



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
AMERIGROUP Insurance Company

NAIC Group Code	0671 (Current)	0671 (Prior)	NAIC Company Code	14078	Employer's ID Number	45-2485907
Organized under the Laws of	Texas			State of Domicile or Port of Entry	TX	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	06/03/2011			Commenced Business	03/01/2012	
Statutory Home Office	3800 Buffalo Speedway, Suite 400 (Street and Number)			Houston, TX, US 77098 (City or Town, State, Country and Zip Code)		
Main Administrative Office	4425 Corporation Lane (Street and Number)			757-490-6900 (Area Code) (Telephone Number)		
	Virginia Beach, VA, US 23462 (City or Town, State, Country and Zip Code)					
Mail Address	4425 Corporation Lane (Street and Number or P.O. Box)			Virginia Beach, VA, US 23462 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	4425 Corporation Lane (Street and Number)			757-490-6900 (Area Code) (Telephone Number)		
	Virginia Beach, VA, US 23462 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.amerigroup.com					
Statutory Statement Contact	Bette Lou Gronseth (Name)			757-518-3638 (Area Code) (Telephone Number)		
	Bette.Gronseth@amerigroup.com (E-mail Address)			757-557-6742 (FAX Number)		

OFFICERS

Chairperson, President, & CEO	Patrick Bee Sturdivant #	Secretary	Kathleen Susan Kiefer
Treasurer	Vincent Edward Scher	Vice President/Asst. Secretary	Jack Louis Young

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer	Cealee Antrea Thomas #, Medical Director
--	--

DIRECTORS OR TRUSTEES

Patrick Bee Sturdivant #	Danielle Ruskin	Ronald William Penczek
Heather Chockley Steinmeyer #	Gregory Seth Thompson #	

State of Texas
County of Houston SS:

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.

Patrick Bee Sturdivant
Chairperson, President, & CEO

Vincent Edward Scher
Treasurer

Kathleen Susan Kiefer
Secretary

Subscribed and sworn to before me this 13th day of February 2020
Maggie Hughes

- 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

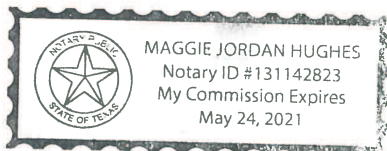


EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	38,329					38,329
0199999. Total Pharmaceutical Rebate Receivables	38,329	0	0	0	0	38,329
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	419,733	236,108	164,095	1,932,956	2,752,892	
0299999. Total Claim Overpayment Receivables	419,733	236,108	164,095	1,932,956	2,752,892	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	458,062	236,108	164,095	1,932,956	2,752,892	38,329

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	2,492,615	7,547,396	59,795	(21,466)	2,552,410	26,726
2. Claim overpayment receivables	1,863,621	3,095,617	1,507,757	1,245,135	3,371,378	4,445,684
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	186,248
7. Totals (Lines 1 through 6)	4,356,236	10,643,013	1,567,552	1,223,669	5,923,788	4,658,658

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

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

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,054,906	0.2	152,917	100.0		2,054,906
4. Total capitation payments	2,054,906	0.2	152,917	100.0	0	2,054,906
Other Payments:						
5. Fee-for-service	154,568,578	16.8	XXX	XXX		154,568,578
6. Contractual fee payments	208,568,303	22.6	XXX	XXX		208,568,303
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	556,501,406	60.4	XXX	XXX		556,501,406
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		0
12. Total other payments	919,638,287	99.8	XXX	XXX	0	919,638,287
13. TOTAL (Line 4 plus Line 12)	921,693,193	100%	XXX	XXX	0	921,693,193

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	18,140		18,140	0	0	0
2.	Medical furniture, equipment and fixtures	0		0	0	0	0
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	0	0	0	0	0	0
6.	Total	18,140	0	18,140	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Alabama		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

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

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AMERIGROUP Insurance Company 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Arizona		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									14078	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		32			32							
2. First Quarter		167			167							
3. Second Quarter		312			312							
4. Third Quarter		504			504							
5. Current Year		687			687							
6. Current Year Member Months		4,379			4,379							
Total Member Ambulatory Encounters for Year:												
7. Physician		4,124			4,124							
8. Non-Physician		4,927			4,927							
9. Total		9,051	0	0	9,051	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		254			254							
11. Number of Inpatient Admissions		47			47							
12. Health Premiums Written (b)		556,002			556,002							
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		556,178			556,178							
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		499,106			499,106							
18. Amount Incurred for Provision of Health Care Services		635,681			635,681							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Arkansas			DURING THE YEAR 2019						NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Delaware			DURING THE YEAR 2019							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Louisiana			DURING THE YEAR 2019						NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2019							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Mississippi			DURING THE YEAR 2019							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Nebraska			DURING THE YEAR 2019						NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							NAIC Company Code	
	1	New Mexico		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)										
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.NM



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							2019		NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.ND



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF South Dakota			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AMERIGROUP Insurance Company 2. Houston, TX

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Texas		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									14078	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		151,998			158					151,840		
2. First Quarter		150,565			642					149,923		
3. Second Quarter		148,983			999					147,984		
4. Third Quarter		151,399			1,554					149,845		
5. Current Year		152,230			1,855					150,375		
6. Current Year Member Months		1,813,455			13,748					1,799,707		
Total Member Ambulatory Encounters for Year:												
7. Physician		685,837			14,661					671,176		
8. Non-Physician		2,226,263			15,173					2,211,090		
9. Total		2,912,100	0	0	29,834	0	0	0	0	2,882,266	0	
10. Hospital Patient Days Incurred		95,889			796					95,093		
11. Number of Inpatient Admissions		18,758			163					18,595		
12. Health Premiums Written (b)		1,037,381,801			1,980,393					1,035,401,408		
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		1,040,905,916			1,974,981					1,038,930,935		
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		921,194,087			1,487,048					919,707,039		
18. Amount Incurred for Provision of Health Care Services		961,190,178			1,790,722					959,399,456		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2019							NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____

NAIC Group Code	BUSINESS IN THE STATE OF			(LOCATION)						
	West Virginia			DURING THE YEAR						
	2019			NAIC Company Code						
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned.....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services.....										
18. Amount Incurred for Provision of Health Care Services										

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

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2019							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.WY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AMERIGROUP Insurance Company

2. Houston, TX

NAIC Group Code		0671		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2019		(LOCATION)		NAIC Company Code		14078					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		152,030		0		0		190		0		0		0		0		151,840		0	
2. First Quarter		150,732		0		0		809		0		0		0		0		149,923		0	
3. Second Quarter		149,295		0		0		1,311		0		0		0		0		147,984		0	
4. Third Quarter		151,903		0		0		2,058		0		0		0		0		149,845		0	
5. Current Year		152,917		0		0		2,542		0		0		0		0		150,375		0	
6. Current Year Member Months		1,817,834		0		0		18,127		0		0		0		0		1,799,707		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician		689,961		0		0		18,785		0		0		0		0		671,176		0	
8. Non-Physician		2,231,190		0		0		20,100		0		0		0		0		2,211,090		0	
9. Total		2,921,151		0		0		38,885		0		0		0		0		2,882,266		0	
10. Hospital Patient Days Incurred		96,143		0		0		1,050		0		0		0		0		95,093		0	
11. Number of Inpatient Admissions		18,805		0		0		210		0		0		0		0		18,595		0	
12. Health Premiums Written (b)		1,037,937,803		0		0		2,536,395		0		0		0		0		1,035,401,408		0	
13. Life Premiums Direct		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	
15. Health Premiums Earned		1,041,462,094		0		0		2,531,159		0		0		0		0		1,038,930,935		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		921,693,193		0		0		1,986,154		0		0		0		0		919,707,039		0	
18. Amount Incurred for Provision of Health Care Services		961,825,859		0		0		2,426,403		0		0		0		0		959,399,456		0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	33	63	57	57
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	263,634,566		263,634,566
2. Accident and health premiums due and unpaid (Line 15)	4,028,879		4,028,879
3. Amounts recoverable from reinsurers (Line 16.1)			0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	29,685,374		29,685,374
6. Total assets (Line 28)	297,348,819	0	297,348,819
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	110,790,188		110,790,188
8. Accrued medical incentive pool and bonus payments (Line 2)	1,091,144		1,091,144
9. Premiums received in advance (Line 8)	203,536		203,536
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
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	42,786,790		42,786,790
15. Total liabilities (Line 24)	154,871,658	0	154,871,658
16. Total capital and surplus (Line 33)	142,477,161	XXX	142,477,161
17. Total liabilities, capital and surplus (Line 34)	297,348,819	0	297,348,819
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
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	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		36-3692630		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15544	46-4729682		0001156039		America's 1st Choice of South Carolina, Inc.	SC	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-0308991		0001156039		America's Health Management Services, Inc.	SC	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12354	20-2073598		0001156039		AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Corporation	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-1800037		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16455	82-3743168		0001156039		Amerigroup Health Plan of Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14078	45-2485907		0001156039		Amerigroup Insurance Company	TX	RE	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16339	82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95314	75-2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14073	27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.		95-4331852		0001156039		Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	60217	06-1475928		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		61-1459939		0001156039		Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.		98-1492098		0001156039		Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613946		0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Anthem, Inc.	N	.0109
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	N	.0109
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	96962	58-1638390		0001156039		Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	16345	82-1853423		0001156039		CCHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.	14064	26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem, Inc.	.N	.0104
.0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95693	39-1462554		0001156039		Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-2844373		0001156039		EasyScripts Outlier Bay, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		33-0884790		0001156039		GeniNet Physician Services, Inc.	CA	NIA	CareMore Health System	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.		20-1378912		0001156039		Global TPA, LLC	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	.N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-4966088		0001156039		HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	.0100
.0671	Anthem, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660271		0001156039		HealthSun Holdings, LLC	FL	NIA	HealthSun Management, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660168		0001156039		HealthSun Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-3434016		0001156039		HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3867547		0001156039		Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3487249		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3471305		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	72.480	Anthem, Inc.	.N	.0107
.0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	Highland Holdco, Inc.	Ownership	27.520	Anthem, Inc.	.N	.0107
							Rocky Mountain Hospital and Medical Service, Inc.								
.0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				0001156039		Human Resource Associates, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3062245		0001156039		IngenioRX, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0105
							Legato Health Technologies Philippines, Inc.								
.0671	Anthem, Inc.		98-1490582		0001156039			PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0106
.0671	Anthem, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
							Anthem Health Plans of New Hampshire, Inc.								
.0671	Anthem, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-5262131		0001156039		Memphis Supportive Care Partnership, LLC	TN	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
							Compcare Health Services Insurance Corporation								
.0671	Anthem, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA		Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-1991772		0001156039		Pasteur Medical Birds Road, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		45-1616220		0001156039		Pasteur Medical Holdings, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	.N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc. Rocky Mountain Hospital and Medical Service, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	.11011	84-0747736		0001156039			CO	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	.13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		35-1835818		0001156039		The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	.11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	.80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3300542		0001156039		Valus, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
							WellPoint Information Technology Services, Inc.								
.0671	Anthem, Inc.		45-2736438		0001156039			CA	NIA	Blue Cross of California	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	.15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership.....	55.000	Anthem, Inc.	.N	.0110
.0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership.....	69.910	Anthem, Inc.	.N	.0103

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	50% owned by unaffiliated investors
0103	30.09% owned by unaffiliated investors
0104	25% owned by an unaffiliated investor
0105	Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 72.48% owned by Anthem Holding Company, LLC. an Indiana limited liability company, and 27.52% owned by Highland Holdco, Inc., a Delaware corporation.
0108	Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation.
0109	Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp

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)
	36-3692630	American Imaging Management, Inc.					(340,361,720)				(340,361,720)	
15544	46-4729682	America's 1st Choice of South Carolina, Inc.					(303,992)				(303,992)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.		(54,976,214)			(2,336,204)				(57,312,418)	
	54-1739323	AMERIGROUP Corporation					58,616,140				58,616,140	
16168	81-4131800	AMERIGROUP District of Columbia, Inc.					(29,262,222)				(29,262,222)	
16455	82-3743168	Amerigroup Health Plan of Louisiana, Inc.										
							(815)				(815)	
14078	45-2485907	AMERIGROUP Insurance Company					(74,490,686)				(74,490,686)	
	45-4985009	Amerigroup IPA of New York, LLC					(20,029,433)				(20,029,433)	
15807	47-3863197	AMERIGROUP Iowa, Inc.		55,000,000			(121,902,155)				(66,902,155)	
14276	45-3358287	AMERIGROUP Kansas, Inc.		(150,000,000)			(2,892,704)				(152,892,704)	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(90,000,000)				(119,448,085)				(209,448,085)	
16145	81-4626605	AMERIGROUP Mississippi, Inc.					1,622				1,622	
95373	22-3375292	AMERIGROUP New Jersey, Inc.					(114,962,141)				(114,962,141)	
10767	13-4212818	AMERIGROUP Ohio, Inc.	(1,251,968)	(7,248,032)			(30,872)				(8,530,872)	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.					(10,784)				(10,784)	
	36-3897080	Amerigroup Partnership Plan, LLC					(151,572,896)				(151,572,896)	
16339	82-3734368	AMERIGROUP Pennsylvania, Inc.					511				511	
12941	20-4776597	AMERIGROUP Tennessee, Inc.					(146,168,275)				(146,168,275)	
95314	75-2603231	AMERIGROUP Texas, Inc.		25,000,000			(573,506,837)				(548,506,837)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(15,100,000)				(71,153,850)				(86,253,850)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(15,300,000)				(163,354,941)				(178,654,941)	
16553	83-2435050	AMH Health, LLC		6,500,000			(177,344)				6,322,656	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(180,100,000)				(1,033,705,467)	52,186,143			(1,161,619,324)	220,141,017
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(190,000,000)				(393,954,739)	(9,361,065)			(593,315,804)	25,847,747
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(58,600,000)				(118,993,095)				(177,593,095)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.					(88,170,097)				(88,170,097)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(350,000,000)				(556,933,088)	(27,798,003)			(934,731,091)	109,950,079
60217	06-1475928	Anthem Health Plans, Inc.	(79,700,000)				(288,375,996)				(368,075,996)	
28207	35-0781558	Anthem Insurance Companies, Inc.	(425,000,000)				(1,352,367,602)	(2,639,172)			(1,780,006,774)	(102,424,008)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(59,615,003)				(59,615,003)	
13573	20-5876774	Anthem Life and Disability Insurance Company					(3,001,752)				(3,001,752)	
61069	35-0980405	Anthem Life Insurance Company	0				(41,325,404)	31,032,881			(10,292,523)	(142,812,135)
	81-3974489	Anthem Partnership Holding Company, LLC	0				(19,841,956)				(19,841,956)	
	46-0613946	Anthem Services Company, LLC					50,295,416				50,295,416	
	35-2145715	Anthem, Inc.	3,595,051,968	(19,275,754)			6,006,236,160				9,582,012,374	
15544	46-4729682	APC Passe, LLC						(181,235,982)			(181,235,982)	189,070,842
	90-1057454	Aspire Health, Inc.	0				(70,607,205)				(70,607,205)	
	11-3713086	ATH Holding Company, LLC					(46,293,396)				(46,293,396)	

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)
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(241,700,000)				(875,259,237)				(1,116,959,237)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(110,000,000)				(128,448,232)	(7,269,339)			(245,717,571)	33,349,826
	95-3760980	Blue Cross of California	(450,000,000)				(2,051,273,729)				(2,501,273,729)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.	(250,000,000)				(324,300,331)				(574,300,331)	
	95-4694706	Caremore Health Plan	(20,000,000)				842,178,067				822,178,067	
13562	38-3975280	Caremore Health Plan of Arizona, Inc.					114,349,659				114,349,659	
13605	26-4001602	Caremore Health Plan of Nevada					80,400,533				80,400,533	
16345	82-1853423	CCHA, LLC					(7,373)	(4,377,672)			(4,385,045)	30,037,985
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.					(82,616,318)				(82,616,318)	
12586	20-3317697	Community Care Health Plan of Nevada, Inc.					(78,522,461)				(78,522,461)	
10345	31-1440175	Community Insurance Company	(386,600,000)				(992,659,788)	(20,767,702)			(1,400,027,490)	66,564,801
95693	39-1462554	Compcare Health Services Insurance Corporation	(24,000,000)				(144,626,584)				(168,626,584)	
	01-0822645	DeCare Dental, LLC					(44,481,913)				(44,481,913)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(80,000,000)	(15,000,000)			(558,951,472)				(653,951,472)	
95433	13-3874803	Empire HealthChoice HMO, Inc.		15,000,000			(96,242,446)				(81,242,446)	
10119	41-2128275	Freedom Health, Inc.	(6,600,000)				(89,884,486)				(96,484,486)	
	95-2907752	Golden West Health Plan, Inc.					(826,876)				(826,876)	
97217	58-1473042	Greater Georgia Life Insurance Company					(9,903,337)				(9,903,337)	
	51-0365660	Health Core, Inc.					(26,801,381)				(26,801,381)	
	54-1237939	Health Management Corporation					(240,846,223)				(240,846,223)	
95169	54-1356687	HealthKeepers, Inc.	(75,000,000)				(518,708,076)	(8,968,740)			(602,676,816)	
96475	43-1616135	HealthLink HMO, Inc.					4,171,276				4,171,276	
	43-1364135	HealthLink, Inc.					(45,731,260)				(45,731,260)	
	13-3865627	HealthPlus LLC					(224,762,586)				(224,762,586)	
10122	20-0982649	HealthSun Health Plans, Inc.	(44,000,000)				(75,779,865)				(119,779,865)	
	20-0660168	HealthSun Management, LLC					(50,680,602)				(50,680,602)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(200,200,000)				(285,898,278)				(486,098,278)	
95473	84-1017384	HMO Colorado, Inc.	(80,000,000)				(198,196,328)				(278,196,328)	
95358	37-1216698	HMO Missouri, Inc.	(18,000,000)				(4,949,464)				(22,949,464)	
	82-3062245	IngenioRx, Inc.					(195,947,061)				(195,947,061)	
	98-1397080	Legato Health Technologies LLC					99,420,232				99,420,232	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(50,000,000)				(86,033,164)				(136,033,164)	
	39-2013971	Meridian Resource Company, LLC	(16,000,000)				(29,321,873)				(45,321,873)	
12259	20-1336412	Optimum Healthcare, Inc.	(12,800,000)				(59,401,638)				(72,201,638)	
	47-0851593	RightCHOICE Managed Care, Inc.					(24,229,799)				(24,229,799)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(70,000,000)				(272,229,111)	(14,629,215)			(356,858,326)	52,766,767
13726	27-0945036	Simply Healthcare Plans, Inc.	(46,600,000)				(321,465,982)				(368,065,982)	
	45-5443372	The Anthem Companies of California, Inc.					143,211,586				143,211,586	

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)
	35-1835818	The Anthem Companies, Inc.					6,463,929,276				6,463,929,276	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.										
			(8,500,000)				(50,613,422)				(59,113,422)	
80314	52-0913817	UNICARE Life & Health Insurance Company		145,000,000			(72,505,355)	93,930,815			166,425,460	(301,644,703)
	45-2736438	WellPoint Information Technology Services										
							430,674,292				430,674,292	
	36-4595641	WellPoint Insurance Services, Inc.					(8,429,366)	99,897,051			91,467,685	(180,848,218)
15929	47-5569628	Wisconsin Collaborative Insurance Company										
							(17,798,597)				(17,798,597)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

		Responses
MARCH FILING		
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 Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	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?	YES
The following supplemental reports are required to be filed as part of your annual statement filing <u>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.</u> 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		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14.	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
15.	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
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	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
18.	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
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically 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, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Bar Codes:		
12.	Life Supplement [Document Identifier 205]	
13.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 140782019306000000
21.	Life Supplement [Document Identifier 211]	 140782019211000000
22.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 140782019216000000
23.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 140782019217000000
24.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 140782019290000000
25.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 140782019300000000



SUPPLEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0671..... NAIC Company Code 14078
ADDRESS (City, State and Zip Code) Houston , TX 77098
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	AGPLANAM(18)-AZ	A	NO	0034060	03/16/2018				Mod A		0.0		0	0	0.0		
	AGPLANFM(18)-AZ	F	NO	0034000	03/16/2018				Mod F		0.0		161,707	185,348	114.6	167	
	AGPLANGM(18)-AZ	G	NO	0034000	03/16/2018				Mod G		0.0		354,431	376,768	106.3	461	
	AGPLANNM(18)-AZ	N	NO	0034000	03/16/2018				Mod N		0.0		50,214	78,692	156.7	59	
0199999. Total Experience on Individual Policies										0	0	0.0	0	566,352	640,808	113.1	687

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2019 OF THE Amerigroup Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0671..... NAIC Company Code 14078
ADDRESS (City, State and Zip Code) Houston , TX 77098
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
	AGPLANAM(18)-TX	A	NO	0034060	02/28/2018				Mod A			0.0		126,951	116,948	92.1	19
	AGPLANFM(18)-TX	F	NO	0034000	02/28/2018				Mod F			0.0		497,947	534,020	107.2	441
	AGPLANGM(18)-TX	G	NO	0034000	02/28/2018				Mod G			0.0		1,221,049	1,075,436	88.1	1,234
	AGPLANNM(18)-TX	N	NO	0034000	02/28/2018				Mod N			0.0		177,837	91,164	51.3	160
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,023,784	1,817,568	89.8	1,854

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

ANNUAL STATEMENT BLANK

ALPHABETICAL INDEX

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14