



**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)

Primary Location of Books and Records 200 Stevens Drive, Philadelphia, PA, US 19115  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

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 \_\_\_\_\_

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## OTHER OFFICERS

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## **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.

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Pamela Ann Schmidt  
Treasurer

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Robert M. Kessler  
Secretary

Rebecca Jane Engelman  
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.

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	7,443,694	3,165,117	3,138,098	30,784,078		44,530,981
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	7,443,694	3,165,117	3,138,098	30,784,078	0	44,530,981

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

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
029998 - Aggregate of amounts not individually listed above.	1,316,453	171,328	116,386	0	1,604,167	0
029999 - Claim Overpayment Receivables	1,316,453	171,328	116,386	0	1,604,167	0
039998 - Aggregate of amounts not individually listed above.				19,753	19,753	
039999 - Loans and Advances to Providers	0	0	0	19,753	19,753	0
079999 Gross Health Care Receivables	1,316,453	171,328	116,386	19,753	1,623,920	0

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

**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					0	
2. Claim overpayment receivables .....	578,643	23,806,057		1,604,167	578,643	723,440
3. Loans and advances to providers .....				19,753	0	24,590
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	578,643	23,806,057	0	1,623,920	578,643	748,030

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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

## EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	15,549,122	216,739	185,488	75,107	8,554	16,035,010
0499999 Subtotals	15,549,122	216,739	185,488	75,107	8,554	16,035,010
0599999 Unreported claims and other claim reserves						125,704,778
0699999 Total amounts withheld						
0799999 Total claims unpaid						141,739,788
0899999 Accrued medical incentive pool and bonus amounts						0

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

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth Caritas Services, LLC.....	Administrative and staffing services.....	16,433,665	16,433,665	
PerformRx, LLC.....	Drug therapy management program.....	70,291	70,291	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
0199999 Individually listed payables.....	.....	16,503,956	16,503,956	0
0299999 Payables not individually listed	.....	.....	.....	.....
0399999 Total gross payables	.....	16,503,956	16,503,956	0

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

## **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	87,648,416	12.5	37,210	24.0		87,648,416
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	58,891,411	8.4	155,349	100.0		58,891,411
4. Total capitation payments .....	146,539,827	20.9	192,559	124.0	0	146,539,827
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	555,903,913	79.1	XXX	XXX		555,903,913
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	555,903,913	79.1	XXX	XXX	0	555,903,913
13. Total (Line 4 plus Line 12) .....	702,443,740	100 %	XXX	XXX	0	702,443,740

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	1,349,852		434,106	915,746	915,746	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	1,703,747		840,565	863,182	863,182	0
6. Total	3,053,599	0	1,274,671	1,778,928	1,778,928	0



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2024							NAIC Company Code	16980		
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10				
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year .....		111,696								111,696					
2. First Quarter .....		123,293								123,293					
3. Second Quarter .....		149,617								149,617					
4. Third Quarter .....		156,389								156,389					
5. Current Year .....		155,349								155,349					
6. Current Year Member Months		1,703,496								1,703,496					
Total Member Ambulatory Encounters for Year:															
7. Physician .....		882,282								882,282					
8. Non-Physician .....		596,312								596,312					
9. Total .....		1,478,594	0	0	0	0	0	0	0	1,478,594	0	0	0	0	0
10. Hospital Patient Days Incurred		195,063								195,063					
11. Number of Inpatient Admissions		16,334								16,334					
12. Health Premiums Written (b).....		909,622,844								909,622,844					
13. Life Premiums Direct.....		0													
14. Property/Casualty Premiums Written.....		0													
15. Health Premiums Earned.....		909,622,844								909,622,844					
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services .....		702,443,740								702,443,740					
18. Amount Incurred for Provision of Health Care Services		741,872,166								741,872,166					

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

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



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2024									NAIC Company Code	16980	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:																
1. Prior Year .....		111,696	0	0	0	0	0	0	0	111,696	0	0	0	0	0	0
2. First Quarter .....		123,293	0	0	0	0	0	0	0	123,293	0	0	0	0	0	0
3. Second Quarter .....		149,617	0	0	0	0	0	0	0	149,617	0	0	0	0	0	0
4. Third Quarter .....		156,389	0	0	0	0	0	0	0	156,389	0	0	0	0	0	0
5. Current Year .....		155,349	0	0	0	0	0	0	0	155,349	0	0	0	0	0	0
6. Current Year Member Months .....		1,703,496	0	0	0	0	0	0	0	1,703,496	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																
7. Physician .....		882,282	0	0	0	0	0	0	0	882,282	0	0	0	0	0	0
8. Non-Physician .....		596,312	0	0	0	0	0	0	0	596,312	0	0	0	0	0	0
9. Total .....		1,478,594	0	0	0	0	0	0	0	1,478,594	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		195,063	0	0	0	0	0	0	0	195,063	0	0	0	0	0	0
11. Number of Inpatient Admissions .....		16,334	0	0	0	0	0	0	0	16,334	0	0	0	0	0	0
12. Health Premiums Written (b) .....		909,622,844	0	0	0	0	0	0	0	909,622,844	0	0	0	0	0	0
13. Life Premiums Direct .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....		909,622,844	0	0	0	0	0	0	0	909,622,844	0	0	0	0	0	0
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....		702,443,740	0	0	0	0	0	0	0	702,443,740	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services .....		741,872,166	0	0	0	0	0	0	0	741,872,166	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

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

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

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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

## **SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

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

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
21105.....22-1964135.....02/01/2023.....NORTH RIVER INS CO.....				NJ.....	IRSL/I.....	CMM.....	3,221,211.....						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,221,211.....	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							3,221,211.....	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							3,221,211.....	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							3,221,211.....	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,221,211.....	0	0	0	0	0	0
9999999 Totals							3,221,211.....	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

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

**SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	3,221	2,739	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	708	788	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	278,241,792		278,241,792
2. Accident and health premiums due and unpaid (Line 15).....	44,530,987		44,530,987
3. Amounts recoverable from reinsurers (Line 16.1).....	708,345		708,345
4. Net credit for ceded reinsurance.....	XXX	708,345	708,345
5. All other admitted assets (Balance).....	60,623		60,623
6. Total assets (Line 28)	323,541,747	708,345	324,250,092
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	141,739,788		141,739,788
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	45,440,653		45,440,653
15. Total liabilities (Line 24).....	187,180,441		187,180,441
16. Total capital and surplus (Line 33).....	136,361,306	XXX	136,361,306
17. Total liabilities, capital and surplus (Line 34)	323,541,747	0	323,541,747
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance .....	0		0
21. Reinsurance recoverable on paid losses .....	708,345		708,345
22. Other ceded reinsurance recoverables .....	0		0
23. Total ceded reinsurance recoverables .....	708,345		708,345
24. Premiums receivable .....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
26. Unauthorized reinsurance .....	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets .....	0		0
30. Total ceded reinsurance payables/offsets .....	0		0
31. Total net credit for ceded reinsurance	708,345		708,345

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

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

Allocated By States and Territories

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

**NONE**

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000.....		00000.....	47-1233198.....				Independence Health Group, Inc.....	PA.....	U/P.....	Independence Health Group, Inc.....				NO	
00000.....		00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	U/P.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	92-0826129.....				AmeriHealth Franklin, LLC.....	DE.....	N/A.....	AmeriHealth, Inc..... AmeriHealth, Inc. (72.6%) / AmeriHealth Franklin, LLC (0.7%) / Trustees of the University of Pennsylvania (26.7%)	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	46-5339475.....				Tandigm Health, LLC.....	DE.....	N/A.....		Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	82-4299279.....				Tandigm MSO, LLC.....	PA.....	N/A.....	Tandigm Health, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	47-2516811.....				Tandigm Scholars, Inc.....	PA.....	O/TH.....	Tandigm Health, LLC.....	Board.....	0.0	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	85-0672015.....				Tandigm HVN, LLC.....	PA.....	N/A.....	Tandigm Health, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	87-2068950.....				Tandigm Value Partners, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....	Ownership.....	62.5	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	85-0682780.....				Tandigm Specialist Alliances, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Doylestown Hospital / Trustees of the University of Pennsylvania.....	NO	
00000.....		00000.....	88-3900008.....				Doylestown Value Partners, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....	Ownership.....	44.0		NO	

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

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00000.....		00000.....	88-3890709.....				Penn Medicine Healthcare Partners, LLC.....	.PA.....	.NIA.....	Tandigm HVN, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	85-0693771.....				TPS Hold Co., LLC.....	.PA.....	.NIA.....	Tandigm HVN, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	85-2543447.....				Tandigm Physician Services, LLC.....	.DE.....	.NIA.....	TPS Hold Co., LLC.....	Ownership.....	37.4	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	82-5264307.....				1819 LLC.....	.DE.....	.NIA.....	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%).....	Ownership.....	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC.....	NO.....	
00000.....		00000.....	85-3092159.....				Evio Pharmacy Solutions, LLC.....	.DE.....	.NIA.....	AmeriHealth, Inc. (20%).....	Ownership.....	20.0	Independence Health Group, Inc. / AmeriHealth, Inc. (20%).....	NO.....	
00000.....		00000.....	46-3867722.....				Independence Blue Cross, LLC.....	.PA.....	.NIA.....	AmeriHealth, Inc. ....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	90-0799945.....				3BE Holdings, LLC.....	.DE.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	40.5	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	.PA.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	84-4672692.....				GR Health Solutions, LLC.....	.PA.....	.NIA.....	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC.....	Ownership.....	50.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00671.....	Elevance Health, Inc.....	12812.....	30-0326654.....				Group Retiree Health Solutions, Inc.....	.PA.....	.IA.....	GR Health Solutions, LLC.....	Ownership.....	50.0	Independence Health Group, Inc. / Elevance Health, Inc.....	NO.....	
00936.....	Independence Health Group, Inc.....	95794.....	51-0296135.....				Healthcare Delaware, Inc.....	.DE.....	.IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00936.....	Independence Health Group, Inc.....	60254.....	23-2865349.....				Independence Insurance, Inc.....	.DE.....	.IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	98-0426648.....				AmeriHealth Assurance, Ltd.....	.BMU.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	23-2795357.....				AmeriHealth Services, Inc.....	.PA.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	
00000.....		00000.....	23-2824200.....				NS Assisted Living Communities, Inc.....	.PA.....	.NIA.....	AmeriHealth Services, Inc.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc. ....	NO.....	

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000.....		00000.....	23-2982367.....				Independence Holdings, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2944969.....				KMHP Holding Company, Inc.....	PA.....	NIA.....	Independence Holdings, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / Mercy Health Plan.....	NO	
00936.....	Independence Health Group, Inc.....	93688.....	23-2184623.....				QCC Insurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	81-0681081.....				Veridign Health Solutions, LLC.....	PA.....	NIA.....	QCC Insurance Company.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	27-0204996.....				International Plan Solutions, LLC.....	DE.....	NIA.....	QCC Insurance Company.....	Ownership.....	38.2	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2903313.....				Highway to Health, Inc.....	DE.....	NIA.....	International Plan Solutions, LLC.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	98-0408753.....				HTH Re, Ltd.....	BMU.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	54-1867679.....				Worldwide Insurance Services, LLC.....	VA.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2521508.....				AmeriHealth Administrators, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	16053.....	81-3078234.....				Independence Assurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	95044.....	23-2314460.....				AmeriHealth HMO, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	95056.....	23-2405376.....				Keystone Health Plan East, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-1427898.....				1901 Market Holdco, LLC.....	DE.....	NIA.....	Independence Blue Cross, LLC / QCC Insurance Company (54%) / Keystone Health Plan, Inc. (23%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-1428394.....				1901 Market, LLC.....	DE.....	NIA.....	1901 Market Holdco, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	54704.....	23-0370270.....				Independence Hospital Indemnity Plan, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	36-4685801.....				Independence Blue Cross Foundation.....	PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	54763.....	23-0724427.....				Inter-County Hospitalization Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00936.....	Independence Health Group, Inc.....	53252.....	23-2063810.....				Inter-County Health Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00000.....		00000.....	46-3878323.....				AmeriHealth Casualty Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	25-1686685.....				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	46-3893959.....				AmeriHealth New Jersey Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	

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

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

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00936.....	Independence Health Group, Inc.....	60061.....	22-3338404.....				AmeriHealth Insurance Company of New Jersey.....	NJ.....	IA.....	AmeriHealth New Jersey Holdings, LLC..... AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%).....	Ownership.....	100.0.....	Independence Health Group, Inc.....	NO.....	
00000.....		00000.....	45-3672640.....				IBC MH LLC.....	DE.....	UIP.....		Ownership.....	100.0.....	Independence Health Group, Inc.....	NO.....	
00936.....	Independence Health Group, Inc.....	96660.....	23-2408039.....				Vista Health Plan, Inc.....	PA.....	IA.....	Vista Holdco, LLC.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	92-3644953.....				Vista Holdco, LLC.....	DE.....	NIA.....	IBC MH LLC.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	30-0703311.....				BMH LLC.....	DE.....	UIP.....	IBC MH LLC.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	45-5415725.....				AmeriHealth Caritas Services, LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	85-4321302.....				Social Determinants of Life, Inc.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	47-5496220.....				Wider Circle, Inc.....	DE.....	NIA.....	Social Determinants of Life, Inc.....	Ownership.....	16.6.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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

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

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00000.....		00000.....	38-3946080.....			BMH SUBCO I LLC.....		DE.....	UIP.....	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	80-0768643.....			BMH SUBCO II LLC.....		DE.....	UIP.....	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	23-2842344.....			Keystone Family Health Plan.....		PA.....	NIA.....	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	23-2859523.....			AmeriHealth Caritas Health Plan.....		PA.....	UIP.....	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	14143.....	27-3575066.....			AmeriHealth Caritas Louisiana, Inc.....		LA.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	15104.....	46-0906893.....			AmeriHealth Michigan, Inc.....		MI.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	95458.....	57-1032456.....			Select Health of South Carolina, Inc.....		SC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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

**SCHEDULE Y**  
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00936.....	Independence Health Group, Inc.....	15088.....	46-1480213.....			AmeriHealth Caritas District of Columbia, Inc.....		DC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	27-0863878.....			PerformRx, LLC.....		PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	61-1729412.....			PerformSpecialty, LLC.....		PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	26-1809217.....			PerformRx IPA of New York, LLC.....		NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	26-1144363.....			AMHP Holdings Corp.....		PA.....	UDP.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	25-1765391.....			Community Behavioral Healthcare Network of Pennsylvania, Inc.....		PA.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	13630.....	26-0885397.....			CBHNP Services, Inc.....		PA.....	IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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

**SCHEDULE Y**  
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00936.....	Independence Health Group, Inc.....	14378.....	45-4088232.....				AmeriHealth Caritas Florida, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00572.....	Blue Cross Blue Shield of Michigan.....	11557.....	47-2582248.....				Blue Cross Complete of Michigan LLC.....	MI.....	IA.....	IBC MH LLC (30.6%), Michigan Medicaid Holdings Company (69.4%).....	Ownership.....	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	61-1847073.....				AmeriHealth Caritas Delaware, Inc.....	DE.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16451.....	82-1141687.....				AmeriHealth Caritas Texas, Inc.....	TX.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16422.....	61-1857768.....				AmeriHealth Caritas New Mexico, Inc.....	NM.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16539.....	83-1481671.....				AmeriHealth Caritas North Carolina, Inc.....	NC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	83-3241979.....				AmeriHealth Caritas Minnesota, Inc.....	MN.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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00936.....	Independence Health Group, Inc.....	16496.....	83-0987716.....			AmeriHealth Caritas New Hampshire, Inc.....		.NH.....	.IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16980.....	84-2435374.....			AmeriHealth Caritas Ohio, Inc.....		.OH.....	.RE.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	81-4458766.....			AmeriHealth Caritas Oklahoma, Inc.....		.OK.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	85-3713213.....			AmeriHealth Caritas Nevada, Inc.....		.NV.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	86-2442207.....			AmeriHealth Caritas California, Inc.....		.CA.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	17293.....	87-4065041.....			AmeriHealth Caritas VIP Next, Inc.....		.DE.....	.IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	84-2266837.....			AmeriHealth Caritas West Virginia, Inc.....		.WV.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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

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

Asterisk	Explanation
1	Charity.....

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

**SCHEDULE Y**

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hospital Indemnity Plan					(33,152,581)					(33,152,581)
00000	47-1233198	Independence Health Group, Inc.					34,784,546					34,784,546
00000	46-3867722	Independence Blue Cross, LLC	66,480,000				1,217,249,555					1,283,729,555
93688	23-2184623	QCC Insurance Company		2,760,000			(626,880,179)	(4,378,306)				(628,498,485)
00000	23-2425461	AmeriHealth, Inc.	374,611,066	(25,000,000)			1,011,142					350,622,208
95056	23-2405376	Keystone Health Plan East, Inc.		(37,602,576)			(1,225,765,563)					(1,263,368,139)
60061	22-3338404	AmeriHealth Insurance Company of NJ					(131,888,146)					(131,888,146)
95044	23-2314460	AmeriHealth HMO, Inc.					(3,906,295)					(3,906,295)
00000	23-2800586	The AmeriHealth Agency, Inc.					(20,804)					(20,804)
00000	23-2521508	AmeriHealth Administrators, Inc.					(65,107,105)					(65,107,105)
00000	23-2795357	AmeriHealth Services, Inc.					(913,340)					(913,340)
00000	46-3878323	AmeriHealth Casualty Holdings		(1,500,000)								(1,500,000)
00000	25-1686685	CompServices, Inc.					(4,875,769)					(4,875,769)
00000	25-1765486	CSI Services, Inc.					(1,305)					(1,305)
95794	51-0296135	Healthcare Delaware, Inc.					(13,578)					(13,578)
60254	23-2865349	Independence Insurance, Inc.					(12,773)					(12,773)
00000	23-2982367	Independence Holdings, Inc.					3,630					3,630
96660	23-2408039	Vista Health Plan, Inc.					(13,754,610,454)					(13,754,610,454)
00000	98-0426648	AmeriHealth Assurance, Ltd.					(1,956,713)					(1,956,713)
00000	45-3672640	IBC MH LLC		(392,748,490)								(392,748,490)
00000	46-5339475	Tandigm Health, LLC					859,946,819					859,946,819
16053	81-3078234	Independence Assurance Company			25,000,000		(18,501,542)					6,498,458
00000	85-1428394	1901 Market, LLC		(12,000,000)								(12,000,000)
12812	30-0326654	Group Retiree Health Solutions, Inc.						4,378,306				4,378,306
00000	23-2842344	Keystone Family Health Plan					8,982,973,202					8,982,973,202
00000	23-2859523	AmeriHealth Caritas Health Plan					4,771,637,253					4,771,637,253
95458	57-1032456	Select Health of South Carolina, Inc.		(25,000,000)				(204,893,376)				(229,893,376)
13630	26-0885397	CBHNP Services, Inc.										0
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		(19,000,000)				(86,316,173)				(105,316,173)
14378	45-4088232	Florida True Health, Inc.					(79,869,165)					(79,869,165)
15088	46-1480213	AmeriHealth Caritas District of Columbia		(15,000,000)				(51,530,180)				(66,530,180)
17544	37-2065928	AmeriHealth Caritas Georgia, Inc.			25,000,000							25,000,000
15104	46-0906893	AmeriHealth Michigan, Inc.			20,000,000							4,317,819
00000	23-2859523	AmeriHealth Caritas Health Plan										0
00000	45-5415725	AmeriHealth Caritas Services, LLC						525,480,756				525,480,756
16451	82-1141687	AmeriHealth Caritas Texas, Inc.						17,063				17,063
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc.						14,403				14,403
16498	83-0987718	AmeriHealth Caritas New Hampshire, Inc.			10,000,000			(30,421,109)				(20,421,109)
16539	83-1481671	AmeriHealth Caritas North Carolina, Inc.						(115,203,231)				(115,203,231)
16980	84-2435374	AmeriHealth Caritas Ohio, Inc.			35,000,000			(70,677,723)				(35,677,723)
00000	27-0863878	PerformRx, LLC						44,289,194				44,289,194
00000	61-1729412	PerformSpecialty, LLC						98,391,570				98,391,570
17293	87-4065041	AmeriHealth Caritas VIP Next, Inc.			14,000,000			(13,599,848)				400,152
00000	26-1144363	AMHP Holdings Corp.		59,000,000	(104,000,000)							(45,000,000)
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0

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

**SCHEDULE Y**

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

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

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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

#### MARCH FILING

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

#### APRIL FILING

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

#### JUNE FILING

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

### SUPPLEMENTAL FILINGS

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

#### MARCH FILING

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

#### APRIL FILING

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

#### AUGUST FILING

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

#### **Explanation:**

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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

24. Business not written

**Bar code:**

10.   
1 6 9 8 0 2 0 2 4 3 6 0 5 9 0 0 0 0

11.   
1 6 9 8 0 2 0 2 4 2 0 5 5 9 0 0 0 0

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

13.   
1 6 9 8 0 2 0 2 4 3 7 1 0 0 0 0 0

14.   
1 6 9 8 0 2 0 2 4 3 7 0 0 0 0 0 0

15.   
1 6 9 8 0 2 0 2 4 3 6 5 0 0 0 0 0

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

17.   
1 6 9 8 0 2 0 2 4 2 2 5 0 0 0 0 0

18.   
1 6 9 8 0 2 0 2 4 2 2 6 0 0 0 0 0

19.   
1 6 9 8 0 2 0 2 4 6 0 0 0 0 0 0 0

20.   
1 6 9 8 0 2 0 2 4 3 0 6 0 0 0 0 0

21.   
1 6 9 8 0 2 0 2 4 2 1 1 0 0 0 0 0

22.   
1 6 9 8 0 2 0 2 4 2 1 6 5 9 0 0 0 0

24.   
1 6 9 8 0 2 0 2 4 2 2 3 0 0 0 0 0

## OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14.

\*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. CICIP Expense.....		12,302,373	7,644,325
1405. Enhanced Maternity Expense.....		572,834	275,855
1406. Alternative Medical Cost.....		2,578,419	749,250
1407. Consumer Incentives.....		737,668	346,483
1408. Health Quality Initiatives.....		2,035,346	479,859
1409. CMC Passthrough Expense.....		318,475	0
1410. PH Passthrough Expense.....		1,252,215	0
1411. UH Passthrough Expense.....		3,427,446	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	23,224,776	9,495,772

M014 Additional Aggregate Lines for Page 14 Line 25.

\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Purchased Services.....	0	0	324,398		324,398
2505. Administrative Services.....	0	0	0		0
2506. Penalties.....	0	0	3,609,228		3,609,228
2507. Contributions.....	0	0	113,344		113,344
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	4,046,970	0	4,046,970

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

**OVERFLOW PAGE FOR WRITE-INS**

M007 Additional Aggregate Lines for Page 7 Line 13.

\*ANAOPS - 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 XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1304. CICIP Expense.....	12,302,373								12,302,373					XXX
1305. Enhanced Maternity Expense.....	572,834								572,834					XXX
1306. Alternative Medical Cost.....	2,578,419								2,578,419					XXX
1307. Consumer Incentives.....	737,668								737,668					XXX
1308. Health Quality Initiatives.....	2,035,346								2,035,346					XXX
1309. CMC Passthrough Expense.....	318,475								318,475					XXX
1310. PH Passthrough Expense.....	1,252,215								1,252,215					XXX
1311. UH Passthrough Expense.....	3,427,446								3,427,446					XXX
1397. Summary of remaining write-ins for Line 13 from page 7	23,224,776	0	0	0	0	0	0	0	23,224,776	0	0	0	0	XXX