

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NA	IC Group Code 0671 0671 NA (Current) (Prior)	AIC Company Code	Employer	's ID Number13-4	1212818
Organized under the Laws of	Ohio	, St	ate of Domicile or Port o	f Entry	ОН
Country of Domicile		United States of A	America		
Licensed as business type:	He	ealth Maintenance C	Organization		
Is HMO Federally Qualified?	Yes [] No [X]				
Incorporated/Organized	03/08/2002		Commenced Business		09/01/2005
Statutory Home Office	4361 Irwin Simpson Road, C/O Community	Ins. Co. ,		Mason, OH, US 45	5040
	(Street and Number)		(City	or Town, State, Country	and Zip Code)
Main Administrative Office		4425 Corporation (Street and Nur			
	Virginia Beach, VA, US 23462				
(City or	Town, State, Country and Zip Code)		1	(Area Code) (Telephone	Number)
Mail Address	220 Virginia Ave (Street and Number or P.O. Box)		(City	Indianapolis, IN, US or Town, State, Country	
Drimony Location of Dools one	,	220 \/inginio	, ,	or rown, state, country	and zip Gode)
Primary Location of Books and	n Records	220 Virginia (Street and Nur			
(City or	Indianapolis, IN, US 46204 Town, State, Country and Zip Code)			(Area Code) (Telephone	Number)
Internet Website Address	Tomi, otato, obanti and Esp obac)	www.amerigrou		(* 1.04 0040) (1.010p1101110	, , , , , , , , , , , , , , , , , , , ,
-	-	www.amengrou	p.com		
Statutory Statement Contact	Tim Niccum (Name)		,	317-488- (Area Code) (Telep	
	tim.niccum@anthem.com (E-mail Address)			317-488-6200 (FAX Number)	
	(L-mail Address)	0551050	•	(i AX Number)	
President/Chairperson	Kristen Louise Metzger	OFFICER		Vince	ent Edward Scher
Secretary _	Kathleen Susan Kiefer	V	ice President/Assistant Secretary	Ja	ck Louis Young
		OTHER			
Eric (Rick) Kenneth No	ble, Assistant Treasurer				
Jack Lot	uis Young DII	RECTORS OR T Kristen Louise I		Rona	ald William Penczek
State of County of	SS:				
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the	ntity being duly sworn, each depose and say sets were the absolute property of the said of exhibits, schedules and explanations thereid reporting entity as of the reporting period st Annual Statement Instructions and Accountin differences in reporting not related to account accounting the scope of this attestation by the described of the differences due to electronic filing) of the	reporting entity, free in contained, annex ated above, and of ag Practices and Pr aunting practices au officers also include	e and clear from any lier ed or referred to, is a full its income and deduction ocedures manual except nd procedures, accordir is the related correspond	ns or claims thereon, e. and true statement of a ns therefrom for the period to the extent that: (1) s to the extent that: (1) s to the best of their ling electronic filing with	xcept as herein stated, and that this ill the assets and liabilities and of the od ended, and have been completed tate law may differ; or, (2) that state information, knowledge and belief, the NAIC, when required, that is an
DocuSigned	by:	DocuSign	1/		DocuSigned by:
kristen	Metzger	Lathy.	Kiefer		Vincent E. Scher
5C5DDB10C Kristen Louise N President/Chair	7D345F Netzger	342591247 Kathleen Susan Secretary	Kiefer	,	A85A33722D4143E Vincent Edward Scher Treasurer
Subscribed and sworn to before day of	•		a. Is this an original fili b. If no, 1. State the amend 2. Date filed 3. Number of pages	ment number	Yes [X] No []

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	1,355,604		1,355,604	1,367,335
	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5.	Cash (\$1,963,096), cash equivalents				
0.	(\$92,678) and short-term				
	investments (\$	2 055 774		2,055,774	2 096 610
6	Contract loans (including \$ premium notes)			0	2,080,010
	· · · · · · · · · · · · · · · · · · ·				
7.	Derivatives			0	0
8.	Other invested assets			0	0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets			0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	3,411,378	0	3,411,378	3,453,945
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	7,717		7,717	19,617
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection			0	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans			_	.0
	Current federal and foreign income tax recoverable and interest thereon				0
	Net deferred tax asset				
	Guaranty funds receivable or on deposit				
19.	Electronic data processing equipment and software				0
20.					0
21.	Furniture and equipment, including health care delivery assets			^	_
	(\$				
	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	1, 150	0	1 , 150	1,000
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3 420 619	372	3,420,247	3,474,929
27	From Separate Accounts, Segregated Accounts and Protected Cell			0,420,247	,474,020
	Accounts				
28.	Total (Lines 26 and 27)	3,420,619	372	3,420,247	3,474,929
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	State income tax recoverable	1, 150	0	1, 150	1,000
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page			0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,150	0	1,150	1,000
	- ' ' '				

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP		Current Period		Prior Year
		1	2	_ 3	4
		Covered	Uncovered	Total	Total
	Claims unpaid (less \$ reinsurance ceded)				0
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses			0	0
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act				0
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				
9.	General expenses due or accrued	749		749	1,240
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ on realized gains (losses))			·	
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	•		0	68,039
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including			_	_
	\$ current)				
	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized			_	_
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including \$				
	current)			0	0
24.	Total liabilities (Lines 1 to 23)				121,265
25.	Aggregate write-ins for special surplus funds			0	0
26.	Common capital stock		XXX	· ·	1,000
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				3, 147, 882
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds			0	0
31.	Unassigned funds (surplus)	XXX	XXX	226,143	204,782
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$)				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,375,025	3,353,664
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,420,247	3,474,929
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	xxx	xxx	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		xxx	xxx		
3002.		xxx	xxx		
3003.		xxx			
3098.	Summary of remaining write-ins for Line 30 from overflow page	xxx		0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		To	ent Year o Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	xxx	1		
2.	Net premium income (including \$ non-health				
	premium income)	XXX			
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$ medical expenses)	XXX			
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				0
7.	Aggregate write-ins for other non-health revenues			0	0
8.	Total revenues (Lines 2 to 7)	XXX		0	0
	Hospital and Medical:				
9.	Hospital/medical benefits			4,060	2,731
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				0
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		0	4,060	2,731
	Less:				
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)			ŕ	2,731
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ cost				
	containment expenses				
21.	General administrative expenses			1,589	(1,261)
22.	Increase in reserves for life and accident and health contracts				_
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		22,871	164,720	207,739
26.	Net realized capital gains (losses) less capital gains tax of			(5.500)	.== ===
	\$				
	Net investment gains (losses) (Lines 25 plus 26)		22,8/1	159,011	365,335
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	,,				(07)
29.	Aggregate write-ins for other income or expenses		0 0	0	(37)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	22,728	153,362	363,828
31.	Federal and foreign income taxes incurred				25,583
32.	Net income (loss) (Lines 30 minus 31)	XXX	21,729	133,001	338,245
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.				0	
0699.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)		-	0	0
0701.					
0702.					
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page			0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(0	0	0
2901.	Penalties and fines		0	0	(37)
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page			0	0
1	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		0	0	(37)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND	1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	to Date	December 31
	CAPITAL AND SURPLUS ACCOUNT			
	CALITAE AND SUN EUS ACCOUNT			
33.	Capital and surplus prior reporting year	3,353,664	11,511,019	11,511,019
34.	Net income or (loss) from Line 32	21,729	133,001	
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	4	5,112	4,400
39.	Change in nonadmitted assets	(372)	(250)	0
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	(7,248,032)
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders		(8,500,000)	(1,251,968)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	21,361	(8,362,137)	(8, 157, 355)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	3,375,025	3,148,882	3,353,664
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income	46,013	258,531	311,901
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	46,013	258,531	311,901
5.	Benefit and loss related payments	4	4,060	2,731
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	143	(367)	(912
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	697	10,035	33,054
10.	Total (Lines 5 through 9)	844	13,728	34,873
11.	Net cash from operations (Line 4 minus Line 10)	45,169	244,803	277,028
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	0	9,440,000	13,093,310
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	581,638	581,638
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	10,021,638	13,674,948
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	3,987,717	3,987,717
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	3,987,717	3,987,717
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	6,033,921	9,687,231
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	(7,248,032
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	0	8,500,000	1,251,968
	16.6 Other cash provided (applied)	(76,005)	7,958,399	(533,877
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(76,005)	(541,601)	(9,033,877
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(30,836)	5,737,123	930 , 382
19.	Cash, cash equivalents and short-term investments:		,,	
		2,086,610	1.156.228	1, 156, 228
	19.2 End of period (Line 18 plus Line 19.1)	2,055,774	6,893,351	2,086,610

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

Exhibit of Premiums, Enrollment and Utilization ${f N} \ {f O} \ {f N} \ {f E}$

Claims Payable - Aging Analysis of Unpaid Claims ${f N}$ ${f O}$ ${f N}$ ${f E}$

Underwriting and Investment Exhibit NONE

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2019. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Ohio, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Ohio Department of Insurance ("ODI").

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the ODI is shown below:

		SSAP #	F/S Page	F/S Line #	September 30, 2020	December 31, 2019
Net	Income					
(1)	AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 21,729	\$ 338,245
(2)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 21,729	\$ 338,245
<u>Sur</u>	<u>plus</u>					
(5)	AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,375,025	\$ 3,353,664
(6)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,375,025	\$ 3,353,664

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

No significant change.

C. Accounting Policies

- (1) No significant change.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (3) (5) Not applicable.
- (6) The Company has no loan-backed securities.
- (7) (13) Not applicable.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

- (1) The Company did not have loan-backed securities at September 30, 2020.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the nine months ended September 30, 2020.
- (3) The Company did not hold OTTI on its loan-backed securities at September 30, 2020.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at September 30, 2020.
- (5) The Company had no impaired loan-backed securities at September 30, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at September 30, 2020.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at September 30, 2020.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at September 30, 2020.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at September 30, 2020.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at September 30, 2020.

O. 5GI Securities

The Company has no 5GI Securities as of September 30, 2020.

P. Short Sales

The Company did not have any short sales at September 30, 2020.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at September 30, 2020.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

No significant change.

B. Significant Transactions for the Period

There were no significant transactions at September 30, 2020.

C. Intercompany Management and Service Arrangements

No significant change.

D. Amounts Due to or from Related Parties

At September 30, 2020, the Company reported no amounts due from affiliates and \$1,033 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

- **B.** Not applicable.
- C. Not applicable.
- **D.** Not applicable.

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

H. Post Employment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

No significant change.

B. Assessments

(1) - (2)

No significant change.

C. - E.

No significant change.

F. All Other Contingencies

Litigation and regulatory proceedings

Cigna Corporation Merger Litigation

In July 2015, Anthem and Cigna Corporation, or Cigna, announced that they entered into the Cigna Agreement and Plan of Merger, or Cigna Merger Agreement, pursuant to which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice or DOJ, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia, or District Court, seeking to block the merger. In February 2017, Cigna purported to terminate the Cigna Merger Agreement and commenced litigation against Anthem in the Delaware Court of Chancery, or Delaware Court, seeking damages, including \$1,850,000,000 termination fee pursuant to the terms of the Cigna Merger Agreement, and a declaratory judgement that its purported termination of the Cigna Merger Agreement was lawful, among other claims, which is captioned *Cigna Corp. v. Anthem Inc.*

Also in February 2017, Anthem initiated their own litigation against Cigna in the Delaware Court seeking a temporary restraining order to enjoin Cigna from terminating the Cigna Merger Agreement, specific performance compelling Cigna to comply with the Cigna Merger Agreement and damages, which is captioned *Anthem Inc. v. Cigna Corp.* In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked the merger. In May 2017, after the Delaware Court denied Anthem's motion to enjoin Cigna from terminating the Cigna Merger Agreement, Anthem delivered to Cigna a notice terminating the Cigna Merger Agreement.

In the Delaware court litigation, trial commenced in late February 2019 and concluded in March 2019. The Delaware Court held closing arguments in November 2019 and took the matter under consideration. In February 2020, the Delaware Court requested supplemental briefing, which has been submitted. On August 31, 2020, the Delaware Court issued an opinion finding that neither party was owed damages and that Anthem did not owe Cigna the \$1,850,000,000 termination fee. The Delaware Court issued an order implementing its opinion in October 2020. Any notice of appeal must be filed within 30 days of that order. Anthem believes Cigna's allegations are without merit and they intend to vigorously pursue their claims and defend against Cigna's allegations; however, the ultimate outcome of any appeal of this litigation with Cigna cannot be presently determined.

In October 2018, a shareholder filed a derivative lawsuit in the State of Indiana Marion County Superior Court, captioned *Henry Bittmann, Derivatively, et al. v. Joseph R. Swedish, et al.*, purportedly on behalf of Anthem and their shareholders against certain current and former directors and officers alleging breaches of fiduciary duties, unjust enrichment and corporate waste associated with the Cigna Merger Agreement. This case has been stayed at the request of the parties pending the outcome of Anthem's litigation

with Cigna in the Delaware Court. This lawsuit's ultimate outcome cannot be presently determined.

15. Leases

Not applicable.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

- (1) No significant change.
- (2) (7) Not applicable.

C. Wash Sales

- 1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- 2. At September 30, 2020, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

Not applicable.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

A. (1) Fair Value Measurement at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	((Level 3)	ľ	Net Asset Value (NAV)	Total
a. Assets at fair value							
Cash equivalents							
Industrial and miscellaneous money market funds	\$ 92,678	\$ _	\$	_	\$	— \$	92,678
Total cash equivalents	\$ 92,678	\$ _	\$		\$	— \$	92,678
Total assets at fair value/NAV	\$ 92,678	\$ _	\$	_	\$	— \$	92,678

(2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of September 30, 2020.

- (3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgagebacked securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature of these investments, cash equivalents are primarily designated as Level 1.

There have been no significant changes in the valuation techniques during the current period.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Not Practicable (Carrying Value)
Bonds	\$ 1,493,420	\$ 1,355,604	s —	\$ 1,493,420	\$	\$ —	\$ —
Cash equivalents	92,678	92,678	92,678	_	_	_	_

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value.

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 09, 2020 for the statutory statement issued on November 09, 2020. There were no events occurring subsequent to September 30, 2020 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

STATEMENT AS OF September 30, 2020 OF THE AMERIGROUP OHIO, INC.

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves	\$		
2. Date of the most recent evaluation of this liability	Se	eptember 30, 2	2020
3. Was anticipated investment income utilized in the calculation?	Yes	No	X

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?								
1.2	2 If yes, has the report been filed with the domiciliary state?								
2.1	Has any change been made during the year of this statement in the charter reporting entity?				Yes [] No	[X]			
2.2	If yes, date of change:			<u> </u>					
3.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	n consisting of two or more affiliated	persons, one or mor	e of which	Yes [X] No	[]			
3.2	Have there been any substantial changes in the organizational chart since t	the prior quarter end?			Yes [] No	[X]			
3.3	If the response to 3.2 is yes, provide a brief description of those changes. $\ensuremath{\text{N/A}}$								
3.4	Is the reporting entity publicly traded or a member of a publicly traded group	p?			Yes [X] No	[]			
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issue	ued by the SEC for the entity/group.		<u> </u>	000115603	39			
4.1	Has the reporting entity been a party to a merger or consolidation during the If yes, complete and file the merger history data file with the NAIC.	e period covered by this statement?	·		Yes [] No	[X]			
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of doceased to exist as a result of the merger or consolidation.	omicile (use two letter state abbrevi	ation) for any entity tl	nat has					
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
5.	If the reporting entity is subject to a management agreement, including third in-fact, or similar agreement, have there been any significant changes regall yes, attach an explanation.	d-party administrator(s), managing arding the terms of the agreement o	general agent(s), atto r principals involved?	orney- Yes [] No [X]	N/A [
6.1	State as of what date the latest financial examination of the reporting entity	was made or is being made		<u> </u>	12/31/201	17			
6.2	State the as of date that the latest financial examination report became avaidate should be the date of the examined balance sheet and not the date the				12/31/201	17			
6.3	State as of what date the latest financial examination report became availal the reporting entity. This is the release date or completion date of the exam date).	nination report and not the date of the	ne examination (bala	nce sheet	05/23/201	19			
	By what department or departments? Ohio Department Of Insurance Have all financial statement adjustments within the latest financial examina statement filed with Departments?] No []	N/A [X			
6.6	Have all of the recommendations within the latest financial examination rep	port been complied with?		Yes [] No []	N/A [X			
7.1	Has this reporting entity had any Certificates of Authority, licenses or registr revoked by any governmental entity during the reporting period?				Yes [] No	[X]			
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding company regulated by the Fe	ederal Reserve Board?			Yes [] No	[X]			
8.2	If response to 8.1 is yes, please identify the name of the bank holding comp	pany.							
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	?			Yes [] No	[X]			
8.4	If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Offic Insurance Corporation (FDIC) and the Securities Exchange Commission (S	ce of the Comptroller of the Currence	y (OCC), the Federa	l Deposit					
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 5 OCC FDIC	6 SEC				

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	onal and profession		Yes [)	X]	No []
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and(e) Accountability for adherence to the code.						
9.11	If the response to 9.1 is No, please explain:						
9.2	N/A Has the code of ethics for senior managers been amended?			Yes [1	No [)	(]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).				•		•
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes []	No [X	(]
	FINANCIAL						
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount:				•		
	INVESTMENT						
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:			Yes []	No [X	(]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$				0
13.	Amount of real estate and mortgages held in short-term investments:						
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	1		Yes [No [)	(]
		Prior Year-End Book/Adjusted Carrying Value	l	В	urren look/	z t Quar Adjusto ng Val	ed
	Bonds			\$			
	Preferred Stock Stock			\$			
	Common Stock Short Torm Investments			\$			
	Short-Term Investments			\$ \$			
	All Other			\$			
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)			\$			
	Total Investment in Parent included in Lines 14.21 to 14.26 above			\$			
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		Yes [Yes [] No]	No [) N/A	[]
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date						
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2						
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Po	arts 1 and 2		;			0
	16.3 Total payable for securities lending reported on the liability page.		\$;			0

GENERAL INTERROGATORIES

		1 Name of Cust	requirements of the NAIC Finan odian(s)		2 Custodian Addi	ress				
	JP Morgan Chase Bank	c, N.A		383 Madison Ave, N	ew York, NY 10179					
7.2	For all agreements that location and a comple		rith the requirements of the NAIC	C Financial Condition E	xaminers Handbook, p	rovide the name,				
	1 Name(,	2 Location(s)		3 Complete Expla	nation(s)				
		changes, including	name changes, in the custodia					[]	No	[X]
1.4	1 Old Custo		2 New Custodian	3 Date of Cha	ange	4 Reason				
7.5	make investment deci	sions on behalf of	vestment advisors, investment in the reporting entity. For assets the transcript accounts; "handle sections."	that are managed inter urities"]						
	Anthem Inc		or Individual							
			d in the table for Question 17.5, more than 10% of the reporting				Yes	[X] No	[
			d with the reporting entity (i.e. de t aggregate to more than 50% o				Yes	[] No	[X
7.6	For those firms or inditable below.	viduals listed in the	e table for 17.5 with an affiliation	n code of "A" (affiliated) or "U" (unaffiliated), pi	rovide the information for th	ne			
	1		2							
			2		3	4		Mana	5 stmer igeme	ent
	Central Registration Depository Number		Name of Firm or Individual		ıl Entity Identifier (LEI)	Registered With		Mana Agr (IM)	stmer igeme eemer A) File	ent nt ed
	Depository Number	Loomis, Sayles &	Name of Firm or Individual Company, LP		I Entity Identifier (LEI)	Registered With Securities Exchange Commission		Mana Agr (IM/	stmer agemer eemer A) File	ent nt ed
	Depository Number	Loomis, Sayles &	Name of Firm or Individual	JIZPN2	Il Entity Identifier (LEI)	Registered With Securities Exchange Commission		Mana Agr (IM/	stmer ageme eemer A) File	ent nt ed
3.2	Depository Number	Loomis, Sayles &	Name of Firm or Individual Company, LP	JIZPN	Il Entity Identifier (LEI) PRX3UMN0YIDI313nt	Registered With Securities Exchange Commission		Mana Agr (IM/	stmer ageme eemer A) File	ent nt ed
	Depository Number 105377 Have all the filing requ If no, list exceptions: By self-designating 5G a. Documentation security is not a b. Issuer or obligo	Loomis, Sayles & lirements of the Pushirements of the Pushirements, the representation of the Pushirements	Name of Firm or Individual Company, LP urposes and Procedures Manual eporting entity is certifying the formit a full credit analysis of the secontracted interest and principal	JIZPN	Il Entity Identifier (LEI) PRX3UMN0YIDI313nt Analysis Office been ach self-designated 5GIr an NAIC CRP credit ra	Registered With Securities Exchange Commission followed? security:		Mana Agr (IM/	stmer ageme eemer A) File	ent nt ed
9.	Depository Number 105377 Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obligo c. The insurer has Has the reporting entit	Loomis, Sayles & irements of the Pu is securities, the re necessary to perr available. It is current on all of an actual expects y self-designated	Name of Firm or Individual Company, LP urposes and Procedures Manual eporting entity is certifying the form a full credit analysis of the secontracted interest and principal ation of ultimate payment of all of 5GI securities?	JIZPN	RX3UMN0YIDI313nt Analysis Office been ach self-designated 5Gl r an NAIC CRP credit raprincipal.	Registered With Securities Exchange Commission	Yes	Mana Agri (IM/ N0	stmer ageme eemer A) File	ent nt ed
3.2	Depository Number 105377 Have all the filing required from the filing	Loomis, Sayles & Lirements of the Public Resources, the respectation of the Public Resources, the resources an actual expectation of the properties of the public Resources of	Name of Firm or Individual Company, LP urposes and Procedures Manual eporting entity is certifying the formit a full credit analysis of the secontracted interest and principal ation of ultimate payment of all of	JIZPN/ al of the NAIC Investme bllowing elements for ea ecurity does not exist o I payments. contracted interest and following elements of e IC Designation reported by an NAIC CRP in it for examination by stat the PL security with the	entity Identifier (LEI) 2RX3UMNOYIDI313 ach self-designated 5GI an NAIC CRP credit ranch self-designated PL I for the security. Is legal capacity as a NI e insurance regulators. SVO.	Registered With Securities Exchange Commission followed? security: ating for an FE or PL GI security: RSRO which is shown	Yes	Mana Agri (IIM) N0	stmeragement (state of the state of the stat	ent nt ed
9.	Depository Number 105377 Have all the filing requ If no, list exceptions: By self-designating 5G a. Documentation security is not a b. Issuer or obligo c. The insurer has Has the reporting entit By self-designating PL a. The security war b. The reporting er c. The NAIC Desig on a current priv d. The reporting er Has the reporting entit	Loomis, Sayles & lirements of the Pusice and actual expects an actual expects y self-designated and the self-designated and the self-designated are letter rating he tity is not permitted by self-designated and self-designated are letter rating the self-designated and self-designated are self-designated ar	Name of Firm or Individual Company, LP urposes and Procedures Manual eporting entity is certifying the formit a full credit analysis of the secontracted interest and principal ation of ultimate payment of all of SGI securities? reporting entity is certifying the following entity is certifying entity is certifying the following entity is certifying entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity in the following entity in the following entity is certifying entity	JIZPN/	entity Identifier (LEI) PRX3UMNOYIDI313 Int Analysis Office been ach self-designated 5GI an NAIC CRP credit ranch self-designated PL I for the security. Is legal capacity as a Nie insurance regulators. SVO.	Registered With Securities Exchange Commission	Yes	Mana Agri (IIM) N0	stmer geme eemel) File] No	ent nt ed
9.	Depository Number 105377	Loomis, Sayles & lirements of the Pusice Sayles and securities, the renecessary to perravailable. It is current on all of an actual expectary self-designated and securities, the such as purchased prior nitity is holding capination was derive rate letter rating he tity is not permitted by self-designated schedule BA non-less purchased prior nitity is holding capinated a public credit ration of a purchased prior nitity is holding capinated a public credit ration.	Name of Firm or Individual Company, LP urposes and Procedures Manual eporting entity is certifying the form a full credit analysis of the secontracted interest and principal ation of ultimate payment of all of 5GI securities? reporting entity is certifying the form and an analysis of the secontracted interest and principal ation of ultimate payment of all of 5GI securities? reporting entity is certifying the form an analysis of the Indianalysis of the India	al of the NAIC Investment of the NAIC Investm	ach self-designated 5Gl r an NAIC CRP credit ranch self-designated PL for the security. Se legal capacity as a NI e insurance regulators. SVO.	Registered With Securities Exchange Commission	Yes	Mana Agri (IIM) N0	stmer geme eemel) File] No	ent nt ed

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent				0	.0 %
	1.2 A&H cost containment percent				0	.0 %
	1.3 A&H expense percent excluding cost containment expenses				0	.0 %
2.1	Do you act as a custodian for health savings accounts?	Yes	[]	No [Х]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$\$					
2.3	Do you act as an administrator for health savings accounts?	Yes	[]	No [Х]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date					
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes	[X]	No []	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes	; []	No []	

		Showing All New Reinsural	nce Treaties	 Current Yea 	ir to Date			
1	2	3 4	5	6	7	8	9	10
	-		J		•	C	·	Effective
								Ellective
							Certified	Date of
NAIC				Type of Reinsurance	Type of		Reinsurer	Certified
Company	ID	Effective	Domicilian	Paingurance	Business		Rating	Reinsurer
Company	10	Lifective	Domicilary	Remounance	Dusiliess	T (D)	railing	Kellisulei
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only 9 Federal Employees Life and Health Annuity Premiums & Other Property/ Casualty Active Accident and **Benefits** Total Status Health Columns 2 Medicaid Program Deposit-Type Premiums States, etc (a) Title XVIII Title XIX Premiums Consideration Premiums Through 7 Contracts 1. Alabama ALN. Alaska 2. ΑK N 0 3. Arizona ΑZ .L .0 4. Arkansas AR L 0 California 5. CA N 0 6. Colorado 0 CO N 7. Connecticut CT N 0 8. Delaware 0 DE N. District of Columbia . DC 9. N 0 10. Florida. 0 FL . N. Georgia .. 11. .. GA N 0 12. Hawaii .. ΗΙ Ν. .0 13. Idaho .. ID N 0 Illinois 14. Ш N 0 15. Indiana .. IN N 0 16. lowa .. IΑ N 0 17. Kansas KS N. 0 Kentucky. 18. ΚY N 0 Louisiana 19. LA N. 0 20. Maine. MF N 0 21. Maryland .. MD N. .0 22. Massachusetts .. MA N 0 23. Michigan. MI N 0 24. Minnesota 0 MN N 25. Mississippi MS N 0 26. Missouri . 0 MO N. 27. Montana MT N 0 28. Nebraska. 0 NE .N. 29. Nevada .. NV N 0 New Hampshire 30. NH N 0 31. New Jersey .. . NJ N 0 New Mexico 32. 0 . NM N 33. New York .. . NY N. 0 North Carolina ... 34. . NC N 0 35. North Dakota ND .N. 0 36. Ohio. OH L 0 Oklahoma 37. OK Ν. .0 38. Oregon .. OR N 0 39. Pennsylvania PA N 0 40. Rhode Island 0 RI N South Carolina SC 41. N 0 42. South Dakota ... 0 SD N. Tennessee 43. TN N 0 44. Texas 0 TX N. 45. Utah ... UT N 0 46. Vermont. VT Ν. .0 47. Virginia VA N 0 48. Washington. WA N 0 West Virginia .. 49. .. WV N 0 Wisconsin 50. WI N 0 51. Wyoming. .. WY N. 0 American Samoa AS 52. N 0 53. Guam .. GU N. .0 Puerto Rico ... 54. PR N 0 U.S. Virgin Islands ... VI 55. N 0 Northern Mariana 56. N 0 Islands MP 57. Canada CAN N 0 Aggregate Other 58. 0 0 0 0 0 0 0 OT XXX 0 59. Subtotal XXX 0 0 0 0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX 61. Totals (Direct Business) 0 0 0 0 0 0 0 0 XXX DETAILS OF WRITE-INS 58001. XXX 58002. XXX 58003 58998. Summary of remaining write-ins for Line 58 from ..0 .0 overflow page. XXX ..0 ..0 ..0 .0 .0 .0 Totals (Lines 58001 through 58003 plus 58998)(Line 58 58999 above)
(a) Active Status Counts 0 0 0 0 0 0 0 0 XXX

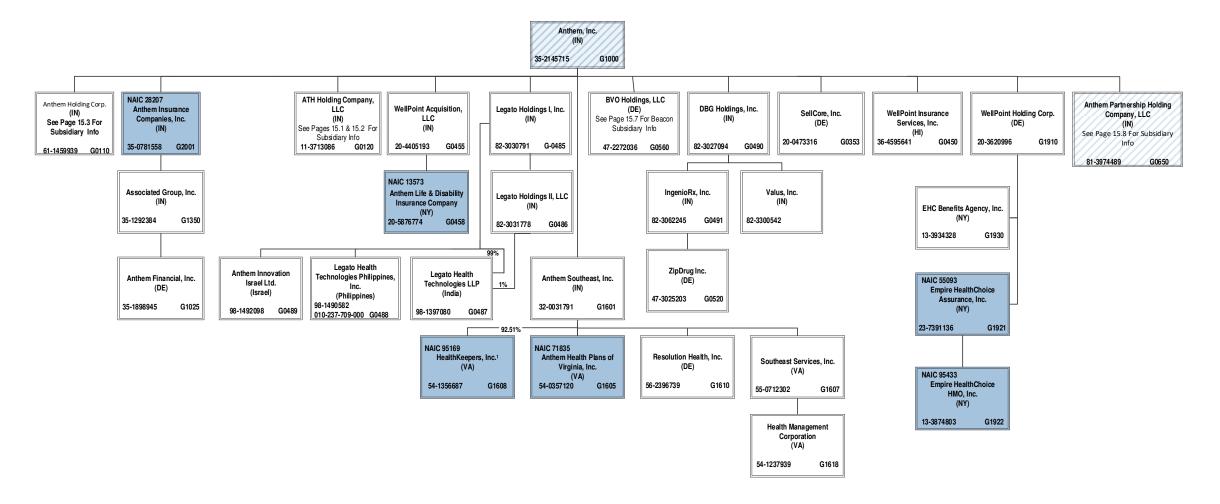
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG3	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state54	

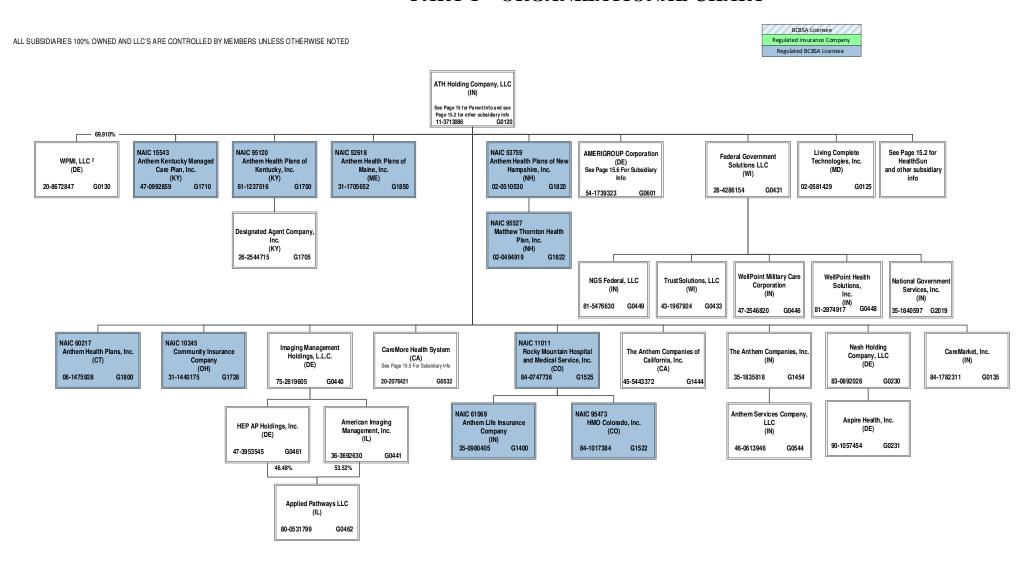
BCBSA Licensee

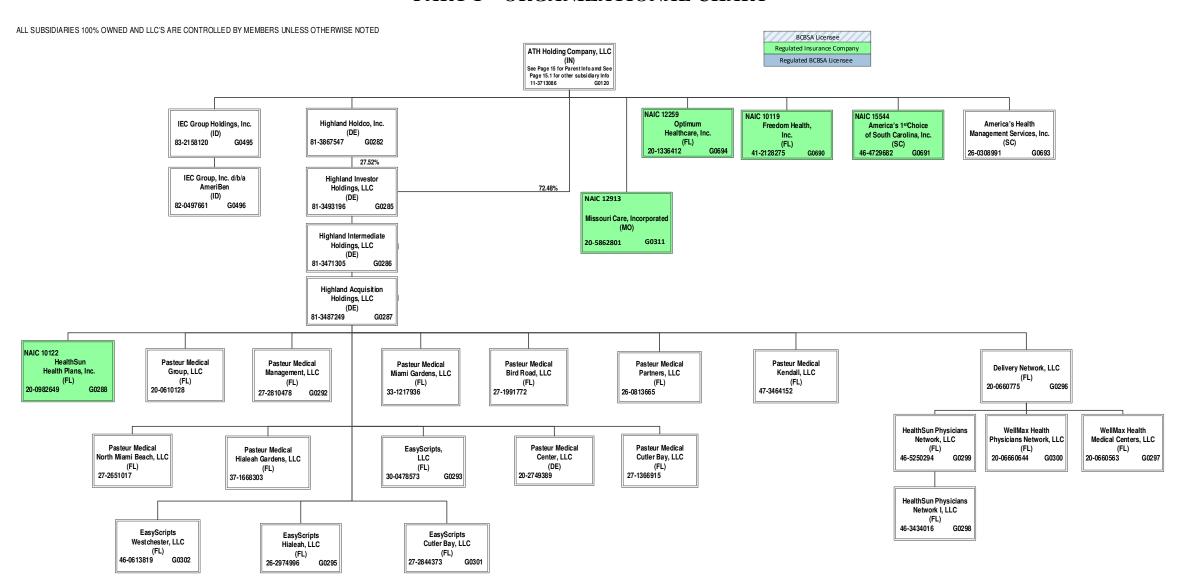
Regulated Insurance Company

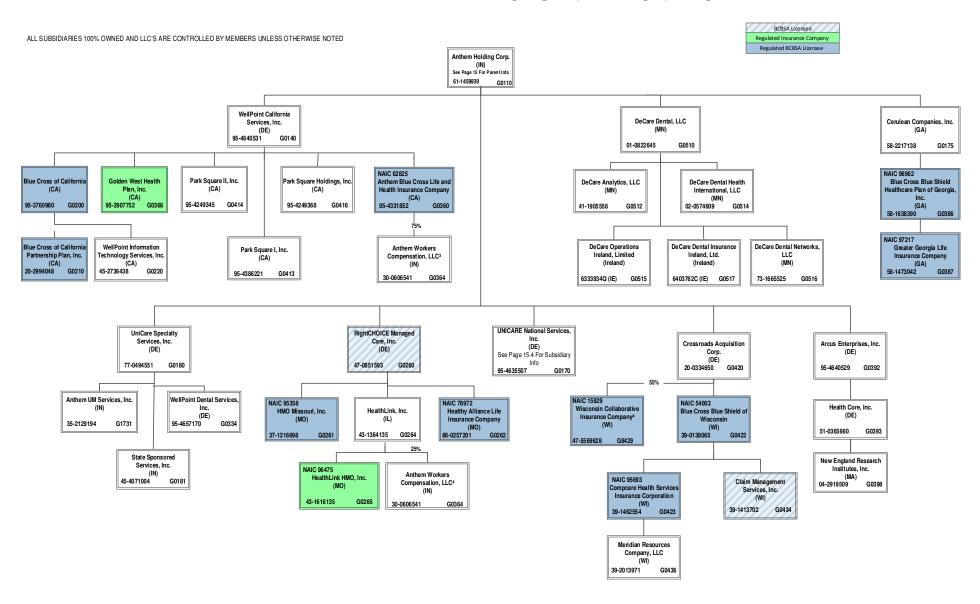
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



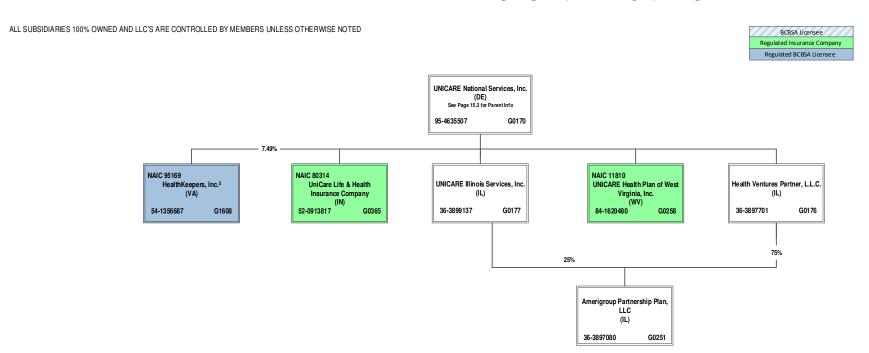






 $^{^{\}rm 3}$ 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

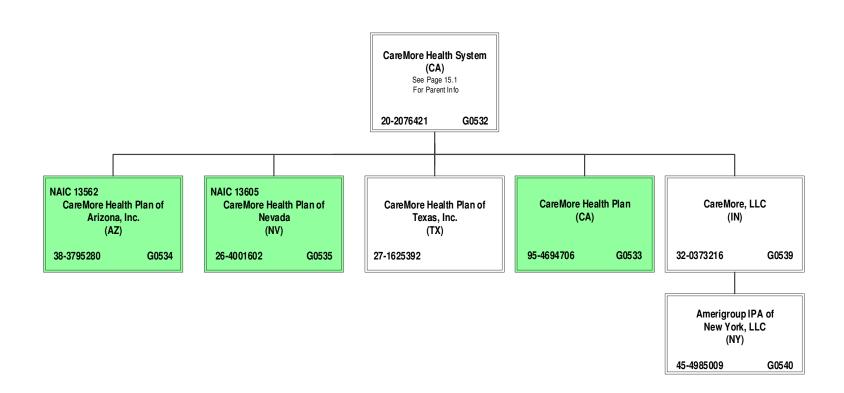
⁴ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

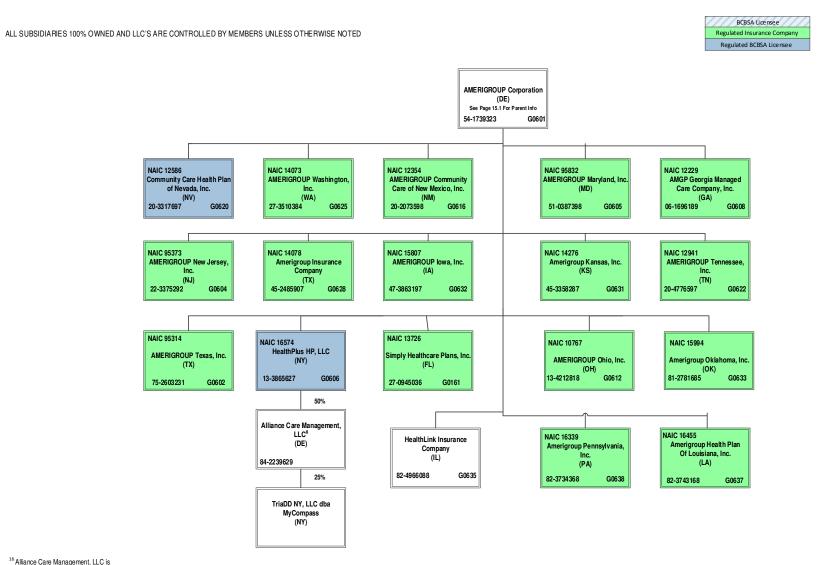


⁵ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

Regulated Insurance Company
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



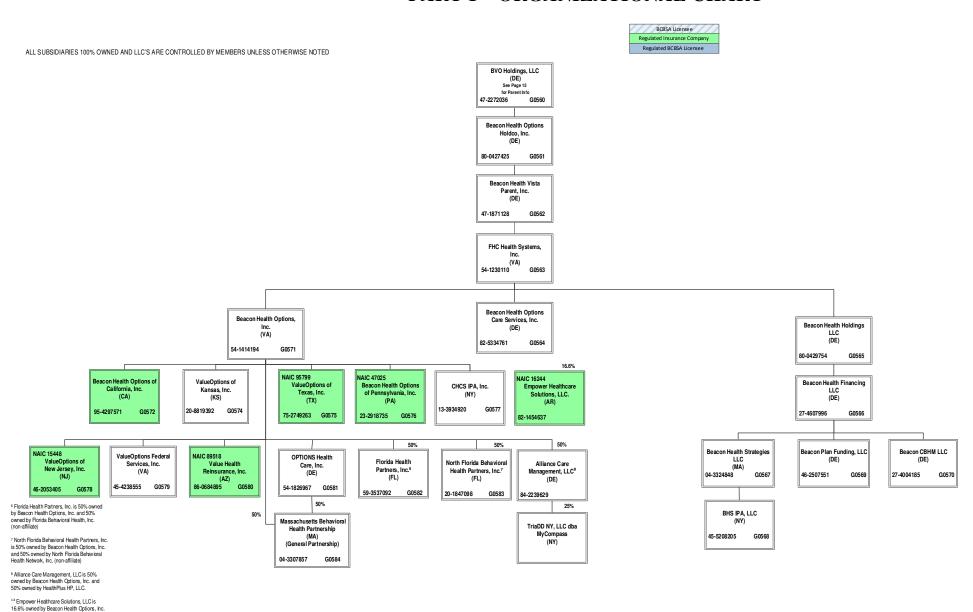


¹⁶ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

¹⁷TriaDD NY, LLC dba MyCompass, is 25% owned by Alliance Care Management, LLC. and 75% owned by an unrelated investor.

and 83.4% owned by a non-affiliate

15 TriaDD NY, LLC dba MyCompass, is 25% owned by Alliance Care Management, LLC. and 75% owned by an unrelated investor.

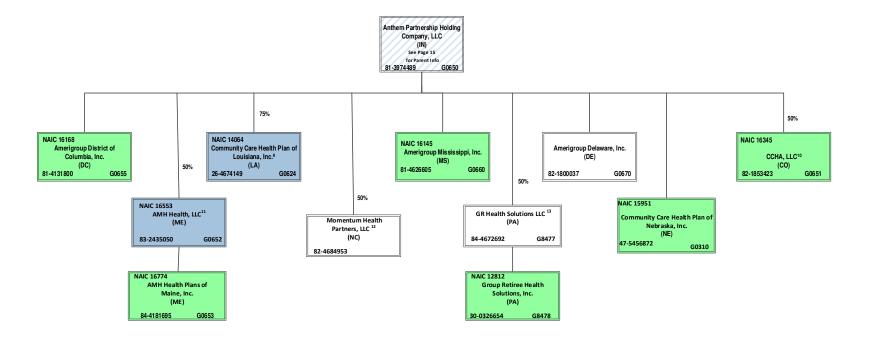


BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



⁹ Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

¹⁰ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

¹¹ AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

¹² Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

¹³ GR Health Solutions LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

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SCHEDULE Y

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Group		Company	ID	Federal	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem. Inc.		84-2239629	0001156039	,	Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Owner ship.	50.000	Anthem. Inc.	N	İ
0671	Anthem. Inc.		84-2239629	0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP. LLC	Ownership.	50.000	Anthem, Inc.	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	
	·					America's 1st Choice of South Carolina, Inc.				·		·		
. 0671	Anthem. Inc.	15544	46-4729682	0001156039			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	.]
	,					AMERIGROUP Community Care of New Mexico, Inc.			3 - 1 - 7,	,		, , , , , , , , , , , , , , , , , , , ,		
0671	Anthem. Inc.	12354	20-2073598	0001156039		, , , , , , , , , , , , , , , , , , , ,	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	I A	Anthem Partnership Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16455	82-3743168			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	IA	AMERIGROUP Corporation	Ownership.		Anthem. Inc.	N]
0671	Anthem. Inc.	15807	47-3863197	0001156039		AMERIGROUP Iowa, Inc.	I A	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	1
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			AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.	10767	13-4212818	0001156039		AMERIGROUP Ohio, Inc.	OH	RE	AMERIGROUP Corporation	Ownership.	100.000	Anthem. Inc.	N	1
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			AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership.	50.000	Anthem. Inc.	N	0102
0671	Anthem. Inc.	16774	84-4181695	0001156039		AMH Health Plans of Maine, Inc.	ME	IA	AMH Health. LLC	Ownership	100.000	Anthem, Inc.	N	
	7.11(1)(1)					Anthem Blue Cross Life and Health Insurance						7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1
0671	Anthem. Inc.	62825	95-4331852	0001156039		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	1
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	Owner ship.	100.000	Anthem, Inc.	N	1
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	1
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.		Anthem. Inc.	N	
0671	Anthem. Inc.		61-1459939	0001156039		Anthem Holding Corp.	IN	NIA	Anthem. Inc.	Ownership.	100.000	Anthem. Inc.	N	1
	,				New York Stock Exchange	g			,			,		1
0671	Anthem. Inc.	l	35-2145715	0001156039	(NYSE)	Anthem. Inc.	IN	UIP				Anthem. Inc.	N	1
0671	Anthem. Inc.		98-1492098		,	Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I. Inc.	Ownership.	100.000	Anthem. Inc.	N	1
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			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]
	,					and the state of t			Rocky Mountain Hospital and Medical			,		1
0671	Anthem. Inc.	61069	35-0980405	0001156039		Anthem Life Insurance Company	IN	IA	Service. Inc.	Ownership.	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		81-3974489	0001156039		Anthem Partnership Holding Company, LLC	DE	NIA	Anthem. Inc.	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		46-0613946	0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership.	100.000	Anthem, Inc.	N	1
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	1
	,								Anthem Blue Cross Life and Health Insurance	e				1
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
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Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
. 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	
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.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		80-0427425		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems. Inc.	Ownership	100.000	Anthem. Inc.	N.	
0671	Anthem, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc	DE	NIA	FHC Health Systems, Inc.	Owner ship.	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem. Inc.	N	0101
0671	Anthem, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc.	PA	IA	Beacon Health Options, Inc.	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	1
0671	Anthem. Inc.		. 54-1414194		0001156039		Beacon Health Options Inc.	VA	NIA	FHC Health Systems. Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		. 04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		47-1871128		0001156039		Beacon Health Vista Parent. Inc.	DE DE	NIA	Beacon Health Options Holdco. Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		. 46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Owner ship	100.000	Anthem. Inc.	NN.	
1 100	Anthem, Inc.		40-0206200		0001136039		Blue Cross Blue Shield Healthcare Plan of	IN1	NIA	beacon hearth strategies LLC	Owner Strip	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	96962	58-1638390		0001156039		Georgia. Inc.	GA	1.4	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	
		54003										100.000			0101
0671	Anthem, Inc.		. 95–3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	0101
0074			00.0004040		0004450000		Blue Cross of California Partnership Plan,	04		DI 0 10111 1		400.000		.,	0404
0671	Anthem, Inc.		. 20-2994048		0001156039		Inc.	CA	IA	Blue Cross of California	Ownership.	100.000	Anthem, Inc.	N	0101
0671	Anthem, Inc.		. 47-2272036		0001156039		BVO Holdings, LLC	DE	NI A	Anthem, Inc.	Owner ship	100.000	Anthem, Inc.	N	
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.		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	Owner ship	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.	.			0001156039		CHCS IPA, Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	4
				I			Community Care Health Plan of Louisiana, Inc.								1
0671	Anthem, Inc.	14064	26-4674149		0001156039			LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem, Inc.	N	0104
0671	Anthem, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc .	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem, Inc.	N	4
0671	Anthem, Inc.	10345	31–1440175		0001156039		Community Insurance Company	H		ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
				I			Compcare Health Services Insurance								1
0671	Anthem, Inc.	95693	39-1462554		0001156039		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	Highland Acquisition 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.	1
0671	Anthem. Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	1
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Code	Group Name	Code	Number	RSSD	CIK	International)		tion	Entity	(Name of Entity/Person)		tage	Entity(ies)/Person(s)	(Y/N)	^
0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NI A	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	55093	13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Owner ship	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.	16244	82-1454637		0001156039		Empower Healthcare Solutions, LLC	AR	IA	Beacon Health Options, Inc.	Ownership	16.600	Anthem, Inc.		0115
0671	Anthem, Inc.		26-4286154 54-1230110		0001156039 0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		54-1230110				FHC Health Systems, Inc.	VA	NIANIA	Beacon Health Vista Parent, Inc.	Ownership Ownership		Anthem, Inc.	NN	0112
0671 .0671	Anthem, Inc.	10119	59-3537092 41-2128275		0001156039 0001156039		Florida Health Partners, Inc	. FL	IA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N N	0112
0671	Anthem, Inc.	10119	33-0884790		0001156039			FL	NIA		Ownership	50.000	Anthem, Inc.	N	0102
	Anthem, Inc.		33-0884790 95-2907752		0001156039		GeriNet Physician Services, Inc.	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	0102
	Anthem, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem. Inc.		0101
0671	Anthem, Inc.		04-40/2092		0001136039		OH HEATTH SOTUTIONS LLC	PA	NIA	Blue Cross Blue Shield Healthcare Plan of	Owner Strip	50.000	Anthem, Inc.	N	0102
0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia. Inc.	Ownership.	100.000	Anthem. Inc.	N	
0671			30-0326654		0001156039		Group Retiree Health Solutions, Inc.	BA	IA	GR Health Solutions LLC	Owner ship	100.000	Anthem Inc	NN	
0671	Anthem, Inc.	12012	51-0365660		0001156039		Health Core. Inc.		NIA	Arcus Enterprises, Inc.	Owner ship	100.000	Anthem. Inc.	NN	
0671	Anthem. Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Owner ship	100.000	Anthem. Inc.	NN	
1 0671	Anthem, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Owner ship	100.000	Anthem. Inc.		
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	
0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	vo	IA	HealthLink. Inc.	Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.	30473	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.	16574	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.		0100
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.		
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.		81-3487249		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	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.		
0671	Anthem. Inc.		81-3471305		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem. Inc.		
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.		0107
			1		1		•		1	Rocky Mountain Hospital and Medical		1		1	
.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.		82-2157122		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	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.		1		· ·			1	
.0671	Anthem, Inc.		98-1490582		0001156039			PHL	NIA	Legato Holdings I, Inc	Ownership	100.000	Anthem, Inc.		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.		
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc	Owner ship	50.000	Anthem, Inc.	N	0111
0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Anthem, Inc.	N	0111
									1	Anthem Health Plans of New Hampshire, Inc.				1	
.0671	Anthem, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		Owner ship	100.000	Anthem, Inc.	N	

SCHEDULE Y

Total Program Company		
Name of Securities Name of	15	16
NAME Cortical Control Cortical Control Cortical Cort		
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Name of Securities Corporate Corpora	ls an	1
Name	SCA	
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Cough Cough Name		J
Code Group Name Code Number RSSD CIK Informational Or Affiliates Or Entity Williams Consumer Name Consumer Name Code Code	Re-	
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Bett Marker No.	s) (Y/N))
April Apri		
Activate Inc.	N	
Address Fig. September	N	
Activate Inc.	N N	0102
Abbreal Inc.	N	
Activate Inc.	N	
Sect Section Section		
Anthon Fig. 20-94798 00115609 Fig. 20-94798 00115609 Cyl. Intern. Fig. M.M. Sacon health Options, inc. 0.00er#nip. 100.000 Anthon, Inc. 0.007 0.007 0.007 0.007 0.007 0.007 0.007 0.007	N	
Act N	0113	
Anther Inc.		
Anther, Inc.		
Anther Inc		
Anthern. Inc.	N	
Anthen, Inc.		
Anthers, Inc. 20-7749898 0001150039 Pasteur Medical Conter, LLC E. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 27-189815 000115039 Pasteur Medical Grap, LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 20-661028 000115039 Pasteur Medical Grap, LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-88933 000115039 Pasteur Medical Grap, LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-894152 000115039 Pasteur Medical Kinstein (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-894152 000115039 Pasteur Medical Kinstein (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-894152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-894152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-77-894152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-78-894152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (on biddings, LLC 0mership. 100,000 Anthers, Inc. 10-78-994152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (Inc. 0mership. 100,000 Anthers, Inc. 10-78-994152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (Inc. 0mership. 100,000 Anthers, Inc. 10-78-994152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (Inc. 0mership. 100,000 Anthers, Inc. 10-78-994152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (Inc. 0mership. 100,000 Anthers, Inc. 10-78-994152 000115039 Pasteur Medical Minister (LLC F. M.A. Highland Acquisit (Inc.	N	
Anthers, Inc.	N	
Anthen Inc.	N	
Anther, Inc. 37-1686303 0001156039 Paster Medical Misland Sardens, L.C. P. N.R. Highland Acquist to holdings, L.C. Ownership 100,000 Anther, Inc.		
Anthen Inc.	N.	
	N	
	N	
	N	
1,000 1,00		
Rocky Mountain Hospital and Medical Service, 100. 1.		
1,0671	N	
Def Anthem, Inc. 20-0473316 0001156039 Sel Core, Inc. DE NIA Anthem, Inc. 0unership. 100.000 Anthem, Inc. 0.671 Anthem, Inc. 0.726 27-0945036 0001156039 Suntheast Services, Inc. V.A. NIA Anthem Southeast, Inc. 0unership. 100.000 Anthem, Inc. 0.671 Anthem,		
1,0671	N	
D671 Anthem, Inc.		
.0671	N	
0.0671	N	
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Definition Content C		
Defin	N N	0114
Description		
.0671	N	
Description	N	
.0671	N	
.0671		
.0671	N	
.0671 Anthem, Inc. 45-4238555 0001156039 ValueOptions Federal Services, Inc. VA NIA. Beacon Health Options, Inc. Ownership. 100.000 Anthem, Inc. .0671 Anthem, Inc. 20-8819392 0001156039 ValueOptions of Kansas, Inc. KS. NIA. Beacon Health Options, Inc. Ownership. 100.000 Anthem, Inc. .0671 Anthem, Inc. 15448 46-2053405 0001156039 ValueOptions of New Jersey, Inc. NJ. IA Beacon Health Options, Inc. Ownership. 100.000 Anthem, Inc. .0671 Anthem, Inc. 98799 75-2749283 0001156039 ValueOptions of Texas, Inc. TX IA Beacon Health Options, Inc. Ownership. 100.000 Anthem, Inc.	N	
0671 Anthem, Inc. 20-8819392 0001156039 ValueOptions of Kansas, Inc. KS. NIA. Beacon Health Options, Inc. 0wnership. 100.000 Anthem, Inc. 0671 Anthem, Inc. 15448 46-2053405 0001156039 ValueOptions of New Jersey, Inc. NJ. IA. Beacon Health Options, Inc. 0wnership. 100.000 Anthem, Inc. 0671 Anthem, Inc. 95799 75-2749263 0001156039 ValueOptions of Texas, Inc.	N	
0671 Anthem, Inc	N	
.0671 Anthem, Inc. .95799 .75-2749263	N	
	N	
0671Anthem, Inc		
	N	
	N]
0671 Anthem, Inc. 20-4405193 0001156039 WellPoint Acquisition, LLC IN NIA Anthem, Inc. Ownership 100.000 Anthem, Inc.	N	
	N	
	N	
D671 Anthem, Inc. 81-2874917 0001156039 WellPoint Health Solutions, Inc. DE NIA Federal Government Solutions, LLC Ownership 100.000 Anthem, Inc.	N.	1

SCHEDULE Y

1		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
												Type	If			
												of Control	Control			
												(Ownership,	is		ls an	
							Name of Securities			Relation-		Board,	Owner-		SCA	
							Exchange		Domi-	ship		Management,	ship		Filing	
			NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group			Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	/
Code		Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem,	Inc		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
								WellPoint Information Technology Services,								
	Anthem,	Inc		45-2736438		0001156039		Inc.	CA		Blue Cross of California	Ownership		Anthem, Inc.	N	
0671	Anthem,	Inc		36-4595641		0001156039		WellPoint Insurance Services, Inc	HI	NIA	Anthem, Inc.	Owner ship		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	W1	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	Owner ship.	69.910	Anthem, Inc.	N	0103
0671	Anthem,	Inc		47-3025203		0001156039		ZipDrug Inc.	DE	NI A	IngenioRx, Inc.	Owner ship	100.000	Anthem, Inc.	N	
								' -			-		1			

A . ()	
Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement 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
0111	Massachusetts Behavioral Health Partnership is a General Partnership formed under the laws of Massachusetts, and is 50% owned by Beacon Health Options, Inc., a Virginia corporation, and 50% owned by OPTIONS Health Care, Inc., a Delaware corporation.
0112	Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)
0113	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)
0114	75% owned by an unaffiliated investor
0115	83.4% owned by unaffiliated investors

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	. NO
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,367,337	10,323,539
2.	Cost of bonds and stocks acquired		3,987,717
3.	Accrual of discount		3,472
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		206,710
6.	Deduct consideration for bonds and stocks disposed of		13,093,310
7.	Deduct amortization of premium	11,733	60,791
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	1,355,604	1,367,337
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	1,355,604	1,367,337

SCHEDULE D - PART 1B

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

During th	1	r all Bonds and Prefe	3	4	5	6	7	8
	Book/Adjusted	_	Ü	7	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value
NAIC Designation	Beginning of Current Quarter	During Current Quarter	During Current Quarter	During Current Quarter	End of First Quarter	End of Second Quarter	End of Third Quarter	December 31 Prior Year
INAIC Designation	or Current Quarter	Current Quarter	Current Quarter	Current Quarter	riisi Quartei	Second Quarter	Tillu Quartei	FIIOI Teal
BONDS								
4 NAIG 4 (-)	1,359,539	0	0	(3,935)	1,363,446	1,359,539	1,355,604	1,367,335
1. NAIC 1 (a)	1,339,339		0	(3,933)	1,303,440	1,359,539	1,333,604	, 307, 333
2. NAIC 2 (a)	0				0	0	0	
3. NAIC 3 (a)	0				0	0	0	
4. NAIC 4 (a)	0				0	0	0	
5. NAIC 5 (a)	0				0	0	0	
6. NAIC 6 (a)	. 0				0	0	0	
7. Total Bonds	1,359,539	0	0	(3,935)	1,363,446	1,359,539	1,355,604	1,367,335
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
	0						0	
13. NAIC 6		_			•	-	<u> </u>	-
14. Total Preferred Stock	. 0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,359,539	0	0	(3,935)	1,363,446	1,359,539	1,355,604	1,367,335

a	Book/Ad	usted	Carrying	Value	e column	for the	end of	f the c	urrent	reporting	neri	nd inc	dudes	the t	following	amoun	t of sh	ort-tern	n and	cash 6	equivale	ent bon	ds by	/ NAI	C desi	ignatic	'n

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	, , ,	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	74,709	208,916
2.	Cost of cash equivalents acquired	17,969	3,598,982
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		3,733,189
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	92,678	74,709
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	92,678	74,709

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired **NONE**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned **NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5		lance at End of Eac uring Current Quart		9
			Amount of Interest Received	Amount of Interest Accrued	6	7	8	
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
4 New York Plaza, 13th								
JP Morgan Chase		0.000	0	0	1,958,679	1,964,190	1,963,096	xxx.
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	1,958,679	1,964,190	1,963,096	XXX
0299998. Deposits in depositories that do not exceed the allowable limit in any one depository (See	2004	2004						2004
instructions) - Suspended Depositories	XXX	XXX		0	•	0	•	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,958,679	1,964,190	1,963,096	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	ļ							ł
					L	L		
0599999. Total - Cash	XXX	XXX	0	0	1,958,679	1,964,190	1,963,096	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

~			
Show Invacti	mante Awna	od End of Cu	ırrent Quarter

	Onew investi	nenta Ow	ned End of Curren	i Quarter				
1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0599999. Tota	I - U.S. Government Bonds					0	0	0
1099999. Tota	I - All Other Government Bonds					0	0	0
1799999. Tota	I - U.S. States, Territories and Possessions Bonds					0	0	0
2499999. Tota	I - U.S. Political Subdivisions Bonds					0	0	0
3199999. Tota	I - U.S. Special Revenues Bonds					0	0	0
	I - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999. Tota	I - Hybrid Securities					0	0	0
5599999. Tota	I - Parent, Subsidiaries and Affiliates Bonds					0	0	0
6099999. Subt	otal - SVO Identified Funds					0	0	0
6599999. Subt	otal - Unaffiliated Bank Loans					0	0	0
7699999. Tota	I - Issuer Obligations					0	0	0
7799999. Tota	I - Residential Mortgage-Backed Securities					0	0	0
	I - Commercial Mortgage-Backed Securities					0	0	0
	l - Other Loan-Backed and Structured Securities					0	0	0
	I - SVO Identified Funds					0	0	0
	l - Affiliated Bank Loans					0	0	0
8299999. Tota	l - Unaffiliated Bank Loans					0	0	0
8399999. Tota						0	0	0
31846V-56-7	FIRST AMERICAN TREASURY OBLIG Z TAXABLE GOVT AGENCY MMKT		09/02/2020	0.000		92,678	0	370
8699999. Subt	otal - All Other Money Market Mutual Funds					92,678	0	370
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					······			
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