

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2021 OF THE CONDITION AND AFFAIRS OF THE

AMH Health, LLC

N,	AIC Group Code 0671 (Prior)	NAIC Company Code	16553_ Employer's ID Num	ber <u>83-2435050</u>
Organized under the Laws of	, , ,		te of Domicile or Port of Entry	ME
Country of Domicile		United States of Ar	nerica	
Licensed as business type:		Health Maintenance Or	ganization	
Is HMO Federally Qualified?	Yes[] No[X]			
Incorporated/Organized	11/02/2018	C	ommenced Business	04/12/2019
Statutory Home Office	2 Gannett Drive		South Po	ortland, ME, US 04106
	(Street and Numbe	r)	(City or Town, S	State, Country and Zip Code)
Main Administrative Office	,	4425 Corporation		
	Virginia Beach, VA, US 23462	(Street and Num	*	757-473-2737
(City o	or Town, State, Country and Zip Code)		(Area Cod	le) (Telephone Number)
Mail Address	4425 Corporation Lane		Virginia	Beach, VA, US 23462
	(Street and Number or P.O. B	ox)	(City or Town, S	State, Country and Zip Code)
Primary Location of Books ar	nd Records	220 Virginia Ave		
	Indianapolis, IN, US 46204	(Street and Num	,	317-488-6000
(City o	or Town, State, Country and Zip Code)		(Area Cod	le) (Telephone Number)
Internet Website Address		www.anthem.com/medicar	e-mainehealth	
Statutory Statement Contact	Leigh B	arrett		317-488-6816
	(Nam	ne)		a Code) (Telephone Number) 317-488-6200
	leigh.barrett@anthem.com (E-mail Address)			(FAX Number)
		OFFICERS	•	
President and Chairperson	Raul Guillermo Sr			Vincent Edward Scher
Secretary	Kathleen Susan Ki	iefer	Assistant Treasurer	
		OTHER		
Martin	n Esquivel	DIRECTORS OR TR Douglas Jay Joh		Scott Douglas Mills
Francis Ge	eorge McGinty	Raul Guillermo		Albert Graton Swallow III
David E	Earl Warren			
State of	Indiana			
County of	Johnson	- SS: -		
				ntity, and that on the reporting period stated above
				ms thereon, except as herein stated, and that this statement of all the assets and liabilities and of the
condition and affairs of the sain accordance with the NAIC	aid reporting entity as of the reporting	period stated above, and of it	s income and deductions therefore	om for the period ended, and have been completed tent that: (1) state law may differ; or, (2) that state
rules or regulations require	differences in reporting not related	to accounting practices and	d procedures, according to the	best of their information, knowledge and belief
				onic filing with the NAIC, when required, that is ar uested by various regulators in lieu of or in additior
to the enclosed statement.	DocuSigned by:	DocuSigned by:		DocuSigned by:
	Raul Smith	Hathy Kiefer		Vincent E. Scher
	—F7498A9BE6A648F	34259124741844A		—A85A33722D4143E
Raul Guillerm		Kathleen Susan k	(iefer	Vincent Edward Scher
Preside	nt	Secretary		Treasurer
Subscribed and sworn to befo	ore me this		a. Is this an original filing?	Yes [X] No []
	f _Iuly 2021		b. If no,1. State the amendment num	ber
Bita of Senty	-		2. Date filed	
Rita F. Gentry			Number of pages attached.	······································

Executive Assistant 1/17/2029

Rita F. Gentry
Notary Public
SEAL
Johnson County, State of Indiana
My Commission Expires January 17, 2029
Commission No: NP0641321

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	34.923.269	Nonaumited Assets		119,484
					113,404
2.	Stocks:				•
	2.1 Preferred stocks				
	2.2 Common stocks	2,467,071		2,467,071	0
3.	Mortgage loans on real estate:				
	3.1 First liens				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
	,				0
5.	Cash (\$21,206,527), cash equivalents				
	(\$) and short-term				
	investments (\$				50,453,932
6.	Contract loans (including \$ premium notes)			0	0
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				
	Subtotals, cash and invested assets (Lines 1 to 11)				
12.					
13.	Title plants less \$ charged off (for Title insurers				•
	only)				
14.	Investment income due and accrued	3,333		3,333	3,333
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	488,578	15 , 131	473,447	60,377
	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 (\$4,822,807)	4,822,807		4,822,807	1,051,966
16.	Reinsurance:	, ,		, ,	, ,
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
					0
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				606,446
18.1	Current federal and foreign income tax recoverable and interest thereon			724,712	479,764
18.2	Net deferred tax asset	521,506	18,499		244,778
19.	Guaranty funds receivable or on deposit				0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates				0
24.	Health care (\$1,989,514) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				146,210
		2,000,200	1,000,000		140,210
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	71,958,673	1,953,383	70,005,290	54,566,885
27	From Separate Accounts, Segregated Accounts and Protected Cell			, ,	
	Accounts			0	0
28.	Total (Lines 26 and 27)	71,958,673	1,953,383	70,005,290	54,566,885
	DETAILS OF WRITE-INS				
1101.					
1101.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0		0	0
2501.	Prepaid expenses	1,853,536	1,853,536		0
2502.	State income tax recoverable	511,723		511,723	146,210
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,365,259	1,853,536	511,723	146,210
		_,500,200	.,555,556	311,720	110,210

LIABILITIES, CAPITAL AND SURPLUS

1. Claims unpaid (less \$ reinsurance ceded)			
1. Claims unpaid (less \$ reinsurance ceded) 42,573,073 2. Accrued medical incentive pool and bonus amounts 1,034,391 3. Unpaid claims adjustment expenses 387,675 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act 266,393 5. Aggregate life policy reserves 6. Property/casualty unearmed premium reserve 7. Aggregate health claim reserves 8. Premiums received in advance			
2. Accrued medical incentive pool and bonus amounts			
3. Unpaid claims adjustment expenses			
3. Unpaid claims adjustment expenses			9,755 0 0 0 9,916 2,447,878 0 0 10,355 11,840 0 24,869,703 0 0
4. Aggregate health policy reserves, including the liability of \$			0 0 0 9,916 2,447,878 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Health Service Act			0 0 0 9,916 2,447,878 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Health Service Act			0 0 0 9,916 2,447,878 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5. Aggregate life policy reserves 6. Property/casualty unearned premium reserve 7. Aggregate health claim reserves 8. Premiums received in advance			0 0 0 9,916 2,447,878 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6. Property/casualty unearned premium reserve. 7. Aggregate health claim reserves 8. Premiums received in advance			
7. Aggregate health claim reserves 8. Premiums received in advance			
8. Premiums received in advance			
9. General expenses due or accrued			
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) 10.2 Net deferred tax liability 11. Ceded reinsurance premiums payable 12. Amounts withheld or retained for the account of others			
(including \$ on realized gains (losses)) 10.2 Net deferred tax liability 11. Ceded reinsurance premiums payable 12. Amounts withheld or retained for the account of others			
10.2 Net deferred tax liability 11. Ceded reinsurance premiums payable 12. Amounts withheld or retained for the account of others. 13. Remittances and items not allocated 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) 15. Amounts due to parent, subsidiaries and affiliates 17. Payable for securities 18. Payable for securities lending 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers).			
11. Ceded reinsurance premiums payable 12. Amounts withheld or retained for the account of others			
12. Amounts withheld or retained for the account of others			0 0 0 0 0
13. Remittances and items not allocated			0 0 0 0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) 15. Amounts due to parent, subsidiaries and affiliates 1,018,960 16. Derivatives 17. Payable for securities 18. Payable for securities 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0 24,869,703 0 0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) 15. Amounts due to parent, subsidiaries and affiliates 1,018,960 16. Derivatives 17. Payable for securities 18. Payable for securities 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			24,869,703 0 0
interest thereon \$ (including \$ current) 15. Amounts due to parent, subsidiaries and affiliates 1,018,960 16. Derivatives 17. Payable for securities 18. Payable for securities 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).			24,869,703 0 0
\$ current) 15. Amounts due to parent, subsidiaries and affiliates			24,869,703 0 0
15. Amounts due to parent, subsidiaries and affiliates			24,869,703 0 0
16. Derivatives 17. Payable for securities 18. Payable for securities lending 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).		0	0
17. Payable for securities		0	0
18. Payable for securities lending 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).		0	0
19. Funds held under reinsurance treaties (with \$		0	
authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).			0
reinsurers and \$ certified reinsurers)			0
			0
20. Reinsurance in unauthorized and certified (\$			
companies		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates		0	0
			1,218
23. Aggregate write-ins for other liabilities (including \$			
	0	370,462	48,890
		47,953,660	
		_	0
27. Preferred capital stock			
28. Gross paid in and contributed surplus			
29. Surplus notes			0
30. Aggregate write-ins for other than special surplus funds			0
31. Unassigned funds (surplus)	XXX	(3,950,370)	(3,900,172)
32. Less treasury stock, at cost:			
32.1shares common (value included in Line 26			
\$	xxx		
32.2shares preferred (value included in Line 27			
\$	xxx		
		22,051,630	
	XXX	70,005,290	54,566,885
· · · · · · · · · · · · · · · · · · ·	^^^	70,003,290	34,300,003
DETAILS OF WRITE-INS			
		,	45,617
2302. Escheat liability		23,700	3,273
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 370,462	0	370,462	48,890
2501. XXX	XXX		
2502. XXX ,			
2503. XXX >			
		0	0
` ' ' ' ' '	XXX		0
3002. XXX			
3003			
3098. Summary of remaining write-ins for Line 30 from overflow page	xxx	0	0
	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	76,764	26,801	69,079
2.	Net premium income (including \$ non-health				
	premium income)	xxx	84,047,054	29,230,878	76,123,555
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(258,501)	504,610	(7,892)
4.	Fee-for-service (net of \$ medical expenses)	XXX			0
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues			0	
8.	Total revenues (Lines 2 to 7)	XXX	83,788,553	29,735,488	76,115,663
	Hospital and Medical:				
9.	Hospital/medical benefits		· · ·		
10.	Other professional services				
11.	Outside referrals				0
12.	Emergency room and out-of-area			1,040,150	3,084,288
13.	Prescription drugs			, ,	
14.					0
15.	Incentive pool, withhold adjustments and bonus amounts			*	600,809
16.	Subtotal (Lines 9 to 15)		12,303,230	23,700,002	04,029,038
17.	Less: Net reinsurance recoveries			0	0
17.	Total hospital and medical (Lines 16 minus 17)				64,029,638
19.	Non-health claims (net)			20,700,002	04,023,000
20.	Claims adjustment expenses, including \$2,343,757 cost				
20.	containment expenses		3 950 738	1 129 313	2 903 480
21.	General administrative expenses				9,932,179
22.	Increase in reserves for life and accident and health contracts				, , , , , , , , , , , , , , , , ,
	(including \$ increase in reserves for life only)				0
23.	Total underwriting deductions (Lines 18 through 22)		84,863,424		
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		(58,988)		
26.	Net realized capital gains (losses) less capital gains tax of			0	0
27.					
28.	Net gain or (loss) from agents' or premium balances charged off [(amount		(00,000)	(0,002)	(10,101)
20.	recovered \$)		(5.04)	(20.1)	/a ===
	(amount charged off \$		(5,948)		
29.	Aggregate write-ins for other income or expenses	0	35,946	8,168	39,585
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	(1.103.861)	1.615.299	(722,983)
31.	Federal and foreign income taxes incurred				258,736
32.	Net income (loss) (Lines 30 minus 31)	XXX	(858,913)	872,583	(981,719)
	DETAILS OF WRITE-INS		, , , , , ,	, -	
0601.		xxx			
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			0	Ω
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	Totals (Lines 666) allough 6666 plus 6656)(Line 6 disease)		<u> </u>	•	
0702.					
0702.					
0798. 0799.	Summary of remaining write-ins for Line 7 from overflow page		0	0	
	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			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	0
2901.	Miscellaneous Income (Expense)		35,946	8,168	39,585
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page				0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	35,946	8,168	39,585

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			
	CALITAL AND SOM ESS ASSESSME			
33.	Capital and surplus prior reporting year	14,101,828	6,355,068	6,355,068
34.	Net income or (loss) from Line 32	(858,913)	872,583	(981,719)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(371, 185)		(161,744)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	263,488	564,640	257,830
39.	Change in nonadmitted assets	916,412	(3,907,370)	(2,869,607)
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	8,000,000	4,000,000	11,502,000
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	7,949,802	1,529,853	7,746,760
49.	Capital and surplus end of reporting period (Line 33 plus 48)	22,051,630	7,884,921	14,101,828
	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

	9719111 2011			
		1 Current Year	2 Prior Year	3 Prior Year Ended
	Cash from Operations	To Date	To Date	December 31
1.	Premiums collected net of reinsurance	79.852.506	27.605.611	75.012.302
2.		137,919		
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	79,990,425	27,603,551	75,005,362
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.				
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	699,999
10.	Total (Lines 5 through 9)	56,716,244	12,682,001	63,841,065
11.	Net cash from operations (Line 4 minus Line 10)	23,274,181	14,921,550	11,164,297
• • • •	Net dash nom operations (Line 4 minus Line 10)	20,274,101	14,021,000	11,104,201
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
12.	·	0	0	0
				0
	12.3 Mortgage loans			0
	12.4 Real estate			0
		0		0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	-	-	0
13.	Cost of investments acquired (long-term only):			
13.	13.1 Bonds	35 000 605	0	0
		600,000		
		000,000	, ,	, ,
	13.4 Real estate	_	0	0
		0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	35,600,695	2,000,000	2,400,000
14.	Net increase (or decrease) in contract loans and premium notes	03,000,093	2,000,000	2,400,000
15.	· · · · · · · · · · · · · · · · · · ·	(35,600,695)	(2,000,000)	(2,400,000)
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(33,000,093)	(2,000,000)	(2,400,000)
	Cook from Financian and Missellancous Courses			
16	Cash provided (applied):			
16.	Cash provided (applied):		0	0
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			_
	16.3 Borrowed funds			0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
	16.5 Dividends to stockholders			0
47	16.6 Other cash provided (applied)	(24,920,891)	(351,442)	23,636,772
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(16,920,891)	3,648,558	35,138,772
	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)	(29,247,405)	16,570,108	43,903,069
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	50,453,932	6,550,863	6,550,863
	19.2 End of period (Line 18 plus Line 19.1)	21,206,527	23,120,971	50,453,932

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital &	ensive Medical)	4	5	6	7	8	9	10
	Total	2	3	Medicare	Vision	Dental Only	Federal Employees Health Benefit Plan	Title XVIII	Title XIX Medicaid	Other
	Total	Individual	Group	Supplement	Only	Only	Pian	Medicare	iviedicaid	Otner
Total Members at end of:										
1. Prior Year	7,646	0	0	0	0	0	0	7,646	0	
2. First Quarter	12,719	0	0	0	0	0	0	12,719	0	
3. Second Quarter	13,467							13,467		
4. Third Quarter										
5. Current Year	0									
Current Year Member Months	76,764							76,764		
Total Member Ambulatory Encounters for Period:										
7 Physician	89,276							89,276		
8. Non-Physician	167,249							167,249		
9. Total	256,525	0	0	0	0	0	0	256,525	0	
10. Hospital Patient Days Incurred	11,410							11,410		
11. Number of Inpatient Admissions	1,366							1,366		
12. Health Premiums Written (a)	84,047,054							84,047,054		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	83,788,553							83,788,553		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	42,150,153							42,150,153		
18. Amount Incurred for Provision of Health Care Services	72,965,230							72,965,230		

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)		•	•						
				• • • • • • • • • • • • • • • • • • • •					
				• • • • • • • • • • • • • • • • • • • •					
				•					
0299999 Aggregate accounts not individually listed-uncovered						(
0399999 Aggregate accounts not individually listed-covered	19, 195, 99	7 2,286,520	510,304	247	5,125,541	27,118,609			
0499999 Subtotals	19, 195, 99	7 2,286,520	510,304	247	5,125,541	27,118,609			
0599999 Unreported claims and other claim reserves						15,454,464			
0699999 Total amounts withheld									
0799999 Total claims unpaid						42,573,073			
0899999 Accrued medical incentive pool and bonus amounts						1,034,391			

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNI	PAID - PRIOR YEAR - NET OF REINSU					
	Claims		Lial		5	6
	Year to		End of Curi	ent Quarter		
	1 On Claims Incurred Prior	2 On	3 On Claims Unpaid	4 On	Claims Incurred in	Estimated Claim Reserve and Claim Liability
Line of Business	to January 1 of Current Year	Claims Incurred During the Year	Dec. 31 of Prior Year	Claims Incurred During the Year	Prior Years (Columns 1 + 3)	December 31 of Prior Year
Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	4,828,586	38,597,287	5,392,400	37,180,673	10,220,986	12,515,810
7 Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	4,828,586	38,597,287	5,392,400	37,180,673	10,220,986	12,515,810
10. Healthcare receivables (a)	459	2,048,783	0	0	459	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	140,750	632,772	487,079	547,312	627,829	276,577
13. Totals (Lines 9-10+11+12)	4,968,877	37,181,276	5,879,479	37,727,985	10,848,356	12,792,387

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, 2020. 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 AMH Health, LLC (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 Bureau.

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

		SSAP#	F/S Page	F/S Line #	June 30, 2021	December 31, 2020
Net	Income					
(1)	AMH Health, LLC. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (858,913)	\$ (981,719)
(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	\$ (858,913)	\$ (981,719)
Sur	<u>plus</u>					
(5)	AMH Health, LLC. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 22,051,630	\$ 14,101,828
(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	\$ 22,051,630	\$ 14,101,828

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.

The Company holds 5 SVO-Identified bond exchange traded funds ("ETFs") reported on Schedule D-1. The Company has made an irrevocable decision to report ETFs at systematic value. Systematic valuation has been consistently applied to all ETFs held at June 30, 2021 and previous periods.

- (3) (5) No significant change.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) (13) No significant change.

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 June 30, 2021.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the six months ended June 30, 2021.
- (3) The Company did not hold OTTI on its loan-backed securities at June 30, 2021.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at June 30, 2021.
- (5) The Company had no impaired loan-backed securities at June 30, 2021.

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 June 30, 2021.

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 June 30, 2021.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at June 30, 2021.

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 June 30, 2021.

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 June 30, 2021.

O. 5GI Securities

The Company has no 5GI Securities as of June 30, 2021.

P. Short Sales

The Company did not have any short sales at June 30, 2021.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at June 30, 2021.

R. Reporting Entity's Share of Cash Pool by Asset Type

The Company did not participate in a cash pool at June 30, 2021.

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

The following significant transactions took place between the Company and its affiliates:

The Company received a capital contribution of \$4,000,000 from Anthem Partnership Holding Company, LLC ("APHC") on June 28, 2021. In return, APHC received 4,000 preferred membership units.

The Company received a capital contribution of \$4,000,000 from MaineHealth on June 28, 2021. In return, MaineHealth received 4,000 preferred membership units.

The Company paid an additional capital contribution of \$600,000 to AMH Health Plans of Maine, Inc. on March 31, 2021.

C. Transactions with Related Parties who are not Reported on Schedule Y

No significant change.

D. Amounts Due to or from Related Parties

At June 30, 2021, the Company reported no amounts due from affiliates and \$1,018,960 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

- 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

No significant change.

15. Leases

Not applicable.

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

Not applicable.

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) Not applicable.
- (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 June 30, 2021, 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

Α.

There are no assets or liabilities measured at fair value as of June 30, 2021.

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	\$35,395,322	\$34,923,269	\$35,272,024	\$ 123,298	\$ —	\$ —	\$ —

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 August 11, 2021 for the statutory statement issued on August 12, 2021. There were no events occurring subsequent to June 30, 2021 requiring recognition or disclosure.

23. Reinsurance

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

- **A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$2,015,855 during 2021. This is approximately 15.4% of unpaid claims and claim adjustment expenses of \$13,055,502 as of December 31, 2020. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2021. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- **B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

30. Premium Deficiency Reserves

The Company did not record any premium deficiency reserves at June 30, 2021.

31. Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

2.1 Hree 2.2 If 3.1 Is is if 3.2 H 3.3 If 3.4 Is 3.5 If 4.1 H	yes, has the report been filed with the domiciliary state?	System consisting t since the prior quanges. ed group? de issued by the suring the period co	articles of incorporation, g of two or more affiliated uarter end?	d persons, one or mor	e of which	Yes [) Yes [) Yes [)	(] No [01156039] X]
2.2 Iff 3.1 Isisiff 3.2 H 3.3 Iff 3.4 Is 3.5 Iff 4.1 H	eporting entity? yes, date of change: the reporting entity a member of an Insurance Holding Company Stan insurer? yes, complete Schedule Y, Parts 1 and 1A. ave there been any substantial changes in the organizational chart the response to 3.2 is yes, provide a brief description of those chart the reporting entity publicly traded or a member of a publicly trade the response to 3.4 is yes, provide the CIK (Central Index Key) contast the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and standard to exist as a result of the merger or consolidation.	System consisting It since the prior quanges. The ded group?	g of two or more affiliated uarter end?	d persons, one or mor	e of which	Yes [) Yes [) Yes [)	(] No [] No [(] No [01156039] X]
3.1 Is is if If 3.2 H 3.3 If 3.4 Is 3.5 If 4.1 H	the reporting entity a member of an Insurance Holding Company Stan insurer? yes, complete Schedule Y, Parts 1 and 1A. ave there been any substantial changes in the organizational chart the response to 3.2 is yes, provide a brief description of those chart the reporting entity publicly traded or a member of a publicly trade the response to 3.4 is yes, provide the CIK (Central Index Key) contast the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and states as a result of the merger or consolidation.	System consisting It since the prior quanges. The ded group?	g of two or more affiliated uarter end?	d persons, one or mor	e of which	Yes [)] No [(] No [01156039	X]
is if ff 3.2 H 3.3 If 3.4 Is 3.5 If 4.1 H	yes, complete Schedule Y, Parts 1 and 1A. ave there been any substantial changes in the organizational chart the response to 3.2 is yes, provide a brief description of those char the reporting entity publicly traded or a member of a publicly trade the response to 3.4 is yes, provide the CIK (Central Index Key) cor as the reporting entity been a party to a merger or consolidation du yes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and sta eased to exist as a result of the merger or consolidation.	t since the prior quanges. ed group?	uarter end? SEC for the entity/group. overed by this statement			Yes [)] No [(] No [01156039	X]
3.3 If3.4 Is3.5 If4.1 H	the response to 3.2 is yes, provide a brief description of those chars the reporting entity publicly traded or a member of a publicly traded the response to 3.4 is yes, provide the CIK (Central Index Key) coasts the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and states as a result of the merger or consolidation.	ed group?ode issued by the suring the period co	SEC for the entity/group.			Yes [)	(] No [01156039	1
3.4 Is 3.5 If	the reporting entity publicly traded or a member of a publicly traded the response to 3.4 is yes, provide the CIK (Central Index Key) coast the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and state eased to exist as a result of the merger or consolidation.	ed group?ode issued by the suring the period co	SEC for the entity/group.			00	01156039	
3.5 If 4.1 H	the response to 3.4 is yes, provide the CIK (Central Index Key) codes as the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and state eased to exist as a result of the merger or consolidation.	ode issued by the Suring the period co	SEC for the entity/group.			00	01156039	
4.1 H	as the reporting entity been a party to a merger or consolidation duyes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and staeased to exist as a result of the merger or consolidation.	uring the period co	overed by this statement	1?				
	yes, complete and file the merger history data file with the NAIC. yes, provide the name of the entity, NAIC Company Code, and staeased to exist as a result of the merger or consolidation.					Yes [] No [Х]
	eased to exist as a result of the merger or consolidation.	ate of domicile (us	se two letter state abbrev	viation) for any entity th	nat has			
			2 NAIC Company Code	3 State of Domicile				
ir	the reporting entity is subject to a management agreement, including the reporting entity is subject to a management agreement, including the reporting the	ling third-party adr les regarding the t	ministrator(s), managing terms of the agreement of	general agent(s), atto or principals involved?	orney- PYes [] No	[X] N/	′A [
6.1 S	state as of what date the latest financial examination of the reporting	ng entity was made	e or is being made		<u>-</u>			
	state the as of date that the latest financial examination report beca ate should be the date of the examined balance sheet and not the							
th	state as of what date the latest financial examination report became reporting entity. This is the release date or completion date of thate).	ne examination rep	port and not the date of t	the examination (bala	nce sheet			
6.4 B	y what department or departments?							
	lave all financial statement adjustments within the latest financial e tatement filed with Departments?] No	[] N/	′A [X
6.6 H	lave all of the recommendations within the latest financial examinat	ation report been o	complied with?		Yes [] No	[] N/	/A [X
	las this reporting entity had any Certificates of Authority, licenses of evoked by any governmental entity during the reporting period?					Yes [] No [Х]
7.2 If	yes, give full information:							
8.1 Is	the company a subsidiary of a bank holding company regulated by	y the Federal Res	serve Board?			Yes [] No [Х]
8.2 If	response to 8.1 is yes, please identify the name of the bank holding	ng company.						
8.3 Is	the company affiliated with one or more banks, thrifts or securities	s firms?				Yes [] No [Х]
re	response to 8.3 is yes, please provide below the names and locati egulatory services agency [i.e. the Federal Reserve Board (FRB), the surance Corporation (FDIC) and the Securities Exchange Commis	the Office of the C	Comptroller of the Curren	cy (OCC), the Federa	l Deposit			
F	1 Affiliate Name	L	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 controlle similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	ersonal	and professional	Yes []	() N	No []
9.11	(e) Accountability for adherence to the code. If the response to 9.1 is No, please explain:						
0.0	Has the code of ethics for senior managers been amended?			V [1 1	d- F V	1
9.2 9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			Yes [j r	NO [X	1
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] N	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 lf yes, indicate any amounts receivable from parent included in the Page 2 amount:						
	INVESTMENT						
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or o use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:			Yes [] N	No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:						
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?			Yes []	•	-	1
			1 Prior Year-End Book/Adjusted Carrying Value	В	urrent look/A	2 : Quarte \djusted g Value	d
14.21	Bonds	\$	0	\$			
	Preferred Stock			\$			
	Common Stock Short Torry Investments			\$			
	Short-Term Investments			\$ \$			
	All Other			\$			
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)			\$			
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	\$		\$,
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [1 1	X] oV	1
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.						
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da						
	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,						
	16.3 Total payable for securities lending reported on the liability page.			\$			0

GENERAL INTERROGATORIES

7.1	Outsourcing of Critical	ith a qualified bank of Functions, Custodia	or trust company in accordar I or Safekeeping Agreement Juirements of the NAIC Finar	nce with Section s of the NAIC Fir	1, III - General E ancial Condition	xamination C Examiners F	onsiderations, F. landbook?	Yes	[X]	No [
		1	(-)		0:	2				
	JP Morgan Chase Bank	, N.A	an(s)	383 Madison	Ave, New York, N	IStodian Addr IY 10179	ess			
7.2	For all agreements that location and a complete		the requirements of the NAI	C Financial Cond	ition Examiners	Handbook, p	rovide the name,			
	1 Name(s)	2 Location(s)			3 mplete Expla				
7.3 7.4	Have there been any of lf yes, give full information		ime changes, in the custodia	an(s) identified in		current quarte	er?	Yes	[]	No [X
	1 Old Custo	dian	2 New Custodian	Date	3 of Change		4 Reason			
7.5	make investment decis	sions on behalf of the	stment advisors, investment e reporting entity. For assets ent accounts"; "handle sec	that are manage						
	Anthon Inc	Name of Firm or		Affilia						
	Loomis, Sayles & Com	pany, LP		U						
	17.5097 For those firm	ıs/individuals listed ir	n the table for Question 17.5, ore than 10% of the reporting	, do any firms/ind	ividuals unaffilia	ted with the re	eporting entity (i.e.	Yes	[]	No [X
	17.5098 For firms/indiv total assets u	viduals unaffiliated w nder management aç	ith the reporting entity (i.e. de ggregate to more than 50% o	esignated with a of the reporting e	'U") listed in the ntity's invested a	table for Que	estion 17.5, does the	Yes	[]	No [X
7.6	For those firms or individual table below.	viduals listed in the ta	able for 17.5 with an affiliation	n code of "A" (aff	iliated) or "U" (u	naffiliated), pr	rovide the information for	the		
	1 Central Registration		2		3		4		Inves Manag	tment gement ement
	Depository Number		lame of Firm or Individual		Legal Entity Ide		Registered With Securities Exchange			Filed
	105377	Loomis, Sayles & Co	mpany, LP		JIZPN2RX3UMN0YI	DI313	Commission		N0	
8.1 8.2		irements of the Purp	oses and Procedures Manua		estment Analysi	s Office been	followed?	Yes	[X]	No [
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to permit vailable. r is current on all con an actual expectation	rting entity is certifying the for a full credit analysis of the so stracted interest and principa on of ultimate payment of all of I securities?	ecurity does not of a payments. contracted intere	exist or an NAIC	CRP credit ra	ating for an FE or PL	Yes	[]	No [X
20.	By self-designating PL	GI securities, the rep		following alaman	ts of each solf d	ocianated DI				
.0.	b. The reporting er c. The NAIC Desig on a current priv d. The reporting er	nation was derived fr ate letter rating held tity is not permitted t		IC Designation red by an NAIC CF for examination In the PL security wi	ported for the se P in its legal cap by state insurance th the SVO.	ecurity. pacity as a NF e regulators.	RSRO which is shown	Yes	[]	No [X

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:

	1.1 A&H loss percent					89	.9 %
	1.2 A&H cost containment percent					2	.8 %
	1.3 A&H expense percent excluding cost containment expenses					11.	.4 %
2.1	Do you act as a custodian for health savings accounts?		Yes []	No [)	(]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$					
2.3	Do you act as an administrator for health savings accounts?		Yes []	No [)	(]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$					
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes []	No [)	(]	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?		Yes []	No [}	(]	

Type of

Domiciliary Reinsurance

Jurisdiction Ceded

Type of

Business

Ceded

Type of Reinsurer

Effective

Date of

Certified

Reinsurer

Rating

Certified

Reinsurer

Rating

(1 through 6)

Code	Number	Date	Name of Remsurer Jurisdiction	Ceded Ceded	Type of Refinsurer	(Tilllough 6)	Rating
	•						
	+						
							
		-		· · · · · · · · · · · · · · · · · · ·			
				•			
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·	†	+					
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	1	1		1		1	1

NAIC

Company

Code

ID

Number

Effective

Date

Name of Reinsurer

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

			_	^			rect Business C			_	40
	States, etc.	Active Status	Accident and Health	Medicare	4 Medicaid	5 CHIP Title	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other	Property/ Casualty	7 Total Columns 2	Deposit-Type
1.	Alabama AL	(a) N	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
2.	Alaska AK	N								0	***************************************
3.	Arizona AZ	N								0	
4.	Arkansas AR	N								0	
5.	California CA	N								0	
6.	Colorado CO	N								0	
7.	Connecticut CT	N								0	
8.	Delaware DE	N								0	
9.	District of Columbia . DC	N								0	
10.	Florida FL	N								0	
11.	Georgia GA	N N.								0	
12. 13.	Hawaii HI Idaho ID	N N								0	
13. 14.	Idaho ID	N								0	
15.	Indiana IN	NN								0	
16.	lowa IA	N								0	
17.	Kansas KS	N								0	
18.	Kentucky KY	N								0	
19.	Louisiana LA	N								0	
20.	Maine ME	L		84,047,054						84,047,054	
21.	Maryland MD	N	[0	
22.	Massachusetts MA	N	ļ l							0	
23.	Michigan MI	N								0	
24.	Minnesota MN	N.								0	
25.	Mississippi MS	N	ļ ļ							0	
26.	Missouri MO	N								0	
27.	Montana MT	N								0	
28.	Nebraska NE	N								0	
29.	Nevada NV	N								0	
30.	New Hampshire NH	N								0	
31.	New Jersey NJ	N								0	
32.	New Mexico NM	N								0	
33.	New York NY North Carolina NC	N N.								0	
34. 35.	North Dakota ND	N N								0	
36.	Ohio OH	N								0	
30. 37.	Oklahoma OK	NN.								0	
38.	Oregon OR	N								0	
39.	Pennsylvania PA	N								0	
40.	Rhode Island RI	N								0	
41.	South Carolina SC	N								0	
42.	South Dakota SD	N								0	
43.	Tennessee TN	N								0	
44.	Texas TX	N								0	
45.	UtahUT	N								0	
46.	Vermont VT	N								0	
47.	Virginia VA	N								0	
48.	Washington WA	N								0	
49.	West Virginia WV	N.	ļ							0	
50.	Wisconsin WI	N	ļ							0	
51.	Wyoming WY	N	ļ							0	
52.	American Samoa AS	N	ļ ļ					ļ		0	
53.	Guam GU	N								0	
54.	Puerto Rico PR	N								0	
55.	U.S. Virgin Islands VI	N	} }				l			0	
56.	Northern Mariana Islands MP	N								0	
57.	Canada CAN	NN.	·····			•				0	
58.	Aggregate Other										
	Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	84,047,054	0	0	0	0	0	84,047,054	0
60.	Reporting Entity										
	Contributions for Employee Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	0	84,047,054	0	0	0	0	0	84,047,054	0
J 1.	DETAILS OF WRITE-INS	^^^	U	UT, UT, UU4	U	U	"	U	U	07,041,004	-
58001.		xxx	<u> </u>					<u> </u>			
		XXX	ļĪ					<u> </u>			
58003.		XXX									
58998.	Summary of remaining		Ţ								
	write-ins for Line 58 from	1001			^	_	_		^	_	_
5000	overflow page Totals (Lines 58001 through	XXX	0	0	0	0	0	0	0	0	0
JO339.	58003 plus 58998)(Line 58										

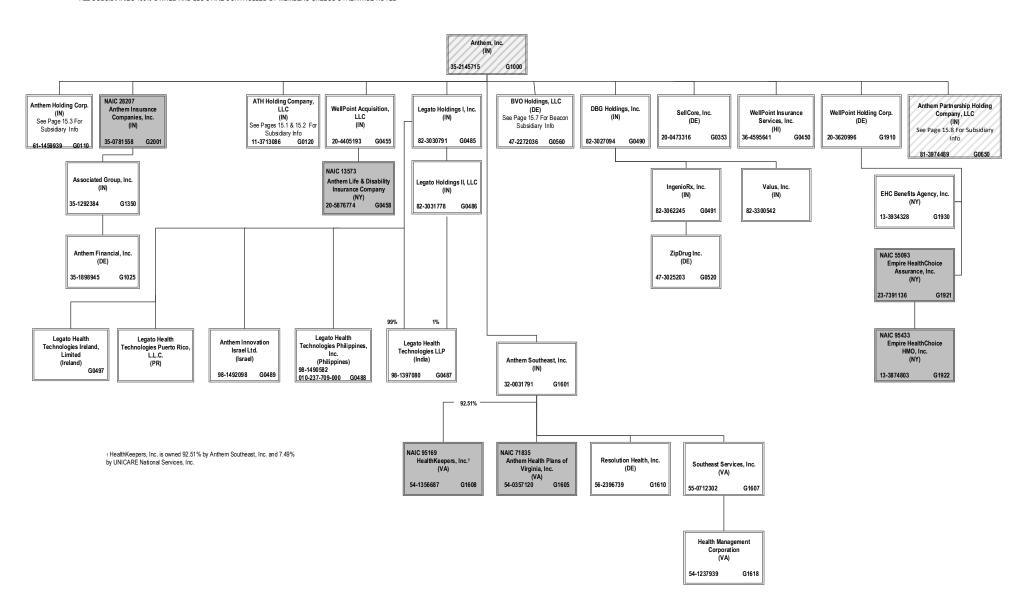
n) Active Status Courits.	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG1	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state	

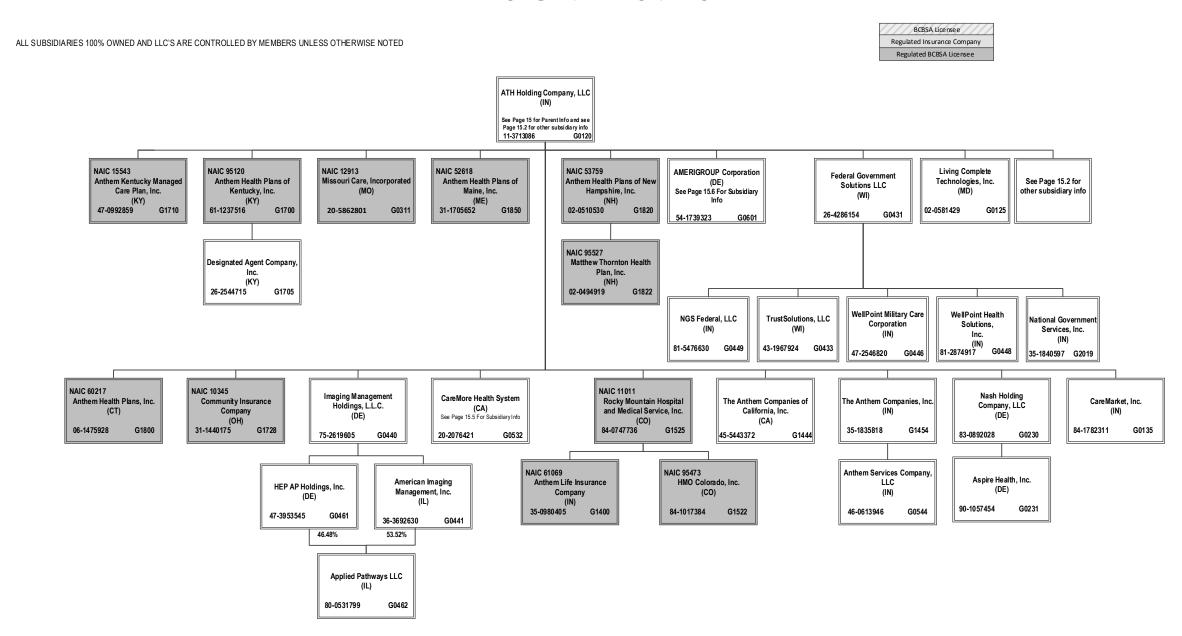
BCBSA Licensee

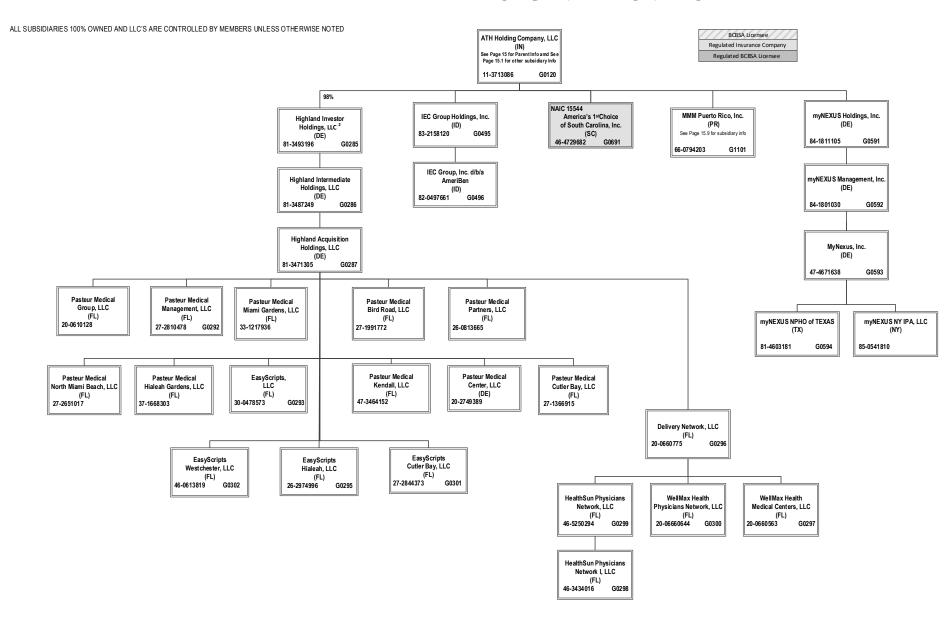
Regulated Insurance Company

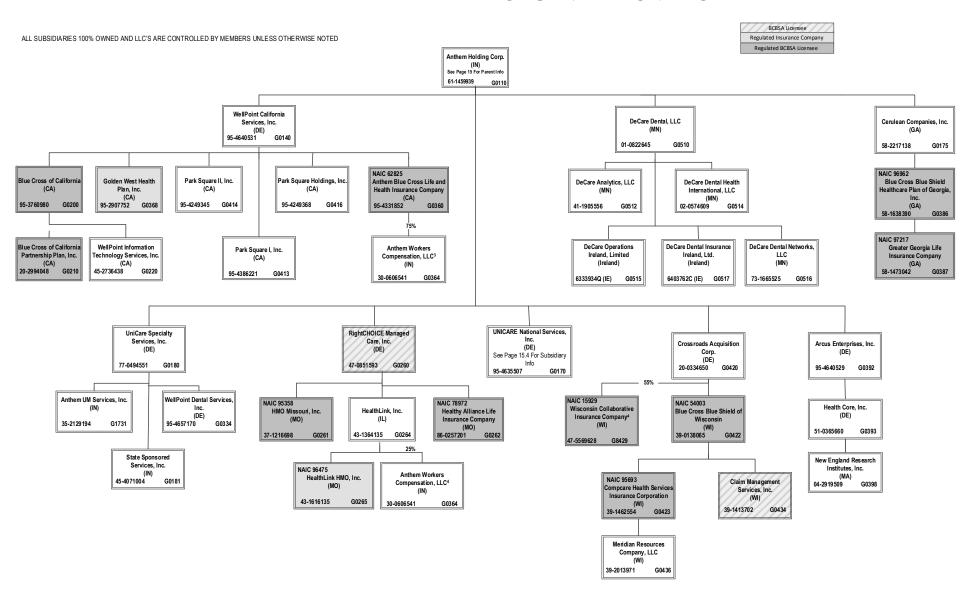
Regulated BCBSA Licensee

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



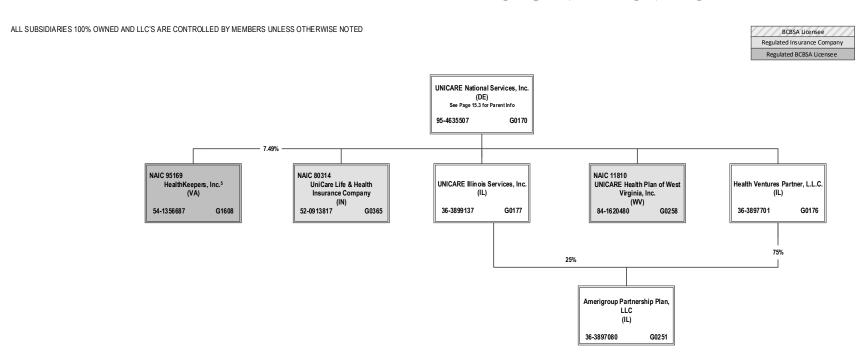






³ 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

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



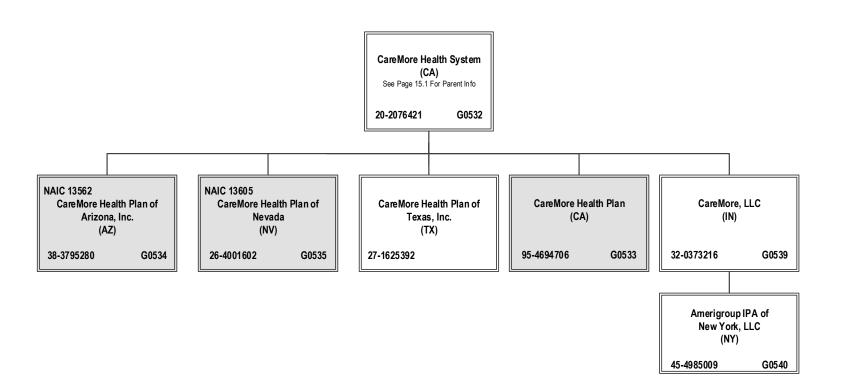
⁵ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

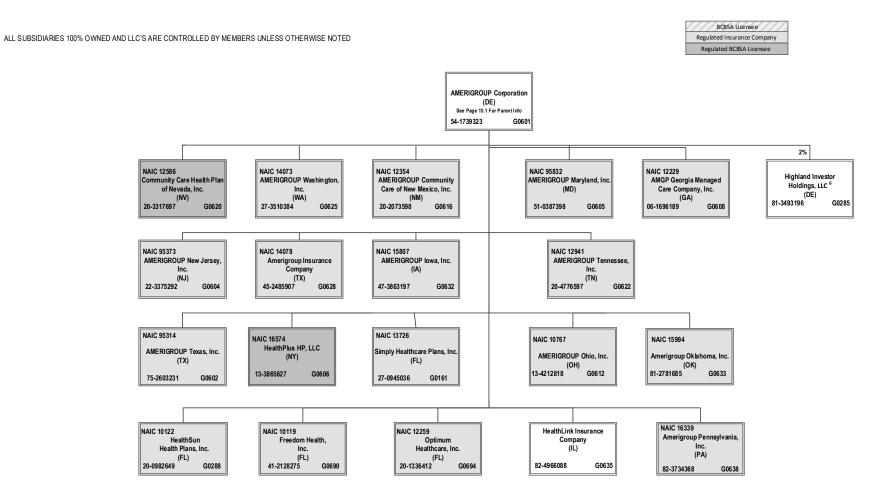
BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

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

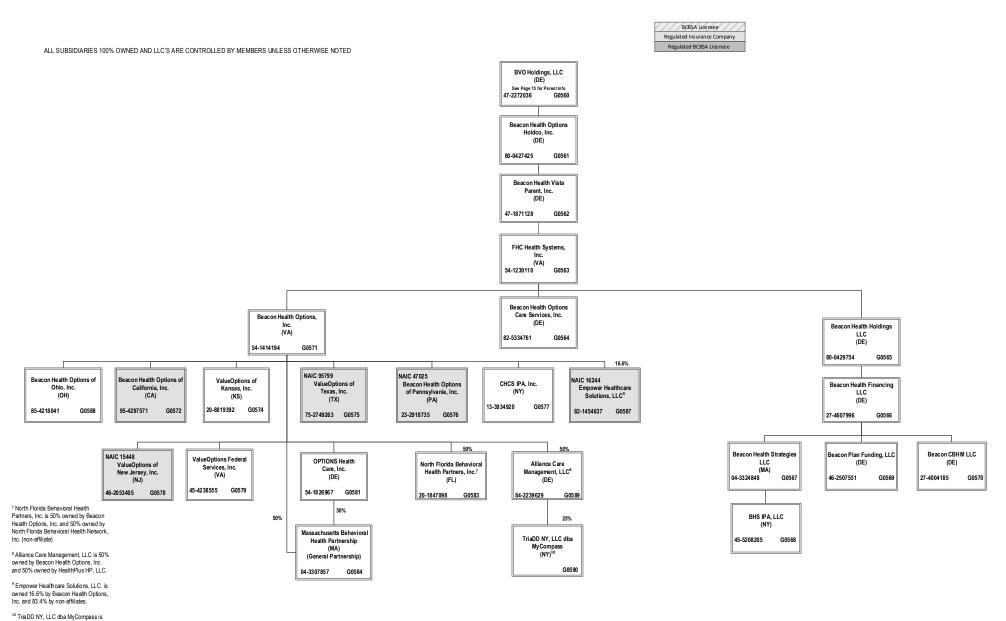




⁶ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

owned 25% by Alliance Care Management, LLC and 75% by non-

affiliates.

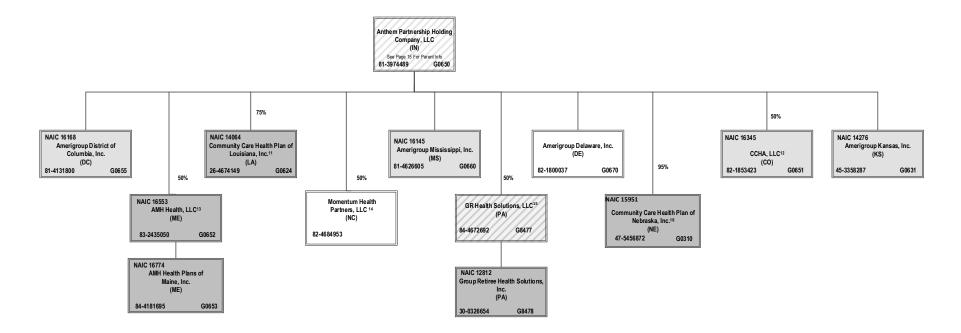


BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

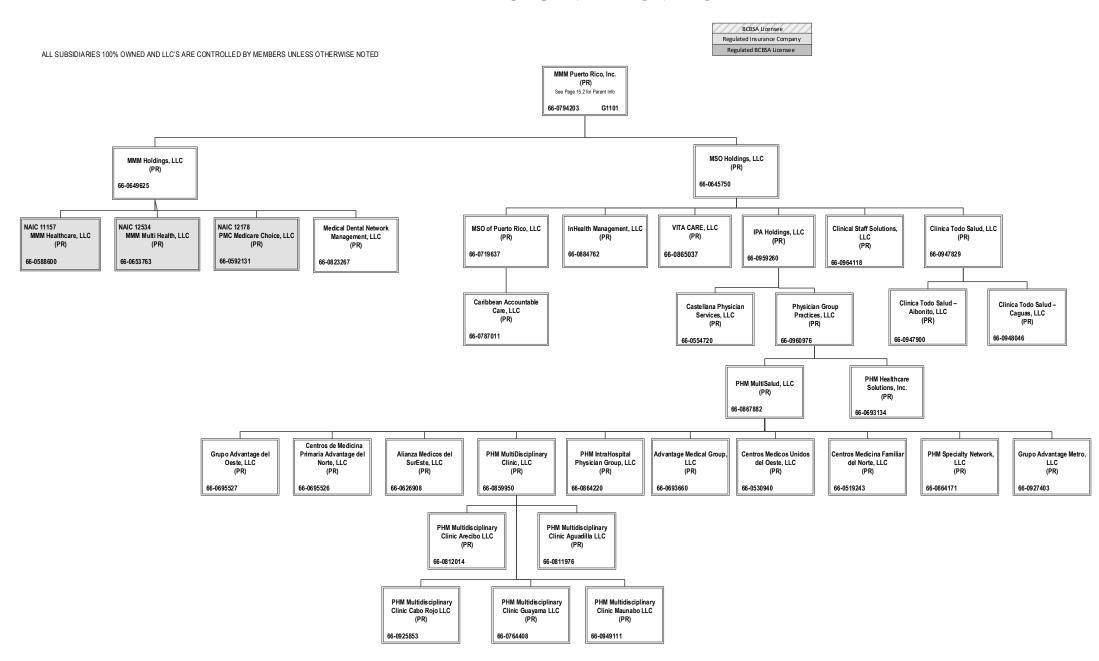
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



¹¹ 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)

- 13 AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC
- 14 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)
- 15 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)
- 16 Anthem Partnership Holding Company, LLC holds a 95% interest in Community Care Health Plan of Nebraska, Inc., and Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate) holds the remaining 5%

¹² 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)



SCHEDULE Y

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	-	to			· P			
0		_	ID				Names of	ciliary		Discretto Controlle della	Attorney-in-Fact,	Provide	Lillting at a Constantiin o	Re-	
Group	Consum Names	Company		Federal	OUZ	(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.		66-0693660		0001156039		Advantage Medical Group, LLC	PR	NIA	PHM MultiSalud, LLC	. Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		66-0626908		0001156039		Alianza Medicos del SurEste, LLC	PR	NIA	PHM MultiSalud, LLC	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		84-2239629 84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	
0671	Anthem, Inc.		36-3692630		0001156039 0001156039		Alliance Care Management, LLC	UE	NIA	HealthPlus HP, LLC	Ownership	50.000	Anthem, Inc.	N	
00/1	Anthem, Inc.		30-3092030		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	15544	46-4729682		0001156039		America's 1st Choice of South Carolina, Inc.	SC	1.4	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0071	Anthem, Inc.	10044	40-4729002		0001136039		AMERIGROUP Community Care of New Mexico. Inc.	30	IA	ATH HOTOTHY COMPANY, LLC	. Owner Strip	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	12354	20-2073598		0001156039		AMERICANOP Community care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	12004	54-1739323		0001156039		AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Owner ship	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.		82-1800037		0001156039		AMERIGROUP Corporation	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	NN.	
0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Owner ship	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.	14078	45-2485907		0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	. Ownership.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	1
0671	Anthem, Inc.		45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	Anthem Partnership Holding Company, LLC	Owner ship.	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15994	81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	0K	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.		
0671	Anthem, Inc.	14073	27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	. Ownership	9.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc	GA	IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	RE	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	DS	AMH Health, LLC	Ownership	100.000	Anthem, Inc.	N	
							Anthem Blue Cross Life and Health Insurance								
0671	Anthem, Inc.	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95120	. 35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	·
0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	53759 71835	02-0510530	40000047	0001156039		Anthem Health Plans of New Hampshire, Inc	NH	IA	ATH Holding Company, LLC	Owner ship.	100.000	Anthem, Inc.	N	·
0671	Anthem, Inc.	60217	54-0357120 06-1475928	40003317	. 0001156039		Anthem Health Plans of Virginia, Inc	VA	IA IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc.	DUZ1/	61-1459939		0001156039		Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N	·
1 100	nittion, mo		6066041 -1 0		8600011000	New York Stock Exchange	Anthom floruring outp.	11%	NIA	mittion, IIIo.	omici sitip		. ATTUON, 1116.	NL	
0671	Anthem. Inc.		35-2145715		0001156039	(NYSE)	Anthem, Inc.	IN	UIP				Anthem. Inc.	N	
0671	Anthem, Inc.		98-1492098		0001156039	(NIOL)	Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership.	100.000	Anthem. Inc.	N.	
0671	Anthem. Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.	IN	IA	Anthem. Inc.	Ownership	100.000	Anthem Inc	N.	1
0671	Anthem, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	КҮ	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem. Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Owner ship.	100.000	Anthem. Inc.	N	1
							2.13 a broadfirty modranos company			Rocky Mountain Hospital and Medical	Same simp.				
0671	Anthem. Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service. Inc.	Ownership.	100.000	Anthem, Inc.	N	J
0671	Anthem, Inc.	91000	81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	UDP	Anthem, Inc.	Ownership.	100.000	Anthem. Inc.]
0671	Anthem, Inc.		46-0613946		0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		35-2129194		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.	100.000	Anthem, Inc.	N]
1					1					Anthem Blue Cross Life and Health Insurance	e				1 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

SCHEDULE Y

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											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NIAIO					Names of	-	- 1						
		NAIC	I.D.			if Publicly Traded	Names of	ciliary	to	Discoult Constanting the	Attorney-in-Fact,	Provide	1.00	Re-	
Group		Company	, ID	Federal	0114	(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	<u>IL</u>	NI A	HEP AP Holdings, Inc.	Owner ship	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	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 11–3713086 27–4004185		0001156039		ATH Holding Company, LLC	IN DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-4607996		0001156039 0001156039		Beacon CBHM LLC	. UE DE	NIANIA	Beacon Health Financing LLC	Owner ship	100.000	Anthem, Inc.	N	
			80-0429754				Beacon Health Holdings, LLC	DE	NIA		Owner ship	100.000	Anthem. Inc.		
0671	Anthem, Inc.		. 80-0429754 . 82-5334761		0001156039 0001156039		Beacon Health Options Care Services, Inc	. DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	NN	·····
0671	Anthem, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc	DE	IA	Beacon Health Options, Inc.	Owner ship	100.000	Anthem, Inc.	NN.	0101
0671	Anthem, Inc.	47025	23-2918735	1	0001156039		Beacon Health Options of Pennsylvania, Inc	PA	IA	Beacon Health Options, Inc.	Owner ship	100.000	Anthem, Inc.	N	1010
0671	Anthem, Inc.	9/020	. 80-0427425		0001156039		Beacon Health Options of Pennsylvania, Inc. Beacon Health Options Holdco, Inc.	PA DE	NIA	BVO Holdings, LLC	Ownership.	100.000	Anthem, Inc.	NN.	
0671	Anthem, Inc.	-	85-4218041	1	0001156039		Beacon Health Options of Ohio, Inc.	OH	NIA	Beacon Health Options. Inc.	Owner ship	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		. 54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Owner ship	100.000	Anthem. Inc.	NN	
0671	Anthem, Inc.		04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Owner ship.	100.000	Anthem. Inc.	NN	
0671	Anthem. Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	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	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Ownership.	100.000	Anthem. Inc.	N	
	Anthon, me.		. 40 0200200		0001100000		Blue Cross Blue Shield Healthcare Plan of			Deacon hearth otrategres LLO	owner strip.		Airtholl, mo.		
0671	Anthem. Inc.	96962	58-1638390		0001156039		Georgia. Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA.	Crossroads Acquisition Corp.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		95-3760980		0001156039		Blue Cross of California	CA	I A	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	0101
							Blue Cross of California Partnership Plan.			and the control of th			7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1
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	NIA	Anthem. Inc.	Ownership	100,000	Anthem. Inc.	N	1
0671	Anthem. Inc.		84-1782311		0001156039		CareMarket Inc.	IN	NIA	ATH Holding Company, LLC	Owner ship.	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	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0787011		0001156039		Caribbean Accountable Care, LLC	PR	NIA	MSO of Puerto Rico, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0554720		0001156039		Castellana Physician Services, LLC	PR	NIA	IPA Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
1			1				Centros de Medicina Primaria Advantage del]				l		
0671	Anthem, Inc.		. 66-0695526		0001156039		Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	.	. 66-0519243		0001156039		Centros Medicina Familiar del Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	PR	NIA	PHM MultiSalud, 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.	W1	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.	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	-	. 66-0947900		0001156039		Clinica Todo Salud-Aibonito, LLC	PR	NIA	Clinica Todo Salud, LLC	Owner ship	100.000	Anthem, Inc.	N	1
0671	Anthem, Inc.		. 66-0948046		0001156039		Clinica Todo Salud-Caguas, LLC	PR	NIA	Clinica Todo Salud, LLC	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	-	. 66-0947829 66-0964118		0001156039		Clinica Todo Salud, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	·····
0671	Anthem, Inc.		00-0904118		0001156039		Clinical Staff Solutions, LLC	PR	NIA	MSO Holdings, LLC	Uwnersnip	100.000	Anthem, Inc.	N	
.0671	Anthem. Inc.	14064	26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc	. . LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem. Inc.	N	0104
	Anthem, Inc.		47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc	LA NE	IA	Anthem Partnership Holding Company, LLC	Ownership.	95.000	Anthem, Inc.	N N	0104
0671 0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nebraska, Inc.	NE	IA	AMERIGROUP Corporation	Ownership	95.000	Anthem, Inc.	N N	0110
0671	Anthem, Inc.		31-1440175		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	ATH Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	
1 100	Anthon, Mc.	10040	19401/5	-	6600611000		Compcare Health Services Insurance	UП	IM	Ann norumy company, LLC	Owner on the	100.000	AITUIGIII, IIIC.	I	1
0671	Anthem, Inc.	95693	39-1462554		0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Owner ship.	100.000	Anthem. Inc.	N	
1 100	nittion, 1116	00000	402334				VOI POI & L I VII	. 11		שומי טו שו שוויבוע טווויבוע טוווים ניטיוט ביטיום ווויבוע טוויבוע טוויבוע טוויבוע טוויבוע טוויבוע טוויבוע טוויבוע	. Louiner sitth		AITTION, IIIC.		

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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.		Code	20-0334650	0001156039	international)	Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Owner ship	100.000	Anthem. Inc.	(1/IN)	+
0671	Anthem, I			. 82-3027094	0001156039		DBG Holdings. Inc.	IN	NIA	Anthem Inc.	Owner ship	100.000	Anthem, Inc.	N N	
0671		nc.		41-1905556	0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N.	
0671		nc.		. 02-0574609	0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N N	
0671		nc.		. 02-03/4003	0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem. Inc.	N N	
0671		nc.		73–1665525	0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership.	100.000	Anthem Inc	N	
0671	Anthem. I			01-0822645	0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N.	
0671		nc.			0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem. I	nc.		20-0660775	0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. I	nc.		26-2544715	0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership.	100.000	Anthem, Inc.	N.	1
0671	Anthem, I	nc.		27-2844373	0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership.	100.000	Anthem, Inc.	N.	
0671	Anthem, I	nc		. 26-2974996			EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, I	Inc		. 30-0478573			EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	. Anthem, I	Inc		. 46-0613819			EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	.Anthem, I	Inc		. 13-3934328			EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671	.Anthem, I	Inc	55093	. 23-7391136			Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671		Inc	95433	. 13-3874803	0001156039		Empire HealthChoice HMO, Inc	NY	IA	Empire HealthChoice Assurance, Inc	Ownership	100.000	Anthem, Inc.	N	
0671		Inc		82-1454637			Empower Healthcare Solutions, LLC	AR	IA	Beacon Health Options, Inc.	Ownership	16.600	Anthem, Inc.	N	0115
0671		Inc		. 26-4286154			Federal Government Solutions, LLC	WI	NI A	ATH Holding Company, LLC	. Ownership	100.000	Anthem, Inc.	N	
0671		Inc		. 54-1230110			FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671		Inc	10119	41-2128275			Freedom Health, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671		nc		. 95-2907752			Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	0101
0671	Anthem, I	Inc		. 84-4672692			GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	. Ownership	50.000	Anthem, Inc.	N	0102
	l									Blue Cross Blue Shield Healthcare Plan of					
0671	Anthem, I		97217	. 58-1473042			Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	. Ownership	100.000	Anthem, Inc.	N	
0671		nc	12812	30-0326654			Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	Ownership	100.000	Anthem, Inc.	N N	0102
0671	Anthem, I	nc		. 66-0695527 . 66-0927403			Grupo Advantage del Oeste, LLC	PR	NIA	PHM MultiSalud, LLCPHM MultiSalud, LLC	. Owner ship.	100.000	Anthem Inc	N	
0671	Anthem, I	nc		. 51-0365660	0001156039		Grupo Advantage Metro, LLC	PK	NIA	Arcus Enterprises, Inc.	Ownership.	100.000	Anthem Inc	N	
0671		nc.		. 54-1237939	0001156039		Health Core, Inc	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem. Inc.	N N	
0671		nc.		. 36-3897701	0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Owner ship.	100.000	Anthem, Inc.	N N	
	Anthem, I		95169	54-1356687	0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem. Inc.	N.	
0671		nc.		54-1356687	0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem. Inc.	N N	
0671		nc.		43-1616135	0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Owner ship	100.000	Anthem Inc	N N	
0671	. Anthem. I	Inc	0170	. 43-1364135	0001156039		HealthLink Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership.	100.000	Anthem. Inc.	N N	1
0671	Anthem. I			82-4966088	0001156039		HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	1
0671		nc.		13-3865627	0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	0100
0671		nc		20-0982649	0001156039		HealthSun Health Plans, Inc.	FL	IA	AMERIGROUP Corporation	Owner ship.	100.000	Anthem, Inc.	N]
0671	. Anthem, I			. 46-5250294			HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership.	100.000	Anthem, Inc.	N.	
0671	Anthem, I	nc		46-3434016			HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, I	nc	78972	86-0257201			Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, I	Inc		. 47-3953545			HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, I			. 81-3471305			Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671		nc		. 81-3487249			Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem, I	nc		. 81-3493196			Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	98.000	Anthem, Inc.	N	0107
0671	Anthem, I	Inc		. 81-3493196			Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Ownership	2.000	. Anthem, Inc.	N	0107
1									1	Rocky Mountain Hospital and Medical					
0671	Anthem, I			. 84–1017384			HMO Colorado, Inc.	CO	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671		nc	95358	. 37-1216698			HWO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, I	nc		. 83-2158120			IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	. Ownership	100.000	Anthem, Inc.	N	
0671		nc		. 82-0497661			IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671		nc		. 75-2619605			Imaging Management Holdings, L.L.C.	DE	NI A	ATH Holding Company, LLC	. Ownership	100.000	Anthem, Inc.	N	
0671		nc		. 82-3062245			IngenioRX, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	. Anthem, I	Inc		. 66-0884762			InHealth Management, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	4

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Group	One we Name	Company		Federal RSSD	Olle	(U.S. or International)	Parent, Subsidiaries Or Affiliates	Loca-	Reporting	Directly Controlled by	Influence, Other)	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	international)		tion	Entity	(Name of Entity/Person)		tage	Entity(ies)/Person(s)	(Y/N)	
0671	Anthem, Inc.		. 66-0959260		0001156039		IPA Holdings, LLC	PR	NIA	MSO Holdings, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Owner ship.	100.000	Anthem, Inc.	N	0105
0671	Anthem, Inc.				0001156039		Legato Health Technologies Ireland, Ltd Legato Health Technologies Philippines, Inc.	IRL	NIA	Legato Holdings I, Inc.	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthon Inc		98-1490582		0001156039		Legato Hearth Technologies Philippines, Inc.	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem. Inc.	N	0106
0671	Anthem, Inc.		. 30-1430302		0001156039		Legato Health Technologies Puerto Rico, LLC .	PR	NIA	Legato Holdings I, Inc.	Owner ship.	100.000	Anthem. Inc.	N	0100
0671	Anthem, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	rn	NIA	Anthem. Inc.	Owner ship	100.000	Anthem. Inc.	NN.	
0671	Anthem. Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I. Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		. 04-3307857	1	0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem. Inc.	N	0111
0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Owner ship	50.000	Anthem, Inc.	N	0111
	,									Anthem Health Plans of New Hampshire, Inc.					1
0671	Anthem. Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA	,	Ownership.	100.000	Anthem. Inc.	N	.]
0671	Anthem, Inc.		66-0823267		0001156039		Medical Dental Network Management, LLC	PR	NIA	MMM Holdings, LLC	Ownership.	100.000	Anthem, Inc.	N	
							· ·			Compcare Health Services Insurance	·		·		
0671	Anthem, Inc.		. 39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA	Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	11157	66-0588600		0001156039		MMM Healthcare, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0649625		0001156039		MMM Holdings, LLC	PR	NIA	MMM Puerto Rico, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12534	66-0653763		0001156039		MMM Multi Health, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0794203		0001156039		MMM Puerto Rico, Inc.	PR	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	0102
0671	Anthem, Inc.		. 66-0645750		0001156039		MSO Holdings, LLC	PR	NIA	MMM Puerto Rico, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 84–1811105		0001156039		myNEXUS Holdings, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-4671638		0001156039		MyNexus, Inc.	DE	NIA	myNEXUS Management, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 84-1801030		0001156039		myNEXUS Management, Inc.	DE	NIA	myNEXUS Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-4603181		0001156039		myNEXUS NPHO of TEXAS	TX	NIA	MyNexus, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.		. 85-0541810 83-0892028		0001156039 0001156039		myNEXUS NY IPA, LLC	NY DE	NIA NIA	MyNexus, Inc.	Ownership	100.000	Anthem, Inc.	N N	
0671			. 35-1840597		0001156039			IN	NIA	Federal Government Solutions, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		04-2919509		0001156039		National Government Services, Inc New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Anthem, Inc.	NN	
0671	Anthem, Inc.		81-5476630		0001156039		NGS Federal. LLC	IN	NIA	Federal Government Solutions, LLC	Owner ship	100.000	Anthem. Inc.		
1 100	Anthem, mc.		. 61-34/0030		0001130039		North Florida Behavioral Health Partners,	11%	NIA	rederal dovernment solutions, LLC	. Owner Strip	100.000	Airtheil, Inc.		
0671	Anthem. Inc.		20-1847098		0001156039		Inc.	FL	NIA	Beacon Health Options, Inc.	Owner ship.	50.000	Anthem. Inc.	N	0113
0671	Anthem. Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	0110
0671	Anthem. Inc.		54-1826967	1	0001156039		OPTIONS Health Care. Inc.	DE	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem. Inc.		1
0671	Anthem, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	Anthem, Inc.	N	.]
0671	Anthem, Inc.		. 27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0610128	.	0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	.1
0671	Anthem, Inc.		. 37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 27–2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 27–2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0693134		0001156039		PHM Healthcare Solutions, Inc.	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0864220		0001156039		PHM IntraHospital Physician Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf]
											of Control	Control]
											(Ownership.	is		Is an	
						No			D. L. C.		(F)				
						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.Ś. 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)	*
	Anthem. Inc.	Code	66-0925853	NOOD	0001156039	international)	PHM Multidisciplinary Clinic Cabo Rojo LLC	PR	,	PHM MultiDisciplinary Clinic, LLC	Owner ship.	100.000	Anthem. Inc.	(1/14)	-
									NIA			100.000	Anthem, Inc.	N N	
	Anthem, Inc.		. 66-0859950		0001156039		PHM MultiDisciplinary Clinic, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership				
	Anthem, Inc.		. 66-0764408		0001156039		PHM Multidisciplinary Clinic Guayama LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 66-0949111		0001156039		PHM Multidisciplinary Clinic Maunabo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 66-0867882		0001156039		PHM MultiSalud, LLC	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12178	66-0592131		0001156039		PMC Medicare Choice, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		56-2396739	.	0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Owner ship.	100.000	Anthem, Inc.	N]
0671	Anthem. Inc.		. 47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Owner ship	100.000	Anthem. Inc.	N	
	,		1	1			Rocky Mountain Hospital and Medical Service,	1		gp	, , , , , , , , , , , , , , , , , , ,		,		
0671	Anthem. Inc.	11011	84-0747736		0001156039		Inc.	co	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem. Inc.		. 20-0473316		0001156039		SellCore. Inc.	DE	NIA	Anthem. Inc.	Ownership.	100.000	Anthem. Inc.	N	
	Anthem. Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans. Inc.	FL	IA	AMERIGROUP Corporation	Owner ship	100.000	Anthem. Inc.	N N	
		13/20						VA					Anthem, Inc.	N	
	Anthem, Inc.		. 55-0712302		0001156039		Southeast Services, Inc.		NIA	Anthem Southeast, Inc.	Ownership	100.000			·
	Anthem, Inc.		. 45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 35-1835818		0001156039		The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.	N	
	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.				0001156039		TriaDD NY, LLC dba MyCompass	NY	NI A	Alliance Care Management, LLC	Ownership	25.000	Anthem, Inc.	N	0117
0671	Anthem, Inc.		. 43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services, Inc.	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Owner ship.	100.000	Anthem, Inc.	N	
	Anthem. Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem. Inc.	N	
	Anthem. Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem Inc	N	
	Anthem. Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem Inc	N N	
	Anthem. Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Owner ship	100.000	Anthem. Inc.	N N	
	Anthem Inc		. 20-8819392		0001156039		ValueOptions of Kansas. Inc.	KS	NIA	Beacon Health Options, Inc.	Owner ship	100.000	Anthem Inc	NN	
		15448						NJ							
	Anthem, Inc.		. 46-2053405	-	0001156039		ValueOptions of New Jersey, Inc.		IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	95799	75–2749263		0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		82-3300542		0001156039		Valus, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 66-0865037		0001156039		VITA CARE, LLC	PR	NIA	MSO Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 20-0660563	.	0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Owner ship	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-4405193	.	0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Owner ship.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership.	100.000	Anthem, Inc.	N.	
	Anthem. Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Owner ship.	100.000	Anthem. Inc.	N	
	Anthem. Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership.	100.000	Anthem. Inc.	N	
1 100	/iii(ii)iii, iii0.						WellPoint Information Technology Services,			/intrion, mo.	omior on p.	100.000	741thom, 1110.		
0671	Anthem, Inc.		45-2736438	1	0001156039	1	Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem. Inc.	N	
	Anthem, Inc.		. 36-4595641				WellPoint Insurance Services, Inc.			Anthem. Inc.	Ownership		Anthem, Inc.	N N	·····
					0001156039			HI	NIA			100.000			
	Anthem, Inc.	45000	. 47-2546820	-	0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	55.000	Anthem, Inc.	N	0110
0671	Anthem, Inc.		. 47-3025203	.	0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Anthem, Inc.	N	
			1	1		1		1]

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 00% owned by unaffiliated investors

Asterisk	Explanation
0104 25% owned by an unaffiliated investor	
0105Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of Inc	dia, 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.
0106Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the F	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	e, and is 98% owned by ATH Holding Company, LLC. an Indiana limited liability company, and Amerigroup Corporation holds the remaining 2% interest.
0108	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	
0110	
0111	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 Flo	rida Behavioral Health, Inc. (non-affiliate)
0113	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	
0116 5% owned by an unaffiliated investor	
0117	n-affiliates.

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?	N0	
	Explanation:		
1.			
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]		

STATEMENT AS OF JUNE 30, 2021 OF THE AMH Health, LLC 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

	Mongage 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 less less less less less less less le		
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

	Cutor Long Term invested 7,650tb	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	2,357,740	122,657
2.	Cost of bonds and stocks acquired	35,600,695	2,400,000
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	(371, 185)	(161,744)
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		0
7.	Deduct amortization of premium	196,910	3, 173
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	37,390,340	2,357,740
12.	Deduct total nonadmitted amounts		2,238,256
13.	Statement value at end of current period (Line 11 minus Line 12)	37,390,340	119,484

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.

DL	iring the Current Quarter fo			Designation				
NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	5,222,062	0	0	(108,481)	5,222,062	5,113,581	0	119,484
2. NAIC 2 (a)	29,848,027	0	0	(38,339)	29,848,027	29,809,688	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
6. NAIC 6 (a)	0				0	0		0
7. Total Bonds	35,070,089	0	0	(146,820)	35,070,089	34,923,269	0	119,484
PREFERRED STOCK								
8. NAIC 1	0				0	0		0
9. NAIC 2	0				0	0		0
10. NAIC 3	0				0	0		0
11. NAIC 4	0				0	0		0
12. NAIC 5	0				0	0		0
13. NAIC 6	0				0	0		0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	35,070,089	0	0	(146,820)	35,070,089	34,923,269	0	119,484

a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:										
NAIC 1 \$; NAIC	2 \$; NAIC 3 \$	NAIC 4 \$; NAIC 5 \$;	NAIC 6 \$			

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

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

NONE

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

NONE

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 Book Balance at End of Each Month								
1	2	3	4	5				9
			Amount of	Amount of	6	uring Current Quart		-
			Interest Received		б	/	8	
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
101 S. Tryon Street, 19th	Oouc	IIICICSC	Quartor	Otatement Date	T II ST WOTTET	Second Month	THII G WICHTET	
1								
Floor, Charlotte, NC 28255		0.000	0	0	(00, 404)	404 000	(4 005 040)	
Bank of America		0.000	0	0	(20,434)	401,886	(1,095,610)	XXX
4 New York Plaza, 13th			_	_				
JP Morgan Chase Floor, New York, NY 10004		0.000	0	0	24,207,048	11,255,656	22,302,137	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	24,186,614	11,657,542	21,206,527	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	24,186,614	11,657,542	21,206,527	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	· · · · · · · · · · · · · · · · · · ·							
		····						
								ļ
		<u> </u>						<u> </u>
0599999. Total - Cash	XXX	XXX	0	0	24,186,614	11,657,542	21,206,527	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE