788,038		277,788,038	148,062,009
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	278,241,792	0	278,241,792	148,463,290
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	60,623		60,623	6,626
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	44,530,987	0	44,530,987	53,917,933
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	708,345		708,345	787,653
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	2,277,140
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	915,746	915,746	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable	1,623,920	1,623,920	0	0
25. Aggregate write-ins for other-than-invested assets	1,071,432	1,071,432	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	327,152,845	3,611,098	323,541,747	205,452,642
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	327,152,845	3,611,098	323,541,747	205,452,642
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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. Leasehold Improvement	863,182	863,182	0	0
2502. Prepaid Expenses	208,250	208,250	0	0
2503.			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)	1,071,432	1,071,432	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	141,739,788		141,739,788	102,311,362
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	1,413,030		1,413,030	892,431
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	578,392
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	17,071,345		17,071,345	9,069,811
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	1,356,344		1,356,344	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	16,503,956		16,503,956	7,337,158
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	9,095,978	0	9,095,978	4,997,580
24. Total liabilities (Lines 1 to 23)	187,180,441	0	187,180,441	125,186,734
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	174,199,000	139,199,000
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	(37,838,694)	(58,934,092)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	136,361,306	80,265,908
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	323,541,747	205,452,642
DETAILS OF WRITE-INS				
2301. Premium Assessment	9,095,978		9,095,978	4,997,580
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	9,095,978	0	9,095,978	4,997,580
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,703,496	923,998
2. Net premium income (including \$ 0 non-health premium income).....	XXX	906,401,633	497,043,813
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	906,401,633	497,043,813
Hospital and Medical:			
9. Hospital/medical benefits		477,934,390	314,840,356
10. Other professional services		215,589,824	82,214,418
11. Outside referrals			0
12. Emergency room and out-of-area		17,190,569	8,297,275
13. Prescription drugs		(1,418,074)	(129,976)
14. Aggregate write-ins for other hospital and medical.....	0	32,575,457	17,769,069
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15).....	0	741,872,166	422,991,142
Less:			
17. Net reinsurance recoveries		11,696	787,651
18. Total hospital and medical (Lines 16 minus 17)	0	741,860,470	422,203,491
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 10,577,352 cost containment expenses.....		13,029,751	10,035,870
21. General administrative expenses.....		131,325,052	99,990,642
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(578,392)	(6,665,821)
23. Total underwriting deductions (Lines 18 through 22).....	0	885,636,881	525,564,182
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	20,764,752	(28,520,369)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		9,509,648	4,391,668
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,509,648	4,391,668
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
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	30,274,400	(24,128,701)
31. Federal and foreign income taxes incurred	XXX	8,757,256	(12,674,746)
32. Net income (loss) (Lines 30 minus 31).....	XXX	21,517,144	(11,453,955)
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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401. Durable Medical Equipment.....		6,956,638	2,287,183
1402. Hospital Assessment.....		132,388	5,240,705
1403. Other Passthrough Expense.....		2,261,655	745,409
1498. Summary of remaining write-ins for Line 14 from overflow page	0	23,224,776	9,495,772
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	32,575,457	17,769,069
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	80,265,908	24,974,806
34. Net income or (loss) from Line 32	21,517,144	(11,453,955)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(421,746)	(254,943)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	35,000,000	67,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	56,095,398	55,291,102
49. Capital and surplus end of reporting year (Line 33 plus 48)	136,361,306	80,265,908
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		915,788,579	443,125,880
2. Net investment income		9,456,233	4,383,024
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		925,244,812	447,508,904
5. Benefit and loss related payments		703,228,626	321,427,812
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		122,113,330	91,992,362
7. Commissions, expenses paid and aggregate write-ins for deductions		5,123,772	(4,932,456)
8. Dividends paid to policyholders		830,465,728	408,487,718
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		94,779,084	39,021,186
10. Total (Lines 5 through 9)			
11. Net cash from operations (Line 4 minus Line 10)			
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		402,000	402,000
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		402,000	402,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds		455,055	393,253
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		455,055	393,253
14. Net increase/(decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(53,055)	8,747
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		35,000,000	91,000,000
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		35,000,000	91,000,000
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)		129,726,029	130,029,933
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		148,062,009	18,032,076
19.2 End of year (Line 18 plus Line 19.1)		277,788,038	148,062,009

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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 Benefit Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	906,401,633	0	0	0	0	0	0	0	0	906,401,633	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0													XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	906,401,633	0	0	0	0	0	0	0	0	906,401,633	0	0	0	0
8. Hospital/medical benefits	477,934,390									477,934,390				XXX
9. Other professional services	215,589,824									215,589,824				XXX
10. Outside referrals	0									0				XXX
11. Emergency room and out-of-area	17,190,569									17,190,569				XXX
12. Prescription drugs	(1,418,074)									(1,418,074)				XXX
13. Aggregate write-ins for other hospital and medical	32,575,457	0	0	0	0	0	0	0	0	32,575,457	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	741,872,166	0	0	0	0	0	0	0	0	741,872,166	0	0	0	XXX
16. Net reinsurance recoveries	11,696									11,696				XXX
17. Total hospital and medical (Lines 15 minus 16)	741,860,470	0	0	0	0	0	0	0	0	741,860,470	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 10,577,352 cost containment expenses	13,029,751									13,029,751				XXX
20. General administrative expenses	131,325,052									131,325,052				XXX
21. Increase in reserves for accident and health contracts	(578,392)									(578,392)				XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	885,636,881	0	0	0	0	0	0	0	0	885,636,881	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	20,764,752	0	0	0	0	0	0	0	0	20,764,752	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment	6,956,638									6,956,638				XXX
1302. Hospital Assessment	132,388									132,388				XXX
1303. Other Passthrough Expense	2,261,655									2,261,655				XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	23,224,776	0	0	0	0	0	0	0	0	23,224,776	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	32,575,457	0	0	0	0	0	0	0	0	32,575,457	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Vision only .....				.0
5. Dental only .....				.0
6. Federal Employees Health Benefits Plan .....	.0			.0
7. Title XVIII - Medicare .....	.0			.0
8. Title XIX – Medicaid	909,622,844	3,221,211		906,401,633
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12)	909,622,844	0	3,221,211	906,401,633
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	909,622,844	0	3,221,211	906,401,633

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	703,319,630									703,319,630				
1.2 Reinsurance assumed	0									0				
1.3 Reinsurance ceded	91,004									91,004				
1.4 Net	703,228,626	0	0	0	0	0	0	0	703,228,626	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									0				
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	141,739,788	0	0	0	0	0	0	0	141,739,788	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	141,739,788	0	0	0	0	0	0	0	141,739,788	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0									0				
4.2 Reinsurance assumed	0									0				
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0													
6. Net healthcare receivables (a)	875,890									875,890				
7. Amounts recoverable from reinsurers December 31, current year	708,345									708,345				
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	102,311,362	0	0	0	0	0	0	0	102,311,362	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	102,311,362	0	0	0	0	0	0	0	102,311,362	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	787,653	0	0	0	0	0	0	0	787,653	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	741,872,166	0	0	0	0	0	0	0	741,872,166	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	11,696	0	0	0	0	0	0	0	11,696	0	0	0	0	0
12.4 Net	741,860,470	0	0	0	0	0	0	0	741,860,470	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Reported in Process of Adjustment:														
1.1. Direct	16,035,010									16,035,010				
1.2. Reinsurance assumed	0													
1.3. Reinsurance ceded	0													
1.4. Net	16,035,010	0	0	0	0	0	0	0	16,035,010	0	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct	125,704,778									125,704,778				
2.2. Reinsurance assumed	0													
2.3. Reinsurance ceded	0													
2.4. Net	125,704,778	0	0	0	0	0	0	0	125,704,778	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct	0													
3.2. Reinsurance assumed	0													
3.3. Reinsurance ceded	0													
3.4. Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1. Direct	141,739,788	0	0	0	0	0	0	0	141,739,788	0	0	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4. Net	141,739,788	0	0	0	0	0	0	0	141,739,788	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision Only					0	0
5. Dental Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid	74,374,492	629,681,472	1,750,204	139,989,584	76,124,696	102,311,362
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-Term Care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	74,374,492	629,681,472	1,750,204	139,989,584	76,124,696	102,311,362
14. Healthcare receivables (a)	19,753	1,604,167			19,753	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13-14+15+16)	74,354,739	628,077,305	1,750,204	139,989,584	76,104,943	102,311,362

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

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020	0	0	0	0	0
3. 2021	XXX	0	0	0	0
4. 2022	XXX	XXX	0	0	0
5. 2023	XXX	XXX	XXX	319,892	394,247
6. 2024	XXX	XXX	XXX	XXX	628,077

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020	0	0	0	0	0
3. 2021	XXX	0	0	0	0
4. 2022	XXX	XXX	0	0	0
5. 2023	XXX	XXX	XXX	422,203	395,997
6. 2024	XXX	XXX	XXX	XXX	768,067

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	0	0	0.0	0.0	0	0.0			0	.0.0
2. 2021	0	0	0.0	0.0	0	0.0			0	.0.0
3. 2022	0	0	0.0	0.0	0	0.0			0	.0.0
4. 2023	497,044	394,247	9,143	2.3	403,390	81.2	1,750	405,141	81.5	
5. 2024	906,402	628,077	12,509	2.0	640,586	70.7	139,990	1,413	781,989	86.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020.....	0	0	0	0	0
3. 2021.....	XXX	0	0	0	0
4. 2022.....	XXX	XXX	0	0	0
5. 2023.....	XXX	XXX	XXX	319,892	394,247
6. 2024.....	XXX	XXX	XXX	XXX	628,077

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020.....	0	0	0	0	0
3. 2021.....	XXX	0	0	0	0
4. 2022.....	XXX	XXX	0	0	0
5. 2023.....	XXX	XXX	XXX	422,203	395,997
6. 2024.....	XXX	XXX	XXX	XXX	768,067

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022.....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2023.....	497,044	394,247	9,143	2.3	403,390	81.2	1,750	0	405,141	.81.5
5. 2024.....	906,402	628,077	12,509	2.0	640,586	70.7	139,990	1,413	781,989	86.3

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	0												
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	0												
5. Aggregate write-ins for other policy reserves	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
6. Totals (gross)	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
7. Reinsurance ceded	0												
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	.0	.0	.0	.0	0	.0	0	0	0	0	.0
12. Totals (gross)	0	0	.0	.0	.0	.0	0	.0	0	0	0	0	.0
13. Reinsurance ceded	0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	76,236	64,124	1,962,198		2,102,558
2. Salaries, wages and other benefits	8,681,097	1,492,920	40,814,956		50,988,973
3. Commissions (less \$ ceded plus \$ assumed)	0	0	0		0
4. Legal fees and expenses	13,331	10,858	358,645		382,834
5. Certifications and accreditation fees	210	515	3,370		4,095
6. Auditing, actuarial and other consulting services	23,085	26,643	734,297		784,025
7. Traveling expenses	124,129	5,450	272,170		401,749
8. Marketing and advertising	7,412	6,455	1,083,187		1,097,054
9. Postage, express and telephone	29,362	24,847	642,902		697,111
10. Printing and office supplies	28,762	17,167	1,950,464		1,996,393
11. Occupancy, depreciation and amortization	289,981	243,039	7,102,984		7,636,004
12. Equipment	17,953	13,982	350,720		382,655
13. Cost or depreciation of EDP equipment and software	0	0	0		0
14. Outsourced services including EDP, claims, and other services	653,475	429,967	10,055,228		11,138,670
15. Boards, bureaus and association fees	812	0	10,361		11,173
16. Insurance, except on real estate	9,082	8,807	73,647		91,536
17. Collection and bank service charges	126	184	21,784		22,094
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	0	0	0		0
22. Real estate taxes	4,250	3,626	83,608		91,484
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0		0
23.2 State premium taxes	0	0	9,096,228		9,096,228
23.3 Regulatory authority licenses and fees	0	0	28,063		28,063
23.4 Payroll taxes	545,621	79,943	2,239,111		2,864,675
23.5 Other (excluding federal income and real estate taxes)	0	0	49,387,429		49,387,429
24. Investment expenses not included elsewhere	0	0	0	2,849	2,849
25. Aggregate write-ins for expenses	72,428	23,872	5,053,700	0	5,150,000
26. Total expenses incurred (Lines 1 to 25)	10,577,352	2,452,399	131,325,052	2,849 (a)	144,357,652
27. Less expenses unpaid December 31, current year	1,147,076	265,954	17,071,345		18,484,375
28. Add expenses unpaid December 31, prior year	804,456	87,975	9,069,811	0	9,962,242
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	10,234,732	2,274,420	123,323,518	2,849	135,835,519
DETAILS OF WRITE-INS					
2501. Consulting	2,100	0	2,900		5,000
2502. Miscellaneous Expenses	70,328	23,872	820,756		914,956
2503. Donations	0	0	183,074		183,074
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	4,046,970	0	4,046,970
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	72,428	23,872	5,053,700	0	5,150,000

(a) Includes management fees of \$ 55,228,167 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 17,768	19,799
1.1 Bonds exempt from U.S. tax	(a) .....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....
1.3 Bonds of affiliates	(a) .....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....
2.2 Common stocks (unaffiliated)	(b) .....	.....
2.21 Common stocks of affiliates	(b) .....	.....
3. Mortgage loans	(c) .....	.....
4. Real estate	(d)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 9,438,836	9,492,698
7. Derivative instruments	(f) .....	.....
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	9,456,604	9,512,497
11. Investment expenses		(g) 2,849
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		2,849
17. Net investment income (Line 10 minus Line 16)		9,509,648
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 719 accrual of discount less \$ 1,301 amortization of premium and less \$ 7,581 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 96 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans					
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

NONE

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	915,746	1,053,161	137,415
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	1,623,920	748,030	(875,890)
25. Aggregate write-ins for other-than-invested assets	1,071,432	1,388,161	316,729
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,611,098	3,189,352	(421,746)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	3,611,098	3,189,352	(421,746)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Leasehold Improvement.....	863,182	1,212,426	349,244
2502. Prepaid Expenses.....	208,250	175,735	(32,515)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,071,432	1,388,161	316,729

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	111,696	123,293	149,617	156,389	155,349	1,703,496
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	111,696	123,293	149,617	156,389	155,349	1,703,496
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

NOTES TO FINANCIAL STATEMENTS

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Ohio DOI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. As of December 31, 2024, these prescribed or permitted accounting practices are not applicable to the Company.

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

Net Income	SSAP #	F/S Page	F/S Line#	2024	2023
(1) AmeriHealth Caritas Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$21,517,144	\$11,453,955
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$0	\$0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$0	\$0
(4) NAIC SAP (1-2-3-4)				\$21,517,144	\$11,453,955
SURPLUS					
(5) AmeriHealth Caritas Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$136,361,306	\$80,265,908
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$0	\$0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$0	\$0
(8) NAIC SAP (5-6-7=8)				\$136,361,306	\$80,265,908

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

The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Ohio DOI requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

1. Short-term investments - None
2. Bonds and other debt instruments are stated at amortized cost or at values prescribed by the Ohio DOI. Bonds with an NAIC designation of 3 through 6 are reported at the lower of amortized cost or fair value. The amortized cost of bonds is adjusted for amortization of premiums and accretion of discounts using the scientific-interest method. Realized investment gains and losses on the sale of investments are recognized on the specific-identification basis as of the trade date. Realized losses also include losses for fair value declines that are considered to be other than temporary. Interest income is recognized when earned.
3. Common Stocks - None
4. Preferred Stock - None
5. Mortgage Loans - None
6. Loan-backed securities - None
7. Investments in subsidiaries, controlled and affiliated (SCA) entities - None
8. Investments in joint ventures, partnerships and limited liability companies - None
9. Derivatives - None
10. Anticipated investment income as a factor in premium deficiency calculation - None
11. Accrued Medical Expense/Unpaid Claim Adjustment Expense - Accrued medical expenses and unpaid claims adjustment expenses include medical expenses billed and not paid, an estimate for costs incurred but not reported (IBNR), and estimated costs to process these claims. To estimate the IBNR balance the Company uses the triangulation method. The triangulation method uses estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors. Substantially all of the IBNR balance as of December 31, 2024 relates to the current year.

The Company determines IBNR in accordance with actuarial principles and assumptions that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. Actuarial Standards of Practice require that the liabilities be adequate under moderately adverse circumstances. Actuarial estimates are based upon authorized healthcare services, past claims payment experience, member census, and other relevant factors. The Company consistently applies its reserving methodology from period to period and periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs.

While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates. The Company recognizes any change in estimates in medical and hospital expenses in the period in which the change is identified.

12. Fixed asset capitalization policy modifications - Furniture and leasehold improvements are designated as "non-admitted assets" and are charged directly to capital and surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets. Leasehold improvements are amortized on a straight-line basis over the shorter of the lease term or estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.
13. Pharmaceutical Rebates - None

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

A. Statutory Purchase Method - None

B. Statutory Merger

1. Name and brief description of the combined entities - None
2. Method of accounting - None
3. Shares of stock issued in the transaction - None
4. Details of results of operations - None
5. Adjustments recorded directly to surplus - None

C. Assumption Reinsurance - None

D. Impairment Loss recognized on Business Combinations and Goodwill - None

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

4. Discontinued Operations

A. Discontinued Operations Disposed of or Classified as Held for Sale - None

B. Change in Plan of Sale of Discontinued Operation - None

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - None

D. Equity Interest Retained in the Discontinued Operation After Disposal - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring -None

C. Reverse Mortgages - None

D. Loan-Backed Securities

1. Prepayment assumptions - None
2. Recognized Other-than-Temporary Impairment - None
3. Present Value of Cash Flows - None
4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized:

a. The aggregate amount of unrealized losses - None

b. The aggregate related fair value of securities with unrealized losses - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None

K. Low-income housing tax credits (LIHTC) - None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted and Nonadmitted)	Total Gross (Admitted and Nonadmitted)	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Assets (b)
(a.) Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	— %	— %
(b) Collateral held under security lending agreements	0	0	0	0	0	—	—
(c) Subject to repurchase agreements	0	0	0	0	0	—	—

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted and Nonadmitted) Restricted From Current Year	Total Gross (Admitted and Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Assets (b)
(d) Subject to reverse repurchase agreements	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	— %	— %
(e) Subject to dollar repurchase agreements	0	0	0	0	0	—	—
(f) Subject to dollar reverse repurchase agreements	0	0	0	0	0	—	—
(g) Placed under option contracts	0	0	0	0	0	—	—
(h) Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	—	—
(i) FHLB capital stock	0	0	0	0	0	—	—
(j) On deposit with states	453,754	451,185	2,569	0	453,754	0.1	0.1
(k) On deposit with other regulatory bodies	0	0	0	0	0	—	—
(l) Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	—	—
(m) Pledged as collateral not captured in other categories	0	0	0	0	0	—	—
(n) Other restricted assets	0	0	0	0	0	—	—
(o) Total Restricted Assets	\$ 453,754	\$ 451,185	\$ 2,569	\$ 0	\$ 453,754	0.1 %	0.1 %

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories - None

3. Detail of Other Restricted Assets - None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - None

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities - None

P. Short Sales - None

Q. Prepayment Penalty and Acceleration Fees - None

R. Reporting Entity's Share of Cash Pool by Asset Type - None

S. Aggregate Collateral Loans by Qualifying Investment Collateral - None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets - None

B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

B. Total amount excluded was \$0.

C. The gross, nonadmitted and admitted assets for interest income due and accrued.

Interest income due and accrued	Amount
Gross	\$ 60,623
NonAdmitted	0
Admitted	\$ 60,623

D. The aggregate deferred interest. - None

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principle balance. - None

8. Derivative Instruments

A. Derivatives under SSAP No. 86 - Derivatives - None

B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees

1. Discussion of hedged item / hedging instruments and hedging strategy - None
2. Recognition of gains/losses and deferred assets and liabilities - None
3. Hedging Strategies Identified as No Longer Highly Effective - None
4. Hedging Strategies Terminated - None

9. Income Taxes

A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

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

12/31/2024		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
\$ 3,532,420	\$ 0	\$ 3,532,420
3,053,463	0	3,053,463
478,957	0	478,957
0	0	0
478,957	0	478,957
478,957	0	478,957
\$ 0	\$ 0	\$ 0

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

12/31/2023		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
\$ 1,097,165	\$ 0	\$ 1,097,165
569,176	0	569,176
527,989	0	527,989
0	0	0
527,989	0	527,989
527,989	0	527,989
\$ 0	\$ 0	\$ 0

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

Change		
(7)	(8)	(9) (Col 7+8) Total
Ordinary	Capital	
\$ 2,435,255	\$ 0	\$ 2,435,255
2,484,287	0	2,484,287
(49,032)	0	(49,032)
0	0	0
(49,032)	0	(49,032)
(49,032)	0	(49,032)
\$ 0	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

2. Admission Calculation Components SSAP No. 101::

	12/31/2024		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	0	0	0
(2) Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	20,454,196
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL	478,957	0	478,957
(d) DTA Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	\$ 478,957	\$ 0	\$ 478,957

	12/31/2023		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	0	0	0
(2) Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	12,039,886
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL	527,989	0	527,989
(d) DTA Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	\$ 527,989	\$ 0	\$ 527,989

	Change		
	(7) Ordinary	(8) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above)			
(b) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	\$ 0	\$ 0	\$ 0
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	\$ 0	\$ 0	\$ 0
(2) Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	\$ 8,414,310
Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by			
(c) Gross DTL	\$ (49,032)	\$ 0	\$ (49,032)
DTA Admitted as the result of application of SSAP No. 101.			
(d) Total (2(a) + 2(b) + 2(c))	\$ (49,032)	\$ 0	\$ (49,032)

3.

	2024	2023
(a).. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.....	561 %	471 %
(b).. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.....	\$ 136,361,306	\$ 80,265,908

4. Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross Income

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

12/31/2024		
(1)	(2)	
Ordinary	Capital	
\$ 478,957	\$ 0	
\$ 478,957	\$ 0	

(1) Adjusted Gross DTAs amount from Note 9A1(c).....

(2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies.....

(3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e).....

(4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.....

12/31/2023		
(3) Ordinary	(4) Capital	
\$ 527,989	\$ 0	
\$ 527,989	\$ 0	

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

Change	
(5) (Col 1-3)	(6) (Col 2-4)
Ordinary	Capital
\$ (49,032)	\$ 0
\$ (49,032)	\$ 0
...	

(b) Does the company's tax planning strategies include the use of reinsurance?

Yes

No. X

B. There are no temporary differences for which DTLs are not recognized.

C Current income taxes incurred consist of the following major components:

1. Current Income Tax

	12/31/2024	12/31/2023	Change
(a) Federal	\$ 8,757,256	\$ (12,674,746)	\$ 21,432,002
(b) Foreign	—	—	—
(c) Subtotal	8,757,256	(12,674,746)	21,432,002
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 8,757,256	\$ (12,674,746)	\$ 21,432,002

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

2. DTA:

	12/31/2024	12/31/2023	Change
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 427,954	\$ 305,940	\$ 122,014
(2) Unearned premium reserve	0	0	0
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Premium Deficiency Reserve	0	121,462	(121,462)
(10) Receivables – nonadmitted	758,331	669,763	88,568
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) R&D net of amortization	0	0	0
(14) Other (including items <5% of total ordinary tax assets)	2,346,135	0	2,346,135
(99) Subtotal	\$ 3,532,420	\$ 1,097,165	\$ 2,435,255
(b) Statutory valuation allowance adjustment	\$ 3,053,463	\$ 569,176	\$ 2,484,287
(c) Nonadmitted	\$ 0	\$ 0	\$ 0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 478,957	\$ 527,989	\$ (49,032)
(e) Capital:			
(1) Investments	0	0	0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 0	\$ 0
(h) Admitted capital DTA (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted DTA (2d + 2h)	\$ 478,957	\$ 527,989	\$ (49,032)

3. DTL:

	12/31/2024	12/31/2023	Change
(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	361,495	507,559	(146,064)
(3) Deferred and uncollected premium	0	0	0
(4) Policyholder reserves	0	0	0
(5) Other (including items <5% of total ordinary tax liabilities)	117,462	20,430	97,032
(99) Subtotal	\$ 478,957	\$ 527,989	\$ (49,032)
(b) Capital			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	0	0	0
(3) Other (including items <5% of total capital tax liabilities)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(c) DTL (3a99 + 3b99)	\$ 478,957	\$ 527,989	\$ (49,032)

4. Net deferred tax assets/liabilities (2i - 3c)

\$ 0	\$ 0	\$ 0	\$ 0
------	------	------	------

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

	12/31/2024	12/31/2023
Current income tax expense incurred	\$ 8,757,256	\$ (12,674,746)
Change in deferred income tax (without tax on unrealized gains and losses)	0	0
Total income tax expense (benefit) reported	\$ 8,757,256	\$ (12,674,746)
Income before taxes	\$ 30,274,399	\$ (24,128,699)
Statutory Tax Rate	21%	21%
Expected income tax expense at statutory tax rate	\$ 6,357,624	\$ (5,067,027)
Increase (decrease) in actual tax reported resulting from:		
Permanent adjustments	4,462	5,589
Change in deferred taxes on nonadmitted assets	(88,568)	(53,538)
Change in valuation allowance adjustment	2,484,287	(7,559,770)
Total income tax expense reported	\$ 8,757,256	\$ (12,674,746)

E. Operating loss carry-forward

- As of December 31, 2024 there was \$0 net operating loss carryforward available for tax purposes..
- The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

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

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

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

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

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

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

- A. Material related party transactions - The Company received capital contributions of \$35,000,000 from Holdings during 2024.
- C. Transactions with related parties who are not reported on Schedule Y – None
- D. As of December 31, 2024, the Company reported the below amounts due to/(from) related parties:

(1) ACS	\$ 16,433,665
(2) PerformRx	\$ 70,291

- E. Material management or service arrangements: - The Company maintains a Management and Administrative Services Agreement with ACS, an affiliated company
- F. Parental guarantees – None
- G. The Company is an indirect wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.
- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
- I. Investments in an SCA entity that exceed 10% of admitted assets – None
- J. Write-downs for impaired investments in SCA entities – None
- K. Investment in foreign subsidiary calculation – None
- L. Investment in a downstream noninsurance holding company – None
- M. All SCA Investments
 - 1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
 - 2. NAIC filing response information – None
- N. Investment in Insurance SCAs – None
- O. SCA and SSAP No. 48 Entity Loss Tracking – None

11. Debt

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

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

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

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

- A. Common Capital stock outstanding - The Company has 1,000 shares authorized, 1,000 share issued and outstanding, with par value of \$1.
- B. Preferred stock – None
- C. Dividend restrictions – None
- D. Dates and amounts of dividends paid – None
- E. Stockholder's portion of ordinary dividend from profits – None
- F. Restrictions placed on unassigned funds (surplus) – None
- G. The total amount of advances to surplus not repaid – None
- H. The amount of stock held by the Company for special purposes – None
- I. Changes in balances of special surplus funds from the prior year – None
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses are \$0.
- K. Surplus notes – None
- L. Impact of any restatement due to quasi-reorganization – None
- M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments

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

15. Leases

- A. Lessee Operating Leases
 - 1. The Company leases office spaces under noncancelable operating lease agreements that expire March 22, 2027. Rental expense for 2024 and 2023 was \$293,619 and \$274,109, respectively.
 - 2. At December 31, 2024, the minimum aggregate rental commitments are as follow:

Year Ending	Operating Leases
December 31	
1. 2025	\$ 118,872
2. 2026	118,872
3. 2027	59,436
4. 2028	—
5. 2029	—
6. Total	\$ 297,180
- B. Lessor Leases
 - 1. Operating Leases – None
 - 2. Leverage Leases - None
- 3. The company is not involved in any material sales – leaseback transactions.

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

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

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

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

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

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

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

20. Fair Value Measurements

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

21. Other Items

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

22. Events Subsequent

Type 1 – Recognized subsequent events - None

Type 2 – Nonrecognized subsequent events - None

23. Reinsurance

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$103,203,793 for incurred claims and claim adjustment expenses. As of December 31, 2024 \$75,247,170 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,750,204 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$26,206,419 during 2024 for the year ended December 31, 2023. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables - None
- B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves - None

31. Anticipated Salvage and Subrogation – None

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio..... Yes [] No [X]

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
If yes, date of change:
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2021
3.2 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.12/31/2021
3.3 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).06/14/2023
3.4 By what department or departments? Pennsylvania Insurance Department.....
3.5 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 [X]
3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.

5.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
6.2 If yes, give full information
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
7.2 If yes,
7.21 State the percentage of foreign control0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Deloitte & Touche LLP 1700 Market Street, Suite 2700, Philadelphia, PA 19103.....
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Joseph Fedro, Director of Actuarial Services, AmeriHealth Caritas Family of Companies, 3875 West Chester Pike, Newtown Square, PA 19073, employee of the holding company system.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No []
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

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

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

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No []

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No []

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$
 20.12 To stockholders not officers \$
 20.13 Trustees, supreme or grand (Fraternal only) \$

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$
 20.22 To stockholders not officers \$
 20.23 Trustees, supreme or grand (Fraternal only) \$

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No []

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$
 21.22 Borrowed from others \$
 21.23 Leased from others \$
 21.24 Other \$

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No []

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$
 22.22 Amount paid as expenses \$
 22.23 Other amounts paid \$

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

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

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No []

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
--------------------------	--

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [] No []

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA []

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA []

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA []

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
25.093 Total payable for securities lending reported on the liability page	\$.....0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03.) Yes [] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements	\$.....
26.22 Subject to reverse repurchase agreements	\$.....
26.23 Subject to dollar repurchase agreements	\$.....
26.24 Subject to reverse dollar repurchase agreements	\$.....
26.25 Placed under option agreements	\$.....
26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
26.27 FHLB Capital Stock	\$.....
26.28 On deposit with states	\$.....453,754
26.29 On deposit with other regulatory bodies	\$.....
26.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
26.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
26.32 Other	\$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []

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

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
27.42 Permitted accounting practice	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
27.43 Other accounting guidance	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No []

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No []

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

1 Name of Custodian(s)	2 Custodian's Address
Company has no stocks, bonds or other securities.....	

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No []

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 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. This includes both primary and sub-advisors. 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
Pamela Schmidt, who makes recommendations to BOD.....
.....
.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2	3
Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	453,754	453,942
31.2 Preferred Stocks.....	0	0
31.3 Totals.....	453,754	453,942
		188

31.4 Describe the sources or methods utilized in determining the fair values:

Fair value is based on pricing as provided by custodian pricing. For short-term investments, cost approximates fair value due to the short term nature of these investments.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [X] No []

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

a. The security was either:

i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).

b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.

c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.

d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [] No [X]

36. 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]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [X] No [] NA []

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [] No [X]

39.22 Immediately converted to U.S. dollars

Yes [] No [X]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 216,673

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Ohio Association of Health Plans.....	\$.....216,673

41.1 Amount of payments for legal expenses, if any? \$

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$.....
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$.....
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 0
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ 0
1.62	Total incurred claims	\$ 0
1.63	Number of covered lives	..... 0
	All years prior to most current three years:	
1.64	Total premium earned	\$ 0
1.65	Total incurred claims	\$ 0
1.66	Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ 0
1.72	Total incurred claims	\$ 0
1.73	Number of covered lives	..... 0
	All years prior to most current three years:	
1.74	Total premium earned	\$ 0
1.75	Total incurred claims	\$ 0
1.76	Number of covered lives	..... 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 906,401,633	\$ 497,043,813
2.2	Premium Denominator	\$ 906,401,633	\$ 497,043,813
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ 141,739,788	\$ 102,889,754
2.5	Reserve Denominator	\$ 141,739,788	\$ 102,889,754
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 1.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [] No [X]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []
5.2	If no, explain:	

5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$ 1,000,000
		5.32 Medical Only	\$.....
		5.33 Medicare Supplement	\$.....
		5.34 Dental and Vision	\$.....
		5.35 Other Limited Benefit Plan	\$.....
		5.36 Other	\$.....

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
	All providers have executed hold-harmless agreements for continuation of services.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X] No []

7.2 If no, give details

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 175,329
	8.2 Number of providers at end of reporting year	..... 196,397
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]

9.2 If yes, direct premium earned:

9.21	Business with rate guarantees between 15-36 months	.....
9.22	Business with rate guarantees over 36 months	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [X] No []
11.14 A Mixed Model (combination of above) ?	Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
The Company services all counties in the State of Ohio.....	

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written	\$.....
15.2 Total Incurred Claims	\$.....
15.3 Number of Covered Lives	.....

*Ordinary Life Insurance Includes	
Term (whether full underwriting, limited underwriting, jet issue, "short form app")	
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")	
Variable Life (with or without secondary guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

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

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	323,541,747	205,452,642	42,440,085	23,048,302	0
2. Total liabilities (Page 3, Line 24)	187,180,441	125,186,734	17,465,279	3,692,033	0
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	0
4. Total capital and surplus (Page 3, Line 33)	136,361,306	80,265,908	24,974,806	19,356,269	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	906,401,633	497,043,813	0	0	0
6. Total medical and hospital expenses (Line 18)	741,860,470	422,203,491	0	0	0
7. Claims adjustment expenses (Line 20)	13,029,751	10,035,870	0	0	0
8. Total administrative expenses (Line 21)	131,325,052	99,990,642	34,636,654	4,834,327	0
9. Net underwriting gain (loss) (Line 24)	20,764,752	(28,520,369)	(41,880,867)	(4,834,327)	0
10. Net investment gain (loss) (Line 27)	9,509,648	4,391,668	161,430	609	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	21,517,144	(11,453,955)	(40,472,148)	(3,818,637)	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	94,779,084	39,021,186	(29,067,425)	(691,510)	0
Risk-Based Capital Analysis					
14. Total adjusted capital	136,361,306	80,265,908	24,974,806	19,356,269	0
15. Authorized control level risk-based capital	24,297,200	17,059,612	620,729	36,242	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	155,349	111,696	0	0	0
17. Total members months (Column 6, Line 7)	1,703,496	923,998	0	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	81.8	84.9	0.0	0.0	0.0
20. Cost containment expenses	1.2	1.8	0.0	0.0	0.0
21. Other claims adjustment expenses	0.3	0.2	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	97.7	105.7	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	2.3	(5.7)	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	76,104,943	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	102,311,362	0	0	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors?* Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	N							0	0
15. Indiana	IN	N							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	N							0	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	L		909,622,844				909,622,844	0	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	0	0	909,622,844	0	0	0	909,622,844	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0
61. Total (Direct Business)		XXX	0	0	909,622,844	0	0	0	909,622,844	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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

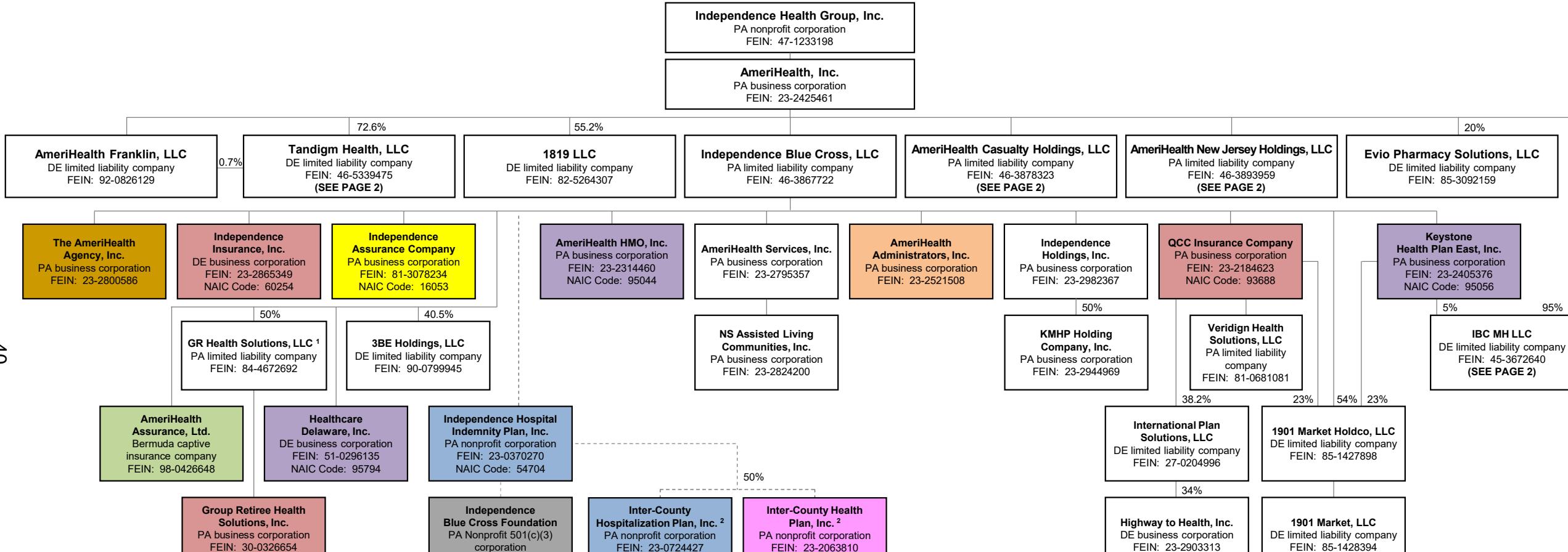
(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 4. Q – Qualified – Qualified or accredited reinsurer 0
 2. R – Registered – Non-domiciled RRGs 0 5. N – None of the above – Not allowed to write business in the state 56
 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0

(b) Explanation of basis of allocation by states, premiums by states, etc.

The Company has business in the state of Ohio only.

STATEMENT AS OF DECEMBER 31, 2024 of AMERIHEALTH CARITAS OHIO, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

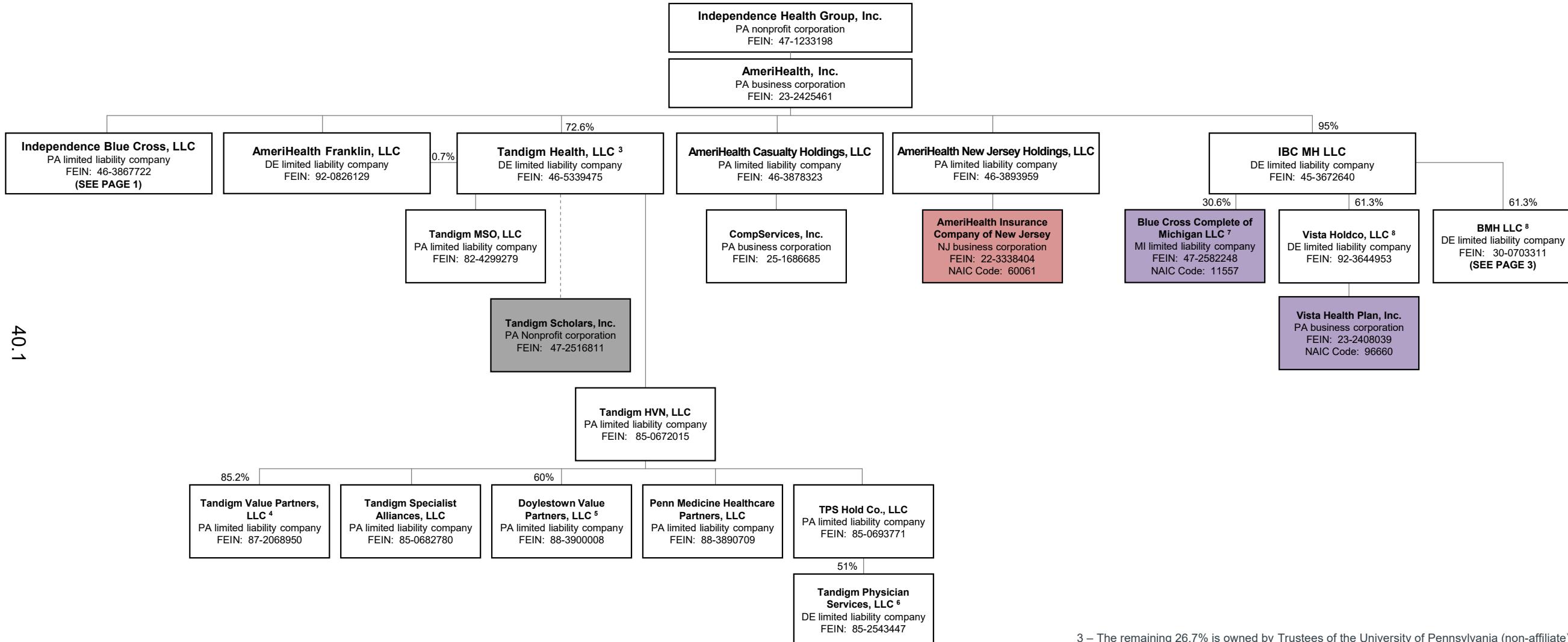


- █ Insurance Producer
- █ Insurance Company
- █ Captive Insurance Company
- █ Health Maintenance Organization (HMO)
- █ Professional Health Services Plan Corporation
- █ Hospital Plan Corporation
- █ Third Party Administrator
- █ Risk Assuming Non-Licensed PPO
- █ Charitable Foundation

1 – The remaining 50% is owned by Anthem Partnership Holding Company, LLC (non-affiliate)

2 - Companies are equally controlled by Independence Hospital Indemnity Plan, Inc. and Highmark, Inc. (non-affiliate), each having equal number of members elected to board of directors.

STATEMENT AS OF DECEMBER 31, 2024 of AMERIHEALTH CARITAS OHIO, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



3 – The remaining 26.7% is owned by Trustees of the University of Pennsylvania (non-affiliate)

4 – The remaining 14.8% is owned by primary care physician practices (non-affiliates)

5 – The remaining 40% is owned by Doylestown Hospital (non-affiliate)

6 – The remaining 49% is owned either directly or indirectly by individual physicians (non-affiliate)

7 – The remaining 69.4% is owned by Michigan Medicaid Holdings Company (non-affiliate)

8 – The remaining 38.7% is owned by Blue Cross and Blue Shield of Michigan Mutual Insurance Company (non-affiliate)

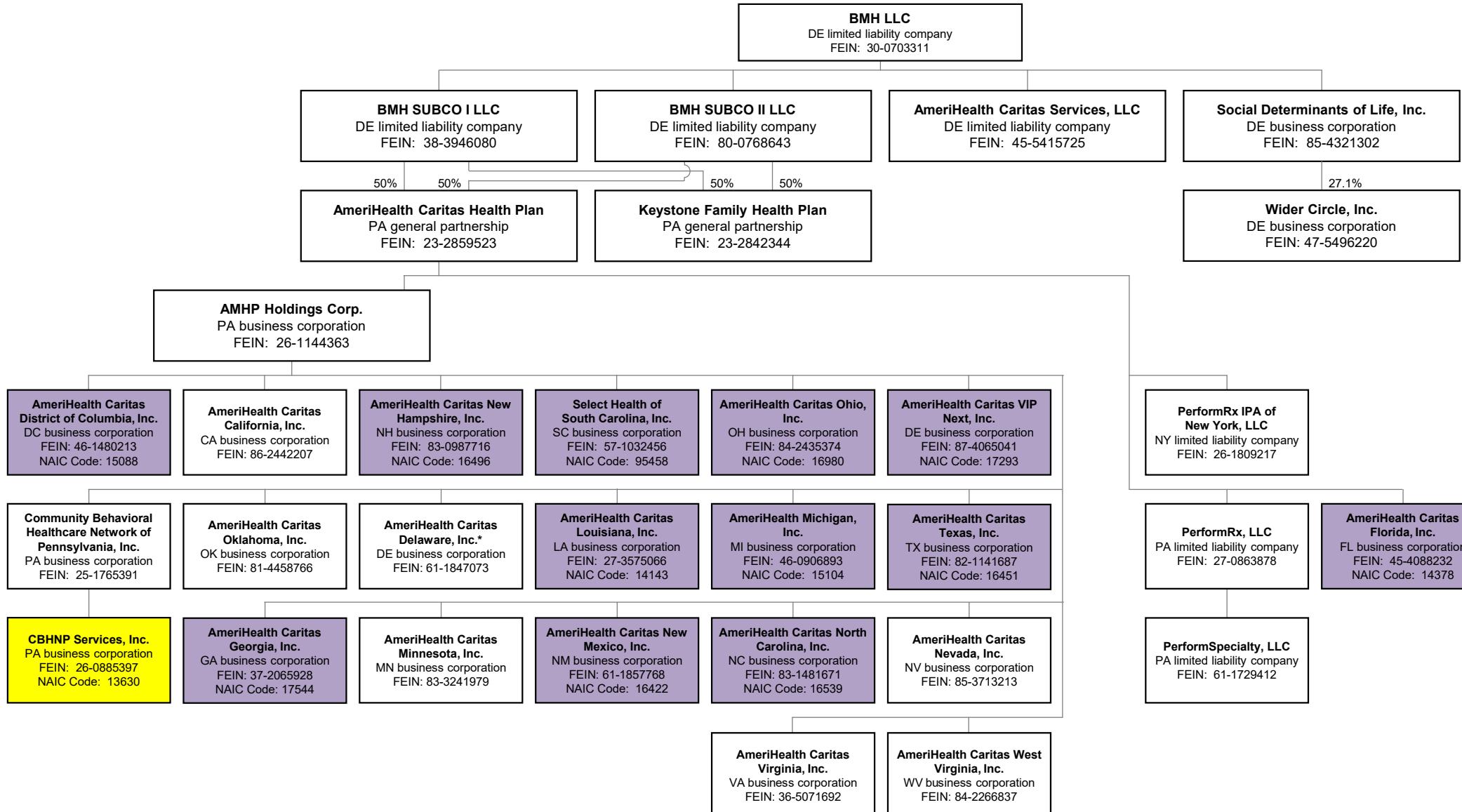
Insurance Company

Charitable Foundation

Health Maintenance Organization (HMO)

STATEMENT AS OF DECEMBER 31, 2024 of AMERIHEALTH CARITAS OHIO, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

40.2



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

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