



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas Ohio, Inc.

(Name)

NAIC Group Code 00936, 00936 NAIC Company Code 16980 Employer's ID Number 84-2435374

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

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

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

Statutory Home Office 200 Stevens Drive, Philadelphia, PA, US 19113

Main Administrative Office 200 Stevens Drive, Philadelphia, PA, US 19113, 215-937-8000

Mail Address 200 Stevens Drive, Philadelphia, PA, US 19113

Primary Location of Books and Records 200 Stevens Drive, Philadelphia, PA, US 19113, 215-937-8000

Internet Web Site Address N/A

Statutory Statement Contact Suzette Nicole Heitkamp, 614-204-0597
sheitkamp@amerihealthcaritasoh.com, 717-671-6523

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Rebecca Jane Engelman Christine M. Kourouklis #

State of Pennsylvania ss
County of Philadelphia

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

Pamela Ann Schmidt
Treasurer

Robert M. Kessler
Secretary

Rebecca Jane Engelman
Executive Vice President

Subscribed and sworn to before me this
day of February, 2026

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





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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....	1,559,649	33,094,938	19,753	733,110	1,579,402	1,604,167
3. Loans and advances to providers .....				17,327,422	.0	19,753
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	1,559,649	33,094,938	19,753	18,060,532	1,579,402	1,623,920

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>NONE</b>							
0199999 Individually listed receivables .....	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.**

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	176,919,893	17.5	56,725	35.0		176,919,893
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	407,508,170	40.4	162,104	100.0		407,508,170
4. Total capitation payments .....	584,428,063	57.9	218,829	135.0	0	584,428,063
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	424,891,304	42.1	XXX	XXX		424,891,304
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	424,891,304	42.1	XXX	XXX	0	424,891,304
13. Total (Line 4 plus Line 12)	1,009,319,367	100 %	XXX	XXX	0	1,009,319,367

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

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	1,349,853		561,691	788,162	788,162	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	1,728,601		1,193,389	535,212	535,212	
6. Total	3,078,454	0	1,755,080	1,323,374	1,323,374	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2.

(LOCATION)

NAIC Group Code 00936

BUSINESS IN THE STATE OF OHIO

DURING THE YEAR 2025

NAIC Company Code 16980

	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 .....	155,349								155,349					
2. First quarter .....	172,225								172,225					
3. Second quarter .....	177,376								177,376					
4. Third quarter .....	174,030								174,030					
5. Current year	162,104								162,104					
6. Current year member months	2,084,042								2,084,042					
Total Member Ambulatory Encounters for Year:														
7. Physician .....	1,180,218								1,180,218					
8. Non-physician .....	897,397								897,397					
9. Total	2,077,615	0	0	0	0	0	0	0	2,077,615	0	0	0	0	0
10. Hospital patient days incurred	327,338								327,338					
11. Number of inpatient admissions	20,439								20,439					
12. Health premiums written (b).....	1,469,485,737								1,469,485,737					
13. Life premiums direct.....	0								0					
14. Property/casualty premiums written.....	0								0					
15. Health premiums earned.....	1,469,485,737								1,469,485,737					
16. Property/casualty premiums earned	0								0					
17. Amount paid for provision of health care services .....	1,009,319,367								1,009,319,367					
18. Amount incurred for provision of health care services	1,315,059,327								1,315,059,327					

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2025										NAIC Company Code	16980
	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	155,349	.0	.0	.0	.0	.0	.0	.0	155,349	.0	.0	.0	.0	.0	
2. First quarter	172,225	.0	.0	.0	.0	.0	.0	.0	172,225	.0	.0	.0	.0	.0	
3. Second quarter	177,376	.0	.0	.0	.0	.0	.0	.0	177,376	.0	.0	.0	.0	.0	
4. Third quarter	174,030	.0	.0	.0	.0	.0	.0	.0	174,030	.0	.0	.0	.0	.0	
5. Current year	162,104	0	0	0	0	0	0	0	162,104	0	0	0	0	0	
6. Current year member months	2,084,042	0	0	0	0	0	0	0	2,084,042	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	1,180,218	.0	.0	.0	.0	.0	.0	.0	1,180,218	.0	.0	.0	.0	.0	
8. Non-physician	897,397	.0	.0	.0	.0	.0	.0	.0	897,397	.0	.0	.0	.0	.0	
9. Total	2,077,615	0	0	0	0	0	0	0	2,077,615	0	0	0	0	0	
10. Hospital patient days incurred	327,338	0	0	0	0	0	0	0	327,338	0	0	0	0	0	
11. Number of inpatient admissions	20,439	0	0	0	0	0	0	0	20,439	0	0	0	0	0	
12. Health premiums written (b)	1,469,485,737	.0	.0	.0	.0	.0	.0	.0	1,469,485,737	.0	.0	.0	.0	.0	
13. Life premiums direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
14. Property/casualty premiums written	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
15. Health premiums earned	1,469,485,737	.0	.0	.0	.0	.0	.0	.0	1,469,485,737	.0	.0	.0	.0	.0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	1,009,319,367	.0	.0	.0	.0	.0	.0	.0	1,009,319,367	.0	.0	.0	.0	.0	
18. Amount incurred for provision of health care services	1,315,059,327	0	0	0	0	0	0	0	1,315,059,327	0	0	0	0	0	

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

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

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
9999999 Totals							0	0	0	0	0	0





Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	3,395	3,221	2,739	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	1,473	708	788	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	266,267,610		266,267,610
2. Accident and health premiums due and unpaid (Line 15).....	353,526,290		353,526,290
3. Amounts recoverable from reinsurers (Line 16.1).....	1,473,379		1,473,379
4. Net credit for ceded reinsurance.....	XXX	1,473,379	1,473,379
5. All other admitted assets (Balance).....	13,548,554		13,548,554
6. Total assets (Line 28)	634,815,833	1,473,379	636,289,212
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	447,479,748	0	447,479,748
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	44,731,594		44,731,594
15. Total liabilities (Line 24).....	492,211,342	0	492,211,342
16. Total capital and surplus (Line 33).....	142,604,491	XXX	142,604,491
17. Total liabilities, capital and surplus (Line 34)	634,815,833	0	634,815,833
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	1,473,379		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	1,473,379		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	1,473,379		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP					NO	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	88-2021720				Pearl Moorestown Associates LLC.	DE	NIA	AmeriHealth, Inc. (29%)	Ownership	29.0	Independence Health Group, Inc.	NO	
00000		00000	92-0826129				AmeriHealth Franklin, LLC.	DE	NIA	AmeriHealth, Inc. (99%) / AmeriHealth Franklin, LLC (1%)	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	46-5339475				Tandigm Health, LLC.	DE	NIA		Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	82-4299279				Tandigm MSO, LLC.	PA	NIA	Tandigm Health, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	47-2516811				Tandigm Scholars, Inc.	PA		Tandigm Health, LLC.	Board	0.0	Independence Health Group, Inc.	NO	
00000		00000	85-0672015				Tandigm HVN, LLC.	PA	NIA	Tandigm Health, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	87-2068950				Tandigm Value Partners, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	85.2	Independence Health Group, Inc.	NO	
00000		00000	85-0682780				Tandigm Specialist Alliances, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	88-3900008				Doylestown Value Partners, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	60.0	Independence Health Group, Inc. / Doylestown Hospital	NO	
00000		00000	88-3890709				Penn Medicine Healthcare Partners, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	85-0693771				TPS Hold Co., LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	85-2543447				Tandigm Physician Services, LLC.	DE	NIA	TPS Hold Co., LLC.	Ownership	51.0	Independence Health Group, Inc.	NO	
00000		00000	39-2468883				Tandigm Health Partners, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	39-2468918				Tandigm Health Partners PA1, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	39-2469246				Tandigm Health Partners PA2, LLC.	PA	NIA	Tandigm HVN, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	41-2598564				PMHP Holdings, LLC.	PA	NIA	Tandigm HVN, LLC (50%) / University of Pennsylvania Health System (50%)	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	39-2451336				Penn Medicine Healthcare Partners 2, LLC	PA	NIA	PMHP Holdings, LLC	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	
00000		00000	39-2468674				Penn Medicine Healthcare Partners 3, LLC	PA	NIA	PMHP Holdings, LLC	Ownership	50.0	Independence Health Group, Inc. / University of Pennsylvania System	NO	
00000		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (17.4%)	Ownership	17.4	Independence Health Group, Inc.	NO	
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	
00000		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Elevance Health, Inc.	NO	
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.	NO	
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	33-4608450				AmeriHealth Insurance Company of Georgia	GA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	NO	
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	NO	

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/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 (54%) / QCC Insurance Company (23%) / 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		Independence Hospital Indemnity Plan, Inc	Board	0.0	Independence Health Group, Inc	NO	
00936	Independence Health Group, Inc	54763	23-0724427				Inter-County Hospitalization Plan, Inc	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc / Highmark Health	NO	
00936	Independence Health Group, Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc / Highmark Health	NO	
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	NO	
00000		00000	25-1686685				CompServices, Inc	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc	NO	
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	NO	
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		00000	45-3672640				IBC MH LLC	DE	UIP	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/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	
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	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UIP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
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	

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	26-1144363				AMHP Holdings Corp	PA	UDP	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
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	

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/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	
00000		00000	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	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.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

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**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	RE	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00936	Independence Health Group, Inc.	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	33-3723677				AmeriHealth Caritas Indiana, Inc.	IN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00000		00000	84-2266837				AmeriHealth Caritas West Virginia, Inc.	WV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hospital Indemnity Plan		8,000,000			(38,633,014)			8,600,000	(22,033,014)	
00000	47-1233198	Independence Health Group, Inc.					(31,746,378)			3,563,000	(28,183,378)	
00000	46-3867722	Independence Blue Cross, LLC	25,320,000	(3,900,000)			1,376,488,988			47,089,000	1,444,997,988	
93688	23-2184623	QCC Insurance Company	1,840,000	165,000,000			(568,442,521)	1,491,323		(22,171,000)	(422,282,198)	(23,421,246)
00000	23-2425461	AmeriHealth, Inc.	14,549,250	(529,000,000)			2,339,987			(77,088,000)	(589,198,763)	
95056	23-2405376	Keystone Health Plan East, Inc.	2,605,750	40,000,000			(1,176,707,909)			40,241,000	(1,093,861,159)	
60061	22-3338404	AmeriHealth Insurance Company of NJ		81,000,000			(154,217,496)			19,700,000	(53,517,496)	
95044	23-2314460	AmeriHealth HMO, Inc.					(2,219,503)			1,700,000	(519,503)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(27,850)				(27,850)	
00000	23-2521508	AmeriHealth Administrators, Inc.					(80,727,776)			(22,682,000)	(103,409,776)	
00000	23-2795357	AmeriHealth Services, Inc.	(6,000,000)				(584,325)			206,000	(6,378,325)	
00000	46-3878323	AH Casualty Holdings								842,000	842,000	
00000	25-1686685	CompServices, Inc.					(3,105,275)				(3,105,275)	
95794	51-0296135	Healthcare Delaware, Inc.					(8,966)				(8,966)	
60254	23-2865349	Independence Insurance, Inc.					(9,643)				(9,643)	
00000	23-2982367	Independence Holdings, Inc.					(5,017)				(5,017)	
96660	23-2408039	Vista Health Plan, Inc.					(15,488,300,393)				(15,488,300,393)	
00000	98-0426648	AmeriHealth Assurance, Ltd.	(15,000,000)				(2,018,571)				(17,018,571)	
00000	45-3672640	IBC MH LLC	(15,315,000)								(15,315,000)	
00000	46-5339475	Tandigm Health, LLC		10,000,000			826,282,648				836,282,648	
16053	81-3078234	Independence Assurance Company		225,000,000			(146,657,378)				78,342,622	
00000	85-1428394	1901 Market, LLC	(8,000,000)								(8,000,000)	
12812	30-0326654	Group Retiree Health Solutions, Inc.						(1,491,323)			(1,491,323)	23,421,246
00000	84-4672692	GR Health Solutions LLC		3,900,000							3,900,000	
00000	23-2842344	Keystone Family Health Plan					10,159,902,731				10,159,902,731	
00000	23-2859523	AmeriHealth Caritas Health Plan					5,328,397,660				5,328,397,660	
95458	57-1032456	Select Health of South Carolina, Inc.	(52,600,000)				(235,893,646)				(288,493,646)	
13630	26-0885397	CBHNP Services, Inc.									0	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		5,000,000			(100,155,653)				(95,155,653)	
14378	45-4088232	AmeriHealth Caritas Florida, Inc.	(90,000,000)				(45,897,903)				(135,897,903)	
15088	46-1480213	AmeriHealth Caritas District of Columbia	(16,300,000)				(61,034,187)				(77,334,187)	
17544	37-2065928	AmeriHealth Caritas Georgia, Inc.					222,876				222,876	
15104	46-0906893	AmeriHealth Michigan, Inc.		18,000,000			(14,051,151)				3,948,849	
00000	23-2859523	AmeriHealth Caritas Health Plan	90,000,000								90,000,000	
00000	45-5415725	AmeriHealth Caritas Services LLC					600,049,578				600,049,578	
16451	82-1141687	AmeriHealth Caritas Texas, Inc.					15,143				15,143	
00000	61-1857768	Amerihealth Caritas New Mexico, Inc.					14,033				14,033	
16496	83-0987716	Amerihealth Caritas New Hampshire, Inc.		25,000,000			(41,781,532)				(16,781,532)	
16539	83-1481671	Amerihealth Caritas North Carolina, Inc.					(151,262,722)				(151,262,722)	
17293	87-4065041	AmeriHealth Caritas VIP Next, Inc.		18,000,000			(12,715,873)				5,284,127	
16980	84-2435374	AmeriHealth Caritas Ohio, Inc.		37,000,000			(87,988,477)				(50,988,477)	
00000	27-0863878	PerformRx, LLC					41,358,144				41,358,144	
00000	61-1729412	PerformSpecialty, LLC					109,121,371				109,121,371	
00000	26-1144363	AMHP Holdings Corp.	68,900,000	(103,000,000)							(34,100,000)	
<b>9999999 Control Totals</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE AmeriHealth Caritas Ohio, Inc.**

**SCHEDULE Y**

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

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

### MARCH FILING

### Responses

- |                                                                                                                 |               |
|-----------------------------------------------------------------------------------------------------------------|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an Actuarial Opinion be filed by March 1?                                                               | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

### APRIL FILING

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

### JUNE FILING

- |                                                                                                                              |               |
|------------------------------------------------------------------------------------------------------------------------------|---------------|
| 8. Will an Audited Financial Report be filed by June 1?                                                                      | .....YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES..... |

## SUPPLEMENTAL FILINGS

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

### MARCH FILING

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

### APRIL FILING

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

### AUGUST FILING

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

### Explanation:

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

24. Business not written

**Bar code:**

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

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

12.   
1 6 9 8 0 2 0 2 5 4 2 0 0 0 0 0 0

13.   
1 6 9 8 0 2 0 2 5 3 7 1 0 0 0 0 0

14.   
1 6 9 8 0 2 0 2 5 3 7 0 0 0 0 0 0

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

16.   
1 6 9 8 0 2 0 2 5 2 2 4 0 0 0 0 0

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

18.   
1 6 9 8 0 2 0 2 5 2 2 6 0 0 0 0 0

19.   
1 6 9 8 0 2 0 2 5 6 0 0 0 0 0 0 0

20.   
1 6 9 8 0 2 0 2 5 3 0 6 0 0 0 0 0

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

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

24.   
1 6 9 8 0 2 0 2 5 2 2 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M004 Additional Aggregate Lines for Page 04 Line 14.  
 \*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. CICIP Expense.....		18,952,803	12,302,373
1405. Enhanced Maternity Expense.....		755,014	572,834
1406. Alternative Medical Cost.....		3,958,571	2,578,419
1407. Consumer Incentives.....		4,693,963	737,668
1408. Health Quality Initiatives.....		7,888,767	2,035,346
1409. CMC Passthrough Expense.....		511,520	318,475
1410. PH Passthrough Expense.....		2,886,372	1,252,215
1411. UH Passthrough Expense.....		9,066,113	3,427,446
1412. MRSS Passthrough Expense.....		194,878	0
1413. MRSS Admin Passthrough Expense.....		12,633	0
1414. State Directed Passthrough Exp.....		367,525,721	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	416,446,355	23,224,776

M014 Additional Aggregate Lines for Page 14 Line 25.  
 \*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Purchased Services.....	0	0	296,010		296,010
2505. Administrative Services.....	0	0	0		0
2506. Penalties.....	0	0	1,002,550		1,002,550
2507. ....					0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	1,298,560	0	1,298,560

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 7 Line 13.  
 \*ANAOPS - Analysis of Operations by Lines of Business

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1304. CICIP Expense.....	18,952,803								18,952,803					XXX
1305. Enhanced Maternity Expense.....	755,014								755,014					XXX
1306. Alternative Medical Cost.....	3,958,571								3,958,571					XXX
1307. Consumer Incentives.....	4,693,963								4,693,963					XXX
1308. Health Quality Initiatives.....	7,888,767								7,888,767					XXX
1309. CMC Passthrough Expense.....	511,520								511,520					XXX
1310. PH Passthrough Expense.....	2,886,372								2,886,372					XXX
1311. UH Passthrough Expense.....	9,066,113								9,066,113					XXX
1312. MRSS Passthrough Expense.....	194,878								194,878					XXX
1313. MRSS Admin Passthrough Expense.....	12,633								12,633					XXX
1314. State Directed Passthrough Exp.....	367,525,721								367,525,721					XXX
1397. Summary of remaining write-ins for Line 13 from page 7	416,446,355	0	0	0	0	0	0	0	416,446,355	0	0	0	0	XXX