



## QUARTERLY STATEMENT

**AS OF MARCH 31, 2024**  
OF THE CONDITION AND AFFAIRS OF THE

## AmeriHealth Caritas Ohio, Inc.

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	<input type="checkbox"/>	Property/Casualty	<input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity		<input type="checkbox"/>
	Dental Service Corporation	<input type="checkbox"/>	Vision Service Corporation	<input type="checkbox"/>	Health Maintenance Organization		<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>			Is HMO Federally Qualified? Yes		<input type="checkbox"/>
					No		<input checked="" type="checkbox"/>
Incorporated/Organized	07/16/2019		Commenced Business		02/25/2021		
Statutory Home Office	200 Stevens Drive (Street and Number)				Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)		
Main Administrative Office	200 Stevens Drive (Street and Number)		Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)		215-937-8000 (Area Code) (Telephone Number)		
Mail Address	200 Stevens Drive (Street and Number or P.O. Box)				Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	200 Stevens Drive (Street and Number)		Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)		215-937-8000 (Area Code) (Telephone Number)		
Internet Web Site Address			N/A				
Statutory Statement Contact	Suzette Nicole Heitkamp (Name)				614-204-0597 (Area Code) (Telephone Number) (Extension)		
	sheitkamp@amerihealthcaritasoh.com (E-Mail Address)				717-671-6523 (FAX Number)		

## OFFICERS

**OFFICERS**

Name	Title	Name	Title
Pamela Ann Schmidt	Treasurer	Robert M. Kessler #	Secretary
Russell Raymond Gianforcaro	President		

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## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

Karen Scharenberg Amstutz	Rebecca Jane Engelman	Robert James Kolodgy
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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

Subscribed and sworn to before me this  
day of May, 2024

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Robert M. Kessler  
Secretary

Russell Raymond Gianforcaro  
President

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

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	454,823		454,823	401,281
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ 146,924,839 ), cash equivalents (\$ 38,295 ) and short-term investments (\$ 0 ) .....	146,963,134		146,963,134	148,062,009
6. Contract loans (including \$ premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	147,417,957	0	147,417,957	148,463,290
13. Title plants less \$ charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	.991		.991	.6,626
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	71,373,914		71,373,914	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 .....	787,653		787,653	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 .....	1,825,218		1,825,218	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 (\$ ..... ) .....	1,002,512	1,002,512	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 (\$ 0 ) and other amounts receivable .....	597,936	597,936	0	0
25. Aggregate write-ins for other-than-invested assets .....	1,410,131	1,410,131	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	224,416,312	3,010,579	221,405,733	205,452,642
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	224,416,312	3,010,579	221,405,733	205,452,642
<b>DETAILS OF WRITE-INS</b>				
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 .....	1,124,909	1,124,909	0	0
2502. Prepaid Expenses .....	285,222	285,222	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) .....	1,410,131	1,410,131	0	0

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	.131,047,112		131,047,112	.102,311,362
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	1,166,871		1,166,871	892,431
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	433,794		433,794	578,392
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	8,922,229		8,922,229	.9,069,811
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses))			0	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	5,036,855		5,036,855	7,337,158
16. Derivatives			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)	6,874,239	0	6,874,239	4,997,580
24. Total liabilities (Lines 1 to 23)	.153,481,100	0	153,481,100	.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	139,199,000	.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	(71,275,367)	(.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	.67,924,633	.80,265,908
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	221,405,733	205,452,642
<b>DETAILS OF WRITE-INS</b>				
2301. Premium Assessment	6,874,239		6,874,239	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)	6,874,239	0	6,874,239	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

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX.....	350,458	126,814	923,998
2. Net premium income (including \$.....non-health premium income)	XXX.....	186,732,831	69,232,619	497,043,813
3. Change in unearned premium reserves and reserve for rate credits	XXX.....		0	0
4. Fee-for-service (net of \$.....medical expenses)	XXX.....		0	0
5. Risk revenue	XXX.....		0	0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	186,732,831	69,232,619	497,043,813
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		125,825,867	53,914,760	314,840,356
10. Other professional services.....		40,599,501	2,936,652	82,214,418
11. Outside referrals.....		0	0	0
12. Emergency room and out-of-area.....		3,641,908	298,869	8,297,275
13. Prescription drugs.....		(153,263)	0	(129,976)
14. Aggregate write-ins for other hospital and medical.....	0	6,452,688	1,973,208	17,769,069
15. Incentive pool, withhold adjustments and bonus amounts.....	0		0	0
16. Subtotal (Lines 9 to 15).....	0	176,366,701	59,123,489	422,991,142
<b>Less:</b>				
17. Net reinsurance recoveries.....			0	787,651
18. Total hospital and medical (Lines 16 minus 17).....	0	176,366,701	59,123,489	422,203,491
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$.....2,397,134 cost containment expenses.....		2,724,525	2,117,539	10,035,870
21. General administrative expenses.....		25,474,209	16,565,139	99,990,642
22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only).....		(144,598)	(1,317,130)	(6,665,821)
23. Total underwriting deductions (Lines 18 through 22).....	0	204,420,837	76,489,037	525,564,182
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(17,688,006)	(7,256,418)	(28,520,369)
25. Net investment income earned.....		1,935,814	381,732	4,391,668
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0	1,935,814	381,732	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	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.....	(15,752,192)	(6,874,686)	(24,128,701)
31. Federal and foreign income taxes incurred.....	XXX.....	(3,232,144)	(1,955,876)	(12,674,746)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(12,520,048)	(4,918,810)	(11,453,955)
<b>DETAILS OF WRITE-INS</b>				
0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0	0	0
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0	0	0
1401. Durable Medical Equipment.....		1,196,755	32,956	2,287,183
1402. CICIP Expense.....		2,551,103	1,051,699	7,644,325
1403. Enhanced Maternity Expense.....		119,421	38,039	275,855
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	2,585,409	850,514	7,561,706
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	6,452,688	1,973,208	17,769,069
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0	0

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	80,265,908	24,974,806	24,974,806
34. Net income or (loss) from Line 32	(12,520,048)	(4,918,810)	(11,453,955)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	178,773	29,358	(254,943)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	67,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(12,341,275)	(4,889,452)	55,291,102
49. Capital and surplus end of reporting period (Line 33 plus 48)	67,924,633	20,085,354	80,265,908
<b>DETAILS OF WRITE-INS</b>			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	169,276,850	66,187,212	443,125,880
2. Net investment income	1,940,962	382,869	4,383,024
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	171,217,812	66,570,081	447,508,904
5. Benefit and loss related payments	147,480,857	13,542,635	321,427,812
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	28,466,841	15,603,323	91,992,362
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(3,684,066)	4,306,588	(4,932,456)
10. Total (Lines 5 through 9)	172,263,632	33,452,546	408,487,718
11. Net cash from operations (Line 4 minus Line 10)	(1,045,820)	33,117,535	39,021,186
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:	402,000	402,000	402,000
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	402,000	402,000	402,000
13. Cost of investments acquired (long-term only):	455,055	393,253	393,253
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	455,055	393,253	393,253
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(53,055)	8,747	8,747
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):	0	0	0
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	24,000,000	91,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	24,000,000	91,000,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,098,875)	57,126,282	130,029,933
19. Cash, cash equivalents and short-term investments:	0	0	0
19.1 Beginning of year	148,062,009	18,032,076	18,032,076
19.2 End of period (Line 18 plus Line 19.1)	146,963,134	75,158,358	148,062,009

STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	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											
Total Members at end of:														
1. Prior Year .....	111,696	0	0	0	0	0	0	0	111,696	0	0	0	0	0
2. First Quarter .....	123,293	0	0	0	0	0	0	0	123,293	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year .....	0													
6. Current Year Member Months	350,458								350,458					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	159,835								159,835					
8. Non-Physician .....	93,758								93,758					
9. Total .....	253,593	0	0	0	0	0	0	0	253,593	0	0	0	0	0
10. Hospital Patient Days Incurred	26,230								26,230					
11. Number of Inpatient Admissions	3,103								3,103					
12. Health Premiums Written (a).....	187,665,937								187,665,937					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	187,665,937								187,665,937					
16. Property/Casualty Premiums Earned .....	0													
17. Amount Paid for Provision of Health Care Services .....	147,630,951								147,630,951					
18. Amount Incurred for Provision of Health Care Services .....	176,366,701								176,366,701					

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

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

## 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	10,114,395	16,135			117	10,130,647
0499999 Subtotals	10,114,395	16,135	0	0	117	10,130,647
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	120,916,465
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	131,047,112
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	0

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
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 .....	59,412,588	88,816,299	40,001,385	91,045,727	99,413,973	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).....	59,412,588	88,816,299	40,001,385	91,045,727	99,413,973	102,311,362
14. Health care receivables (a) .....		597,936			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13-14+15+16)	59,412,588	88,218,363	40,001,385	91,045,727	99,413,973	102,311,362

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

# STATEMENT AS OF MARCH 31, 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 March 31, 2024, these prescribed or permitted accounting practices are not applicable to the Company.

A reconciliation of the Company's net 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) .....				\$12,520,048	\$(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) .....				<u><u>\$12,520,048</u></u>	<u><u>\$(11,453,955)</u></u>
<b>SURPLUS</b> .....					
(5) AmeriHealth Caritas Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4) .....				\$67,924,633	\$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) .....				<u><u>\$67,924,633</u></u>	<u><u>\$80,265,908</u></u>

B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since December 31, 2023.

### C. Accounting Policy

The Company uses the following accounting policies:

1. Short-term investments - None
2. Bonds - No significant changes since December 31, 2023.
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 - No significant changes since December 31, 2023.
12. Fixed asset capitalization policy modifications - No significant changes since December 31, 2023.
13. Pharmaceutical Rebates - No significant changes since December 31, 2023.

### 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) - No significant changes since December 31, 2023.
  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

### 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 - No significant changes since December 31, 2023.
- B. Total amount excluded - No significant changes since December 31, 2023.
- C. The gross, nonadmitted and admitted assets for interest income due and accrued. - No significant changes since December 31, 2023.
- 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 - No significant changes since December 31, 2023.

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

- A. Material related party transactions - None
- B. Transactions with related parties who are not reported on Schedule Y - None
- C. Amounts due from or to related parties as of March 31, 2024 - No significant changes since December 31, 2023.
- E. Material management or service arrangements - No significant changes since December 31, 2023.
- F. Parental guarantees - None
- G. Nature of control relationship - No significant changes since December 31, 2023

# STATEMENT AS OF MARCH 31, 2024 OF THE AMERIHEALTH CARITAS OHIO, INC.

- 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 - No significant changes since December 31, 2023.
- 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 - No significant changes since December 31, 2023.
- 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. General description of lessee's leasing arrangements - No significant changes since December 31, 2023.
  - 2. Minimum aggregate rental commitments - No significant changes since December 31, 2023.
  - 3. Sales leaseback transactions – None
- B. Lessor Leases
  - 1. Operating Leases – None
  - 2. Leverage Leases - None

**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 - No significant changes since December 31, 2023.

**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

**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 March 31, 2024, \$60,305,019 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$40,001,385 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$2,897,389 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** - No significant changes since December 31, 2023.

**31. Anticipated Salvage and Subrogation** – None

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

2.2 If yes, date of change: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes. ....

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

4.2 If yes, provide the name of 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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2021

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2021

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/14/2023

6.4 By what department or departments?

Pennsylvania Insurance Department.

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? .... Yes [ ] No [ ] NA [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

7.2 If yes, give full information: ....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [X] 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.

9.11 If the response to 9.1 is No, please explain: ....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [X]

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

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

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

**FINANCIAL**

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

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

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**GENERAL INTERROGATORIES**

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ ..... 0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ ..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ ..... 0	\$ ..... 0
14.22 Preferred Stock .....	\$ ..... 0	\$ ..... 0
14.23 Common Stock .....	\$ ..... 0	\$ ..... 0
14.24 Short-Term Investments .....	\$ ..... 0	\$ ..... 0
14.25 Mortgage Loans on Real Estate .....	\$ ..... 0	\$ ..... 0
14.26 All Other .....	\$ ..... 0	\$ ..... 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ ..... 0	\$ ..... 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ ..... 0	\$ ..... 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

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

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

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

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [ "...that have access to the investment accounts"; "...handle securities" ]

1 Name of Firm or Individual	2 Affiliation
Pamela Schmidt, who makes recommendations to BOD.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**GENERAL INTERROGATORIES**

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... Yes [ ] No [X]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent.....	95.7 %
1.2 A&H cost containment percent.....	1.3 %
1.3 A&H expense percent excluding cost containment expenses.....	13.6 %

2.1 Do you act as a custodian for health savings accounts?..... Yes  No

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

2.3 Do you act as an administrator for health savings accounts?..... Yes  No

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

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**NONE**

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

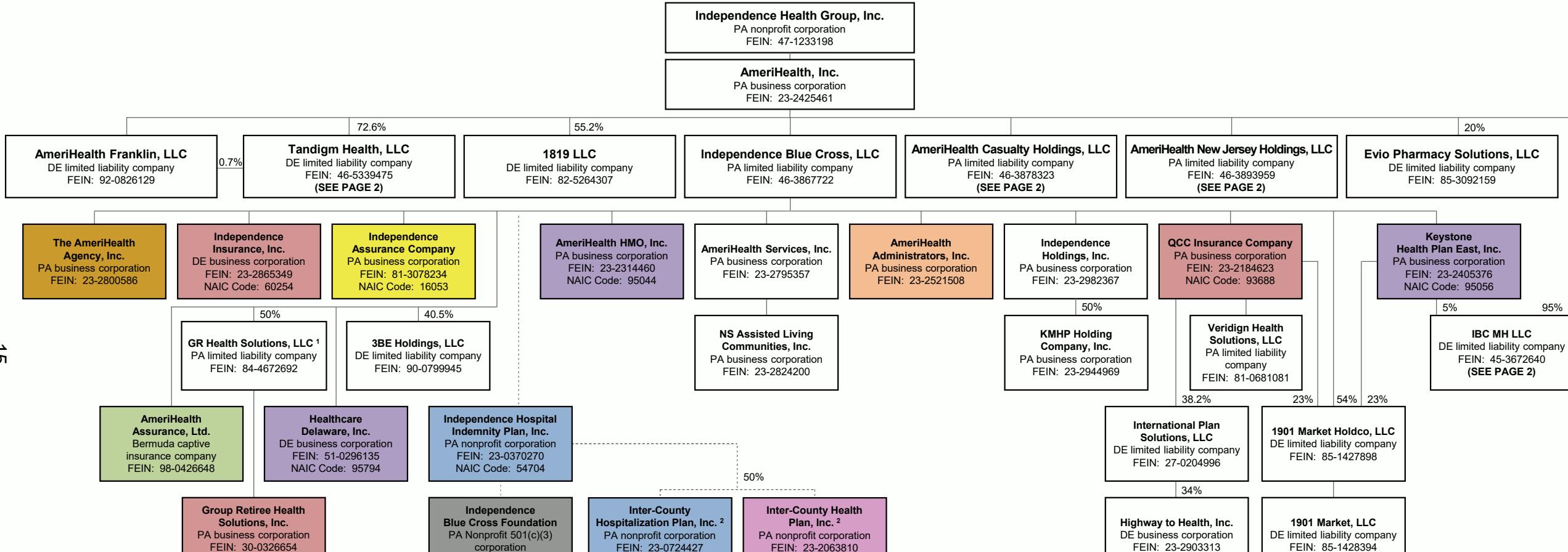
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program 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	
2. Alaska .....	AK	N							0	
3. Arizona .....	AZ	N							0	
4. Arkansas .....	AR	N							0	
5. California .....	CA	N							0	
6. Colorado .....	CO	N							0	
7. Connecticut .....	CT	N							0	
8. Delaware .....	DE	N							0	
9. Dist. Columbia .....	DC	N							0	
10. Florida .....	FL	N							0	
11. Georgia .....	GA	N							0	
12. Hawaii .....	HI	N							0	
13. Idaho .....	ID	N							0	
14. Illinois .....	IL	N							0	
15. Indiana .....	IN	N							0	
16. Iowa .....	IA	N							0	
17. Kansas .....	KS	N							0	
18. Kentucky .....	KY	N							0	
19. Louisiana .....	LA	N							0	
20. Maine .....	ME	N							0	
21. Maryland .....	MD	N							0	
22. Massachusetts .....	MA	N							0	
23. Michigan .....	MI	N							0	
24. Minnesota .....	MN	N							0	
25. Mississippi .....	MS	N							0	
26. Missouri .....	MO	N							0	
27. Montana .....	MT	N							0	
28. Nebraska .....	NE	N							0	
29. Nevada .....	NV	N							0	
30. New Hampshire .....	NH	N							0	
31. New Jersey .....	NJ	N							0	
32. New Mexico .....	NM	N							0	
33. New York .....	NY	N							0	
34. North Carolina .....	NC	N							0	
35. North Dakota .....	ND	N							0	
36. Ohio .....	OH	L		187,665,937					187,665,937	
37. Oklahoma .....	OK	N							0	
38. Oregon .....	OR	N							0	
39. Pennsylvania .....	PA	N							0	
40. Rhode Island .....	RI	N							0	
41. South Carolina .....	SC	N							0	
42. South Dakota .....	SD	N							0	
43. Tennessee .....	TN	N							0	
44. Texas .....	TX	N							0	
45. Utah .....	UT	N							0	
46. Vermont .....	VT	N							0	
47. Virginia .....	VA	N							0	
48. Washington .....	WA	N							0	
49. West Virginia .....	WV	N							0	
50. Wisconsin .....	WI	N							0	
51. Wyoming .....	WY	N							0	
52. American Samoa .....	AS	N							0	
53. Guam .....	GU	N							0	
54. Puerto Rico .....	PR	N							0	
55. U.S. Virgin Islands .....	VI	N							0	
56. Northern Mariana Islands .....	MP	N							0	
57. Canada .....	CAN	N							0	
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal .....		XXX	0	0	187,665,937	0	0	0	187,665,937	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX								0
61. Total (Direct Business) .....		XXX	0	0	187,665,937	0	0	0	187,665,937	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

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

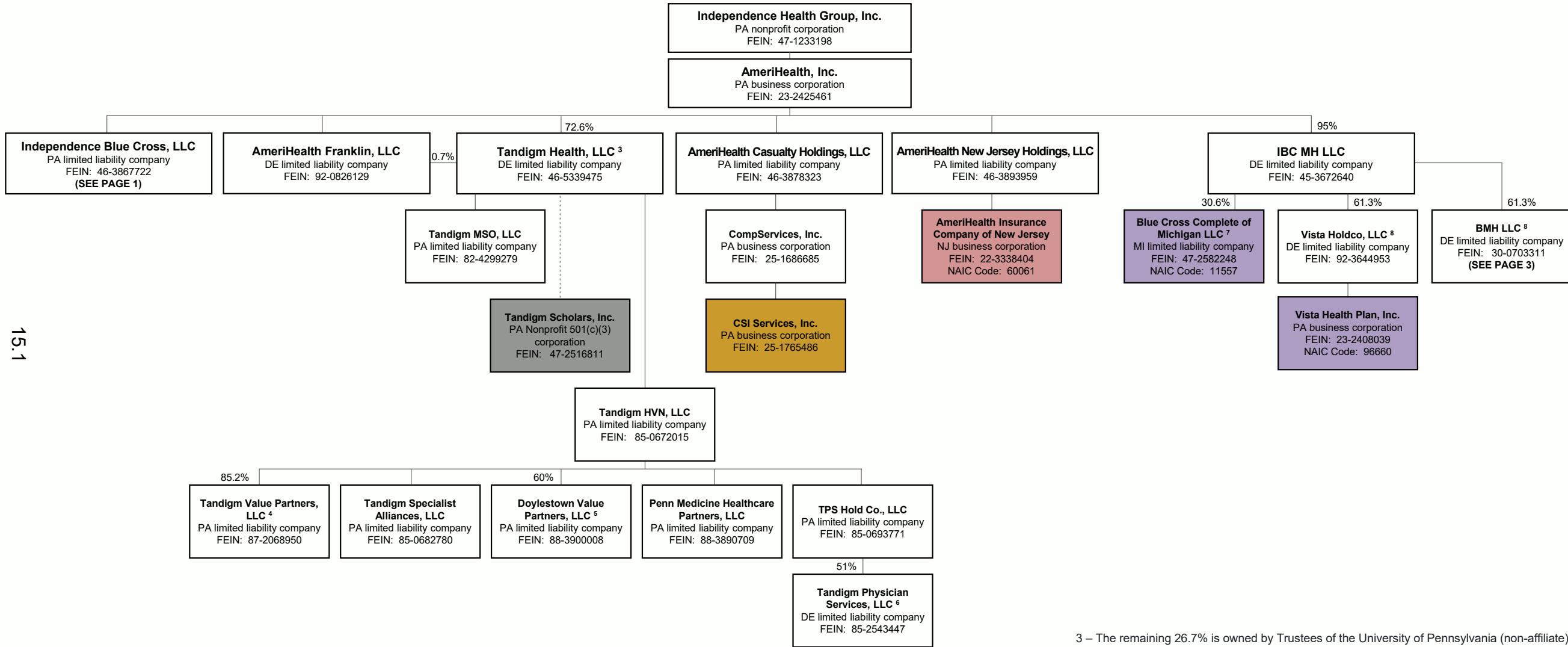


- █ Insurance Producer
- █ Insurance Company
- █ Captive Insurance Company
- █ Health Maintenance Organization (HMO)
- █ Professional Health Services Plan Corporation
- █ Hospital Plan Corporation
- █ Third Party Administrator
- █ Risk Assuming Non-Licensed PPO
- █ Charitable Foundation

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 MARCH 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)

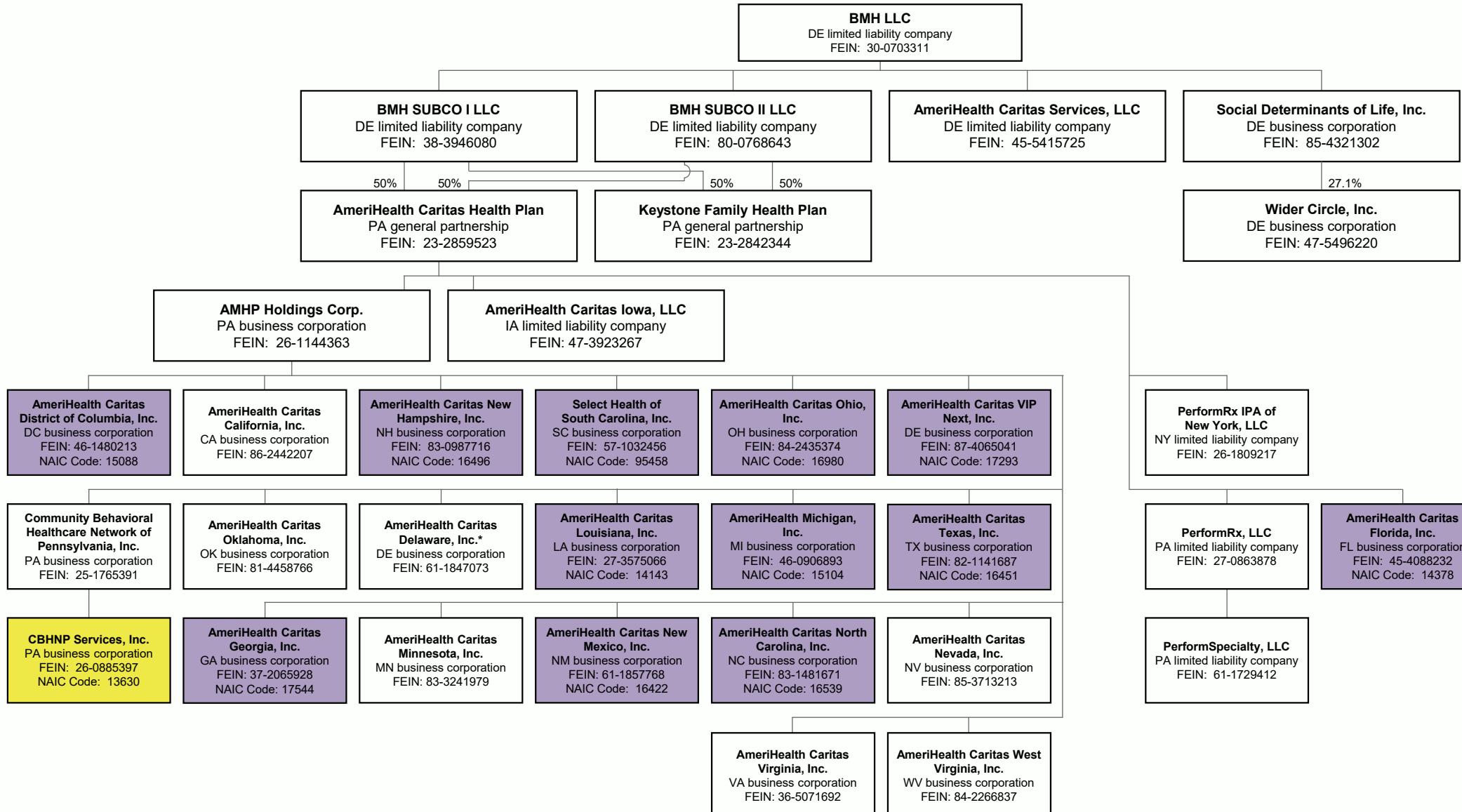
Insurance Producer

Insurance Company

Charitable Foundation

Health Maintenance Organization (HMO)

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



\* 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.

## STATEMENT AS OF MARCH 31, 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.....			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	

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

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

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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.....	

## STATEMENT AS OF MARCH 31, 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.....	25-1765486.....				CSI Services, Inc.....	PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

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

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00000	Independence Health Group, Inc.	00000	46-3893959			AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO		
00936	Independence Health Group, Inc.	60061	22-3338404			AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO		
00000	Independence Health Group, Inc.	00000	45-3672640			IBC MH LLC	DE	UIP	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc.	NO		
00936	Independence Health Group, Inc.	96660	23-2408039			Vista Health Plan, Inc.	PA	IA	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		

## STATEMENT AS OF MARCH 31, 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.....		
00000.....		00000.....	47-3923267.....				AmeriHealth Caritas Iowa, LLC.....	IA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		
00936.....	Independence Health Group, Inc.....	15104.....	46-0906893.....				AmeriHealth Michigan, Inc.....	MI.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....		

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE Y**  
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00936	Independence Health Group, Inc.....	95458.....	57-1032456.....			Select Health of South Carolina, Inc.....		SC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936	Independence Health Group, Inc.....	15088.....	46-1480213.....			AmeriHealth Caritas District of Columbia, Inc.....		DC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000		00000.....	27-0863878.....			PerformRx, LLC.....		PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000		00000.....	61-1729412.....			PerformSpecialty, LLC.....		PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000		00000.....	26-1809217.....			PerformRx IPA of New York, LLC.....		NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
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.....	

## STATEMENT AS OF MARCH 31, 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 *
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		
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		

## STATEMENT AS OF MARCH 31, 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.....	83-3241979.....			AmeriHealth Caritas Minnesota, Inc.....		.MN.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16496.....	83-0987716.....			AmeriHealth Caritas New Hampshire, Inc.....		.NH.....	.IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16980.....	84-2435374.....			AmeriHealth Caritas Ohio, Inc.....		.OH.....	.RE.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	81-4458766.....			AmeriHealth Caritas Oklahoma, Inc.....		.OK.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
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.....	

STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

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

Asterisk 1	Explanation Charity.....
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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**Explanation:**

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

MQ004 Additional Aggregate Lines for Page 04 Line 14.

\*REVEX1

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. Hospital Assessment.....		.0	719,833	5,240,705
1405. Consumer Incentives.....		119,471	53,913	346,483
1406. CMC Passthrough Expense.....		94,590	0	0
1407. PH Passthrough Expense.....		273,464	0	0
1408. UH Passthrough Expense.....		732,446	0	0
1409. Other Passthrough Expense.....		416,855	0	745,409
1410. Alternative Medical Cost.....		528,917	0	749,250
1411. Health Quality Initiatives.....		419,666	76,768	479,859
1497. Summary of remaining write-ins for Line 14 from Page 04	0	2,585,409	850,514	7,561,706

**SCHEDULE A – VERIFICATION****Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

**NONE****SCHEDULE B – VERIFICATION****Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase/(decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**NONE****SCHEDULE BA – VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase/(decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**NONE****SCHEDULE D – VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	401,280	402,565
2. Cost of bonds and stocks acquired.....	455,055	393,253
3. Accrual of discount.....	719	8,027
4. Unrealized valuation increase/(decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration for bonds and stocks disposed of.....	402,000	402,000
7. Deduct amortization of premium.....	231	565
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	454,823	401,280
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	454,823	401,280

STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	451,185	455,055	.452,000	.583	454,823	0	0	.451,185
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds.....	451,185	455,055	452,000	583	454,823	0	0	451,185
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	451,185	455,055	452,000	583	454,823	0	0	451,185

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/adjusted Carrying value	2 Year Value	3	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Totals	0	XXX			

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	49,904	0
2. Cost of short-term investments acquired .....		48,861
3. Accrual of discount .....	96	1,043
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	50,000	0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	49,904
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	49,904

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
 (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	835,856	434,110
2. Cost of cash equivalents acquired .....	102,175,672	19,948,886
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	102,973,233	19,547,140
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	38,295	835,856
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	38,295	835,856

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

## STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>									
91282C-GR-6.....	UNITED STATES TREASURY.....		.01/24/2024.....	Northern Trust.....	XXX.....	455,055.....	452,000.....	7,581.....	1.A.....
0109999999 - Bonds - U.S. Governments						455,055.....	452,000.....	7,581.....	XXX.....
2509999997 - Bonds - Subtotals - Bonds - Part 3						455,055.....	452,000.....	7,581.....	XXX.....
2509999999 - Bonds - Subtotals - Bonds						455,055.....	452,000.....	7,581.....	XXX.....
6009999999 Totals						455,055.....	XXX.....	7,581.....	XXX.....

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STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

**SCHEDULE D - PART 4**

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

1 CUSIP Identification	2 Description	3 Foreign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol	
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Governments</b>																					
912628-52-9 - UNITED STATES TREASURY		01/31/2024	Maturity @ 100.00	XXX	402,000	402,000	393,253	401,281		719		719		402,000			0	5,025	01/31/2024	.1.A	
0109999999 - Bonds - U.S. Governments					402,000	402,000	393,253	401,281	0	719	0	719	0	402,000	0	0	0	0	5,025	XXX	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 4					402,000	402,000	393,253	401,281	0	719	0	719	0	402,000	0	0	0	0	5,025	XXX	XXX
2509999999 - Bonds - Subtotals - Bonds					402,000	402,000	393,253	401,281	0	719	0	719	0	402,000	0	0	0	0	5,025	XXX	XXX
6009999999 Totals					402,000	XXX	393,253	401,281	0	719	0	719	0	402,000	0	0	0	0	5,025	XXX	XXX

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Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**

**STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
PNC Bank Claims.....			14,171		(2,165,685)	133,047	(1,079,282)	XXX
PNC Bank.....					905,335	1,255,691	1,934,823	XXX
KeyBank.....			169,362		25,076,550	25,169,362	25,169,362	XXX
PNC BANK.....			669,062		126,286,846	123,789,825	120,899,935	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	852,595	0	150,103,046	150,347,925	146,924,839	XXX
0399999 Total Cash on Deposit	XXX	XXX	852,595	0	150,103,046	150,347,925	146,924,839	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	852,595	0	150,103,046	150,347,925	146,924,839	XXX

STATEMENT AS OF MARCH 31, 2024 OF THE AmeriHealth Caritas Ohio, Inc.

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

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