

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

AMH Health, LLC

NAIC	C Group Code 0671 NAI	C Company Code <u>16553</u> Employer's	31D Number 83-2435050
Organized under the Laws of		, State of Domicile or Port of	Entry ME
Country of Domicile		United States of America	
Licensed as business type:	Hea	alth Maintenance Organization	
Is HMO Federally Qualified?	es[] No[X]		
Incorporated/Organized	11/02/2018	Commenced Business	04/12/2019
Statutory Home Office	2 Gannett Drive		South Portland, ME, US 04106
	(Street and Number)		r Town, State, Country and Zip Code)
Main Administrative Office		(Street and Number)	
	rginia Beach, VA. US 23462	<u> </u>	757-473-2737
(City or	own, State, Country and Zip Code)	()	Area Code) (Telephone Number)
Mail Address	4425 Corporation Lane (Street and Number or P.O. Box)		Virginia Beach, VA, US 23462 r Town, State, Country and Zip Code)
	,	. ,	Trown, State, Country and Zip Code)
Primary Location of Books and	Records	220 Virginia Avenue (Street and Number)	
	Indianapolis, IN, US 46204	·	317-488-6000
(City or ⁻	own, State, Country and Zip Code)	(4	Area Code) (Telephone Number)
Internet Website Address		www.elevancehealth.com	
Statutory Statement Contact	Leigh Barrett		317-432-6988
leio	(Name) h.barrett@elevancehealth.com		(Area Code) (Telephone Number) 317-488-6200
leig	(E-mail Address)		(FAX Number)
		OFFICERS	
President and Chairperson	Raul Guillermo Smith		Vincent Edward Scher
Secretary _	Kathleen Susan Kiefer	Assistant Treasurer _	Eric Kenneth Noble
		OTHER	
		ECTORS OF TRUSTEES	
Aleksey		RECTORS OR TRUSTEES Maria Lourdes Rivas #	Scott Douglas Mills
Francis Geor David Ear		Raul Guillermo Smith	Albert Graton Swallow
Bavia Ear	· Walleli		
State of	Indiana SS:		
County of	Johnson		
all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	ets were the absolute property of the said of d exhibits, schedules and explanations therein reporting entity as of the reporting period stannual Statement Instructions and Accounting liferences in reporting not related to account scope of this attestation by the described of an differences due to electronic filling) of the e	eporting entity, free and clear from any lien n contained, annexed or referred to, is a full sted above, and of its income and deduction g Practices and Procedures manual except unting practices and procedures, according ficers also includes the related correspondi	porting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the st therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state g to the best of their information, knowledge and belief, ng electronic filling with the NAIC, when required, that is an y be requested by various regulators in lieu of or in addition
	aul Guillermo	Hathy Kiefer	Vincent E. Scher
Raul Guillermo : President		Kathleen Susan Kiefer Secretary	Vincent Edward Scher Treasurer
Subscribed and sworn to before 26th day of Aritan A Aratty		a. Is this an original filin b. If no, 1. State the amendm 2. Date filed	nent number
Rita F. Gentry 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	25,217,815		25,217,815	27,016,024
	Stocks:			, ,	, ,
	2.1 Preferred stocks			0	0
	2.2 Common stocks			5,940,583	3.936.356
	Mortgage loans on real estate:	, , , ,		, , , , , ,	, , ,
	3.1 First liens			0	0
	3.2 Other than first liens.			0	0
	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5	Cash (\$48,958,759), cash equivalents				
Э.	(\$				
	investments (\$	18 058 750		48,958,759	60 400 308
6				_	09,499,530
	Contract loans (including \$ premium notes) Derivatives			_	0
	Other invested assets				0
_	Receivables for securities			0	0
	Securities lending reinvested collateral assets			176,895	
	Aggregate write-ins for invested assets		0	0	0
	Subtotals, cash and invested assets (Lines 1 to 11)			80,294,052	
	Title plants less \$ charged off (for Title insurers	00,204,002			
	only)			0	0
	Investment income due and accrued			6,386	7,210
	Premiums and considerations:	,0,000			, ,210
	15.1 Uncollected premiums and agents' balances in the course of collection	473 191	28 960	444 231	143 480
	15.2 Deferred premiums, agents' balances and installments booked but		20,000		110, 100
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$8,203,440)	8,203,440		8,203,440	4,378,372
16.	Reinsurance:			, ,	, ,
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	4,237,147		4,237,147	3,446,916
	Current federal and foreign income tax recoverable and interest thereon			465,757	465,757
18.2	Net deferred tax asset			0	232,786
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates			0	0
	Health care (\$2,959,999) and other amounts receivable			2,959,999	
25.	Aggregate write-ins for other than invested assets	4,626,827	2,851,504	1,775,323	969,934
26.	Total assets excluding Separate Accounts, Segregated Accounts and	404 545 404	0 400 440	00 000 005	440 700 400
	Protected Cell Accounts (Lines 12 to 25)	101,515,484	3, 129, 149	98,386,335	113,783,409
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	101,515,484	3, 129, 149	98,386,335	113,783,409
	DETAILS OF WRITE-INS		, ,	, ,	, ,
1101.	52.7.120 O. WATE 1100				
1102.					
1103.					
	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	n	0
	State income tax recoverable		,	1,775,323	969,934
	Prepaid expenses			0	0
					0
2503.	Summary of romaining write ins for Line 25 from everflow page	Λ	0	0	Λ
	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	4,626,827	2,851,504	1,775,323	969,934

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
	Claims unpaid (less \$ reinsurance ceded)		Uncovered		25,907,920
1. 2.	Claims unpaid (less \$ reinsurance ceded) Accrued medical incentive pool and bonus amounts			, ,	350,039
3.	Unpaid claims adjustment expenses			<i>'</i>	500,564
3. 4.	Aggregate health policy reserves, including the liability of	490,001		490,001	
4.	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	5 878 104		5 878 104	1 235 861
5				0	0
5.	Aggregate life policy reserves			0	0
6.	Aggregate health claim reserves			0	0
7.	Premiums received in advance			9,262	11,057
8.	General expenses due or accrued				4,180
9.					4, 100
10.1	ů , ,			0	0
40.0	(including \$ on realized gains (losses))				0
	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				77,608
13.	Remittances and items not allocated	3,289,100		3,289,100	93,429
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including			_	_
	\$ current)				0
15.	Amounts due to parent, subsidiaries and affiliates	22,495,904		, ,	53,094,668
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending	176,895		176,895	1,561,239
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans	7,935,573		7,935,573	48,502
23.	Aggregate write-ins for other liabilities (including \$				
	current)		0		
24.	Total liabilities (Lines 1 to 23)	71,313,140	0	71,313,140	83,041,704
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	51,002,000	39,002,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	xxx	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	(23,928,805)	(8,260,295)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	xxx		
	32.2 shares preferred (value included in Line 27				
	\$	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	27,073,195	30,741,705
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	98,386,335	113,783,409
	DETAILS OF WRITE-INS				
2301.	Miscellaneous Medicare liabilities	530,062		530,062	143, 191
2302.	Escheat liability	29,175		29,175	13,446
2303.	·				
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	559,237	0	559.237	156.637
2501.			XXX	,	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2598. 2599.		XXX	XXX	0	0
1	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		To	ent Year Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX			160,585
2.	Net premium income (including \$ non-health				
	premium income)	XXX	110,995,431	84,047,054	170,491,948
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(791,302)	(258,501)	(1,227,969)
4.	Fee-for-service (net of \$ medical expenses)	XXX			
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues	XXX	0	0	0
7.	Aggregate write-ins for other non-health revenues			0	
8.	Total revenues (Lines 2 to 7)	XXX	110,204,129	83,788,553	169,263,979
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area		, , ,	3,785,906	, ,
13.	Prescription drugs			6,312,947	
14.	Aggregate write-ins for other hospital and medical				0
15.	Incentive pool, withhold adjustments and bonus amounts				2,406,466
16.	Subtotal (Lines 9 to 15)		103,576,032	72,965,230	149,478,903
4-	Less:				
17.	Net reinsurance recoveries			70 005 000	140 470 000
18.	Total hospital and medical (Lines 16 minus 17)			72,965,230	149,476,903
19.	Non-health claims (net)				
20.	containment expenses		4 606 704	2 050 729	0 270 401
21.	General administrative expenses				17,701,718
22.	Increase in reserves for life and accident and health contracts			7,947,430	17,701,710
22.	(including \$ increase in reserves for life only)		3 850 941		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				
26.	Net realized capital gains (losses) less capital gains tax of				
	\$				152,510
27.	Net investment gains (losses) (Lines 25 plus 26)	(
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$(10,340))]		(10,340)	(5,948)	(9,987)
29.	Aggregate write-ins for other income or expenses	(23,478	35,946	58 , 133
30.	Net income or (loss) after capital gains tax and before all other federal	2007	(11 000 000)	(4 400 004)	/F 00F 000
0.4	income taxes (Lines 24 plus 27 plus 28 plus 29) Federal and foreign income taxes incurred				
31.				(244,948). (858,913)	(5,823,045)
32.	Net income (loss) (Lines 30 minus 31)	XXX	(11,300,699)	(000,910)	(3,023,043)
0004	DETAILS OF WRITE-INS	2007			
0601.		XXX			
0602.		XXX			
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.					
0702.					
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page			0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page			0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(0	0	0
2901.	Miscellaneous income (expense)		23,478	35,946	58 , 133
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page	(0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	(23,478	35,946	58,133

STATEMENT OF REVENUE AND EXPENSES (Continued)

1	STATEMENT OF REVENUE AND EX	PENSES (C	Jonunue	
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	30,741,705	14,101,828	14,101,828
34.	Net income or (loss) from Line 32	(11,300,699)	(858,913)	(5,823,045)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$(28,519)	(1,457,097)	(371, 185)	(901,900)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(261,305)	263,488	(25,232)
39.	Change in nonadmitted assets	(2,649,409)	916,412	2,390,054
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	12,000,000	8,000,000	21,000,000
	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)	(3,668,510)	7,949,802	16,639,877
49.	Capital and surplus end of reporting period (Line 33 plus 48)	27,073,195	22,051,630	30,741,705
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	106,898,294	79,852,506	167,028,472
2.	Net investment income	249,271	137,919	422,663
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	107,147,565	79,990,425	167,451,135
5.	Benefit and loss related payments	100,346,714	42,988,776	137,091,844
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	6,919,829	13,727,468	31,035,610
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$	0	0	0
10.	Total (Lines 5 through 9)	107,266,543	56,716,244	168, 127, 454
	`	(118,978)	23,274,181	(676,319)
11.	Net cash from operations (Line 4 minus Line 10)	(110,970)	23,274,101	(070,319)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	0	0	35, 126, 183
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	1,384,344	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,384,344	0	35, 126, 183
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	35,000,695	62,007,200
	13.2 Stocks	2,000,000	600,000	2,600,000
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets		0	0
	13.6 Miscellaneous applications	0	0	1,561,239
	13.7 Total investments acquired (Lines 13.1 to 13.6)	2,000,000	35,600,695	66,168,439
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(615,656)	(35,600,695)	(31,042,256)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock			21,000,000
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(31,806,005)	(24,920,891)	
17.		(19,806,005)	(16,920,891)	50,764,041
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		(20,540,639)	(29,247,405)	19,045,466
19.	Cash, cash equivalents and short-term investments:			
10.	·	69,499,398	50,453,932	50,453,932
	19.2 End of period (Line 18 plus Line 19.1)	48,958,759	21,206,527	69,499,398

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital & I	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14,152	0	0	0	0	0	0	14 , 152	0	
2. First Quarter	16,557	0	0	0	0	0	0	16,557	0	
3. Second Quarter	16,854							16,854		
4. Third Quarter	0									
5. Current Year	0									
Current Year Member Months	99,529							99,529		
Total Member Ambulatory Encounters for Period:										
7 Physician	118,919							118,919		
8. Non-Physician	203,538							203,538		
9. Total	322,457	0	0	0	0	0	0	322,457	0	
10. Hospital Patient Days Incurred	15,298							15,298		
11. Number of Inpatient Admissions	1,797							1,797		
12. Health Premiums Written (a)	110,995,431							110,995,431		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	110,204,129							110,204,129		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services								99,427,162		
18. Amount Incurred for Provision of Health Care Services	103,576,032							103,576,032		

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

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)						
						
						<u> </u>
						<u> </u>
						·
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered	13,328,287	445,275	21,531	5.167	4,440	13,804,70
0499999 Subtotals	13,328,287	445,275	21,531	- /	4,440	13,804,700
0599999 Unreported claims and other claim reserves	,020,201		21,001	0,101	.,	16,461,038
0699999 Total amounts withheld						.5, 101,000
0799999 Total claims unpaid						30,265,73
0899999 Accrued medical incentive pool and bonus amounts						141.09

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE Claims Paid Liability 5 6							
		Claims Paid Liability				6	
	Year to			Year to Date End of Current Quarter			
	1 On Claims Incurred Prior	2 On	3 On Claims Unpaid	4 On	Claims Incurred in	Estimated Claim Reserve and Claim Liability	
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of	
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year	
Comprehensive (hospital and medical)	0	0	0	0	0	0	
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	22,477,852	79,057,500	4,383,552	25,882,186	26,861,404	25,907,920	
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)	22,477,852	79,057,500	4,383,552	25,882,186	26,861,404	25,907,920	
10. Healthcare receivables (a)	6,025	3, 168, 385	0	0	6,025	0	
11. Other non-health	0	0	0	0	0	0	
12. Medical incentive pools and bonus amounts	494, 192	572,028	100,654	40,437	594,846	350,039	
13. Totals (Lines 9-10+11+12)	22,966,019	76,461,143	4,484,206	25,922,623	27,450,225	26,257,959	

⁽a) Excludes \$34,274 loans or advances to providers not yet expensed.

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, 2021. 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, 2022	December 31, 2021
Net Income					
(1) AMH Health, LLC. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (11,300,699)	\$ (5,823,045)
(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	\$ (11,300,699)	\$ (5,823,045)
<u>Surplus</u>					
(5) AMH Health, LLC. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 27,073,195	\$ 30,741,705
(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	\$ 27,073,195	\$ 30,741,705

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 17 SVO-Identified bond exchange trade funds ("ETFs") reported as bonds on Schedule D-1 in which the Company has made an irrevocable decision to report at systematic value. Systematic valuation has been consistently applied to these ETFs held at June 30, 2022 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, 2022.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the six months ended June 30, 2022.
- (3) The Company did not hold OTTI on its loan-backed securities at June 30, 2022.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at June 30, 2022.
- (5) The Company had no impaired loan-backed securities at June 30, 2022.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) Not applicable.
- (2) No significant change.
- (3) Collateral Received
 - a. No significant change.
 - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

\$ 176,895

- c. No significant change.
- (4) Not applicable.
- (5) No significant change.
- (6) Not applicable.
- (7) 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, 2022.

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, 2022.

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, 2022.

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, 2022.

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, 2022.

O. 5GI Securities

The Company has no 5GI Securities as of June 30, 2022.

P. Short Sales

The Company did not have any short sales at June 30, 2022.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at June 30, 2022.

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

The Company did not participate in a cash pool at June 30, 2022.

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

The Company is a wholly-owned subsidiary of Elevance Health, Inc. ("Elevance Health"), a publicly traded company. Elevance Health changed its name from Anthem, Inc. on June 27, 2022, following approval of its shareholders.

B. Significant Transactions for the Period

On June 29, 2022, the Company's parent company, Elevance Health, Inc., authorized and paid a capital contribution to the Company in the amount of \$6,000,000.

The Company received a capital contribution of \$6,000,000 from MaineHealth on June 28, 2022.

The Company paid an additional capital contribution of \$2,000,000 to AMH Health Plans of Maine, Inc. on June 28, 2022.

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, 2022, the Company reported no amounts due from affiliates and \$22,495,904 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

7		$\mathbf{\Omega}$
Ľ.	-	v.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

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

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

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

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) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At June 30, 2022 the fair value of securities loaned was \$162,011 and the carrying value of securities loaned was \$173,320.
- (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, 2022, 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

20. Fair Value Measurements

A.

(1) Fair Value Measurement at Reporting Date

Description for each class of asset or liability		(Level 1)	(Level 2)	(Level 3)	Net As Valu (NAV	e	Total
Common stock							
Industrial and misc	\$	1,354,039	\$ _	\$ _	\$		\$1,354,039
Total common stocks	\$	1,354,039	\$ _	\$ _	\$	_	\$1,354,039
Total assets at fair value/NAV	\$	1,354,039	\$ 	\$ 	\$		\$1,354,039

- (2) There are no investments in Level 3 as of June 30, 2022.
- (3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

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

B. Fair Value Measurements Under Other Accounting Pronouncements

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	\$ 23,510,957	\$25,217,815	\$23,399,451 \$	111,506	\$ —	\$ —	\$
Common stock	1,354,039	1,354,039	1,354,039	_	_	_	_
Securities lending collateral asset	176,895	176,895	_	176,895	_	_	_

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, 2022 for the statutory statement issued on August 12, 2022. There were no events occurring subsequent to June 30, 2022 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)?

(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 increased by \$1,784,185 during 2022. This is approximately 6.7% of unpaid claims and claim adjustment expenses of \$26,758,523 as of December 31, 2021. The deficiency reflects the increases 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 2022. 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

1. Liability carried for premium deficiency reserves	\$	3,850,941
2. Date of the most recent evaluation of this liability		June 30, 2022
3. Was anticipated investment income utilized in the calculation?	Yes	No X

31. Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1					Ye	s []	No [Х]			
1.2	If yes, has the report been filed with the domiciliary state?				Ye	s []	No []			
2.1	Domicile, is required by the Model Act? If yes, has the report been filed with the domiciliary state? If yes, has the reporting entity a member of an insurance Holding Company System consisting of two or more affiliated persons, one or more of whe reporting entity? If yes, date of change: If yes, complete Schedule Y, Parts 1 and 1A. Have there been any substantial changes in the organizational chart since the prior quarter end? If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. If yes, provide the name of the entity, NAIC Company Code is such that the latest of the entity of the ent			Ye	s []	No [Х]				
2.2	If yes, date of change:										
3.1	Domicile, as required by the Model Act? If yes, has the report been filed with the domiciliary state? Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? If yes, date of change: If yes, date of change: If yes, date of change: If yes, complete Schedule Y, Parts 1 and 1A. Have there been any substantial changes in the organizational chart since the prior quarter end? If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.2 is yes, provide a brief description of those changes. If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Has the reporting entity publicly traded or a member of a publicly traded group? If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ha ceased to exist as a result of the merger or consolidation. If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ha ceased to exist as a result of the merger or consolidation. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, etcal has nexplanation. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance st date). State as of what date the latest financial examination report became available from either the state of formicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examinatio				s[X]	No []				
3.2	Have there been any substantial changes in the organizational chart since	the prior quarter end?			Ye	s []	No [Х]			
3.3	If the response to 3.2 is yes, provide a brief description of those changes.										
3.4	Is the reporting entity publicly traded or a member of a publicly traded group	p?			Ye	s [X]	No []			
3.5	3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.										
4.1	Has the reporting entity been a party to a merger or consolidation during the	ne period covered by this statement?			Ye	s []	No [Х]			
4.2		omicile (use two letter state abbrevia	ation) for any entity	that has							
	•		-								
5.	any change been made during the year of this statement in the charter, by-lawe, articles of incorporation, or deed of settlement of the ting entity? i, date of change: reporting entity a member of an insurance Holding Company System consisting of two or more affiliated persons, one or more of white insurer? c, complete Schedule Y, Parst 1 and 1A. there been any substantial changes in the organizational chart since the prior quarter end? response to 3.2 is yes, provide a brief description of those changes. Preporting entity publicly traded or a member of a publicly traded group? response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. the reporting entity been a party to a merger or consolidation during the period covered by this statement? provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has do to exist as a result of the merger or consolidation. The provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has do to exist as a result of the merger or consolidation. The provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has do to exist as a result of the merger or consolidation. The provide the name of the entity that has do to do the experiment of the merger or consolidation. The provide the name of the entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney. It is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney. It is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney. It is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney. It is subject to a management agreement, including the t		torney- 1?Ye:	s []	No [)	(] N/	'A []				
6.1	State as of what date the latest financial examination of the reporting entity	y was made or is being made									
6.2											
6.3	the reporting entity. This is the release date or completion date of the exam	nination report and not the date of th	e examination (bal	ance sheet							
6.4	By what department or departments?										
6.5	Have all financial statement adjustments within the latest financial examina statement filed with Departments?	ation report been accounted for in a	subsequent financi	al Ye:	s []	No [] N/	'A [X]			
6.6	Have all of the recommendations within the latest financial examination rep	port been complied with?		Ye	s []	No [] N/	'A [X]			
7.1	Has this reporting entity had any Certificates of Authority, licenses or regist revoked by any governmental entity during the reporting period?	trations (including corporate registra	tion, if applicable) s	uspended (or Ye	s []	No [Х]			
7.2	If yes, give full information:										
8.1	Is the company a subsidiary of a bank holding company regulated by the F	ederal Reserve Board?			Ye	s []	No [Х]			
8.2	If response to 8.1 is yes, please identify the name of the bank holding com-	pany.									
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	?			Ye	s []	No [Х]			
8.4	regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office	ce of the Comptroller of the Currenc	y (OCC), the Feder	al Deposit	al						
	1	2	3	4	5	6					
	Affiliate Name	Location (City, State)	FRB	OCC F	DIC	SEC					

GENERAL INTERROGATORIES

9.1			Yes [X]	No []
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting	entity;		
	(c) Compliance with applicable governmental laws, rules and regulations;			
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and			
	(e) Accountability for adherence to the code.			
9.11	If the response to 9.1 is No, please explain:			
9.2	Has the code of ethics for senior managers been amended?		Yes [X]	No []
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			
	Code amended to reflect name change from Anthem to Elevance Health.			
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes []	No [X]
9.31	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. If the response to 9.1 is No, please explain: 1.1 If the response to 9.2 is Yes, provide information related to amendment(s). Code amended to reflect name change from Anthem to Elevance Health. 1.2 Has the code of ethics for senior managers been amended? If the response to 9.3 is Yes, provide the nature of any waiver(s). FINANCIAL 1.1 If the response to 9.3 is Yes, provide the nature of any waiver(s). FINANCIAL 1.2 If yes, indicate any amounts receivable from parent, subsidiaries or affiliates on Page 2 of this statement? INVESTMENT 1.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available use by another person? (Exclude securities under securities lending agreements.) 1.2 If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 Prior Year-End Book/Adjusted Carrying Value 2.1 Bonds 2.2 Preferred Stock Social Common Stock Social All Other Social All Other Social Common Stock All Other Social Common Stock Social Common Stock			
	FINANCIAL			
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes []	l No [X]
	INVESTMENT			
11.1			Yes []	No [X]
11.2			100 []	, no [x]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$		0
13.				
14.1				
			100 [X]	
			0	2
				ent Quarter k/Adjusted
		Carrying Value		rying Value
14.21	Bonds \$	0		0
14.22	Preferred Stock \$	0		0
14.23	Common Stock \$	3,936,356	\$	4,586,544
14.24	Short-Term Investments \$	0		0
14.25	Mortgage Loans on Real Estate \$\$	0	\$	0
			\$	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)\$	3,936,356	\$	4,586,544
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above			0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		Yes []	No[X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [] No [] N/A []
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date:			
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	9	š	176.895
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Par			
	16.3 Total payable for securities lending reported on the liability page			
	10.0 Total payable for occurring reported off the hability page.	·······	,	

GENERAL INTERROGATORIES

17.1	For all agreements that	at comply with the red	quirements of the NAIC Finance	cial Condition Exam	ners Handbook, comp	ete the following:			
	JP Morgan Chase Bank	Name of Custod	an(s)	383 Madison Ave,	Custodian Ad New York, NY 10179	Idress			
17.2	For all agreements that location and a comple		the requirements of the NAIC	Financial Condition	Examiners Handbook	, provide the name,			
	1 Name(2 Location(s)		3 Complete Ex	planation(s)			
17.3 17.4		changes, including na	ame changes, in the custodiar					[]	No [X]
	Old Custo	odian	2 New Custodian			4 Reason			
17.5	make investment deci	sions on behalf of th	stment advisors, investment n e reporting entity. For assets t ent accounts"; "handle secu	hat are managed int	alers, including individuernally by employees o	als that have the authority to f the reporting entity, note as			
			Individual	Affiliation I					
			n the table for Question 17.5, ore than 10% of the reporting				Yes	[]	No[X]
			ith the reporting entity (i.e. deggregate to more than 50% of				Yes	[]	No [X]
17.6	For those firms or inditable below.	viduals listed in the t	able for 17.5 with an affiliation	code of "A" (affiliate	ed) or "U" (unaffiliated),	provide the information for the	ne		
	1 Central Registration		2		3	4		Inve Mana	5 stment gement eement
	Depository Number								
	105377		Jame of Firm or Individual		gal Entity Identifier (LE	Securities Exchange		(IMA) Filed
18.1	Have all the filing requ	Loomis, Sayles & C		JIZF	N2RX3UMNOYIDI313	Securities Exchange Commission		(IMA NO	
		Loomis, Sayles & C	ompany, LP	JIZF	N2RX3UMNOYIDI313	Securities Exchange Commission		(IMA NO	
	Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obligc c. The insurer has	Loomis, Sayles & C. direments of the Purposition o	ompany, LP	lowing elements for curity does not exist payments.	each self-designated 5 or an NAIC CRP credi	Securities Exchange Commission en followed? GI security: t rating for an FE or PL	Yes	(IMA NO	
18.2	Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obligo c. The insurer has Has the reporting entit By self-designating PI a. The security wa b. The reporting er c. The NAIC Desig on a current priv d. The reporting er	Loomis, Sayles & C. direments of the Purpose and the Purpose	oses and Procedures Manual orting entity is certifying the foll a full credit analysis of the sentracted interest and principal on of ultimate payment of all coll securities?	lowing elements for curity does not exist payments. ontracted interest articles of the contracted inte	each self-designated 5 or an NAIC CRP credi	Securities Exchange Commission en followed? GI security: t rating for an FE or PL PLGI security: NRSRO which is shown s.	Yes	NO	No []
19.	Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obligo c. The insurer has Has the reporting entif By self-designating PL a. The security wa b. The reporting er c. The NAIC Desig on a current priv d. The reporting entif By assigning FE to a S FE fund: a. The shares were b. The reporting er c. The security had January 1, 2019 d. The fund only or e. The current rep in its legal capar	Loomis, Sayles & C	oses and Procedures Manual orting entity is certifying the foll a full credit analysis of the sentracted interest and principal on of ultimate payment of all coll securities? Dorting entity is certifying the following entity is certifying entity is certifying the following entity is certifying the following entity is certifying	lowing elements for curity does not exist payments. ontracted interest ar collowing elements of C Designation report by an NAIC CRP in or examination by stee PL security with the contracted interest are collowing elements of C Designation report in the price of the	each self-designated 5 or an NAIC CRP credit deprincipal. f each self-designated ed for the security. Its legal capacity as a ate insurance regulator e SVO. fig the following element of the security. CRP in its legal capacity as a self-designated ed for the security. The following element ed for the security.	Securities Exchange Commission en followed? GI security: t rating for an FE or PL PLGI security: NRSRO which is shown s. Its of each self-designated	Yes	NO	No []

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:

	1.1 A&H loss percent	 			10	0.1 9
	1.2 A&H cost containment percent	 				2.6 %
	1.3 A&H expense percent excluding cost containment expenses	 			1	0.1 9
2.1	Do you act as a custodian for health savings accounts?	 Yes []	No [Х]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 				0
2.3	Do you act as an administrator for health savings accounts?	 Yes []	No [Х]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 				0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes []	No [Х]	
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 [1	No [X 1	

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1 2 3 4 5 6 7 8 C		Showing All New Reinsurance Treaties - Current Year to Date											
	9 10 Effecti rtified Date on nsurer Certifie	Cer Rein		7	6	5	4			NAIC			
	ating Reinsu ough 6) Ratin	Ra (1 thro	Type of Reinsurer	Business Ceded	Reinsurance Ceded	Jurisdiction	Name of Reinsurer		ID Number	Company Code			
NONE													
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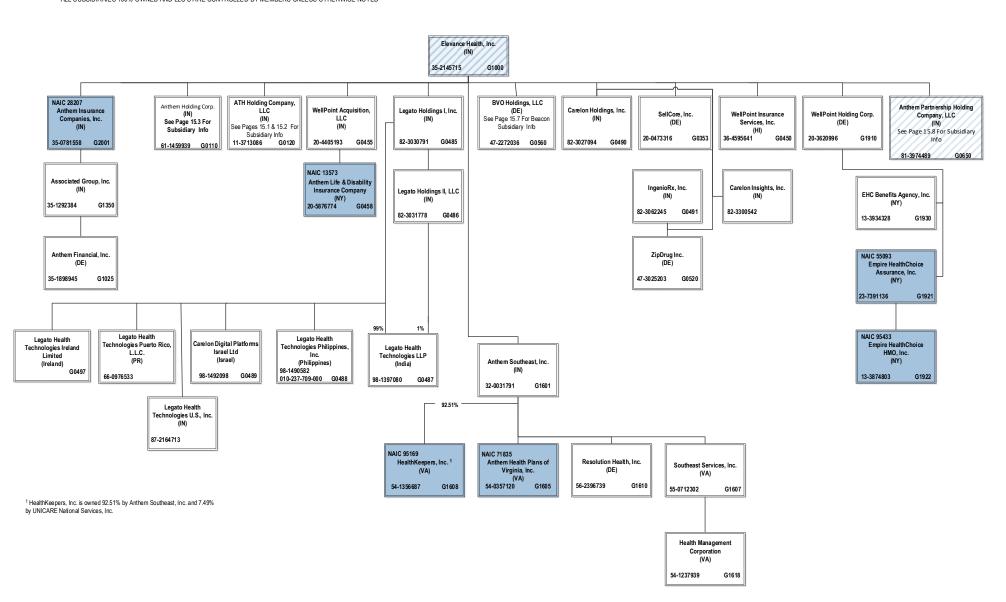
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

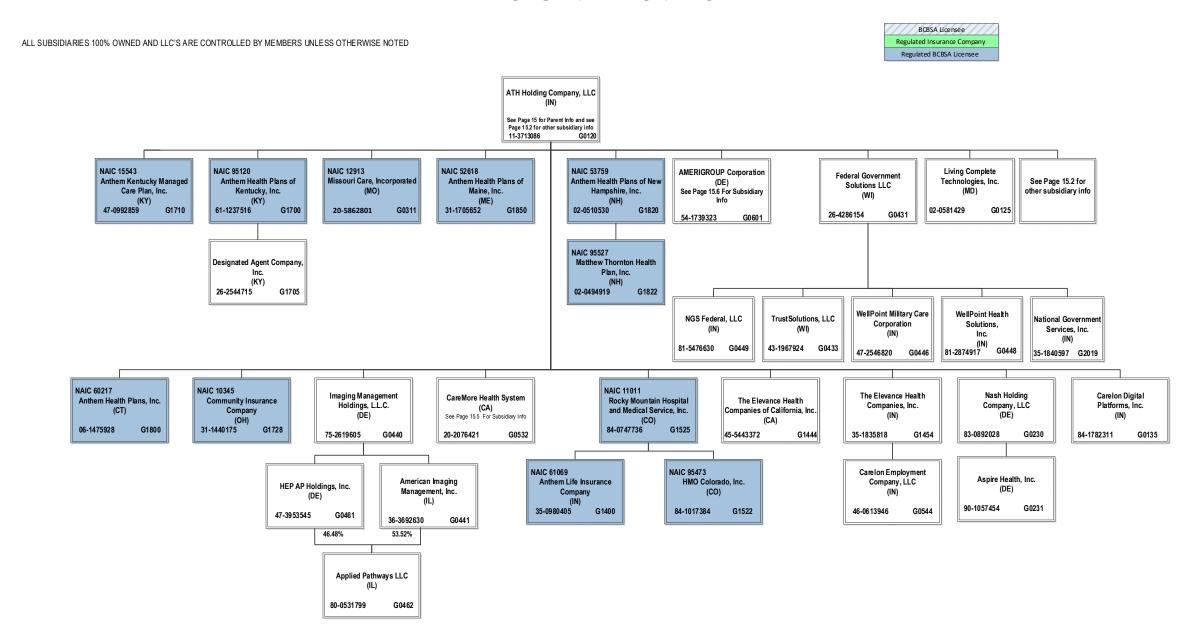
Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Property/ Casualty Active Renefite Total CHIP Title Columns 2 Deposit-Type Program States, etc. Premiums (a) Title XVIII Title XIX XXI Premiums sideratio Premiums Through 8 Contracts Alabama ..0 ΑL Alaska 3. Arizona ΑZ 0. 4. Arkansas AR N ٥ 5. California CA N 0 6. Colorado CO Ν. .0 Connecticut ... СТ .0 .N. DE .0 N. District of Columbia . DC 9. .N. .0 10. Florida 0 11. Georgia GΑ N. 0 12. Hawaii н N 0 13. Idaho ID .N. ..0 14. Illinois ..0 IL N. Indiana 15. IN .0 N 16. .0 17. Kansas KS .0 18 Kentucky ΚY N ٥ 19. Louisiana LA N. 0 .110.995.431 110.995.431 20. Maine . ME L 21. Maryland MD .N. ..0 22. Massachusetts. MA .0 N. 23. Michigan .0 24. Minnesota MN .0 25. Mississippi MS N 0 26. Missouri MO N 0 27. Montana MT N. .0 28. Nebraska ..0 NE N. 29. Nevada .. NV .0 N. 30. New Hampshire 0. 31. New Jersey NJ .N. .0 32 New Mexico NM N. ٥ 33. New York NY N 0 34. North Carolina .. NC N 0 35. North Dakota0 ND N. 36. Ohio .. ОН .0 N. 37. Oklahoma OK .0 38 Oregon . OR N. 0. 39 Pennsylvania PΑ N ٥ 40. Rhode Island RI N 0 41. South Carolina SC Ν. .0 South Dakota .. 42. SD .0 .N. 43. ΤN .0 N. 44. Texas .0 ΤX N. 45. Utah UT 0 46. Vermont VT N. 0 47. Virginia. VA N 0 Washington 48. WA .N.. .0 West Virginia WV 49. ..0 N. 50. Wisconsin ... WI .0 N. 51. Wyoming .N. .0 52. American Samoa AS N. .0 53 Guam GU N ٥ Puerto Rico. 54. PR N 0 U.S. Virgin Islands ... VI 55. N 0 Northern Mariana 56. MP .0 Islands Ν. 57. Canada CAN .0 .N... 58. Aggregate Other ОТ XXX 0 0 0 0 0 0 0 .110,995,431 59. Subtotal. .0 0 .0 .0 .0 .0 .110,995,431 .0 XXX. Reporting Entity
Contributions for Employee 60. Benefit Plans XXX 110,995,431 0 0 0 0 110,995,431 0 61 Totals (Direct Business) XXX 0 DETAILS OF WRITE-INS 58001. XXX. 58002 XXX 58003. .XXX. 58998. Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through XXX 0 0 0 0 0 0 0 0 0 58999. 58003 plus 58998)(Line 58 above)

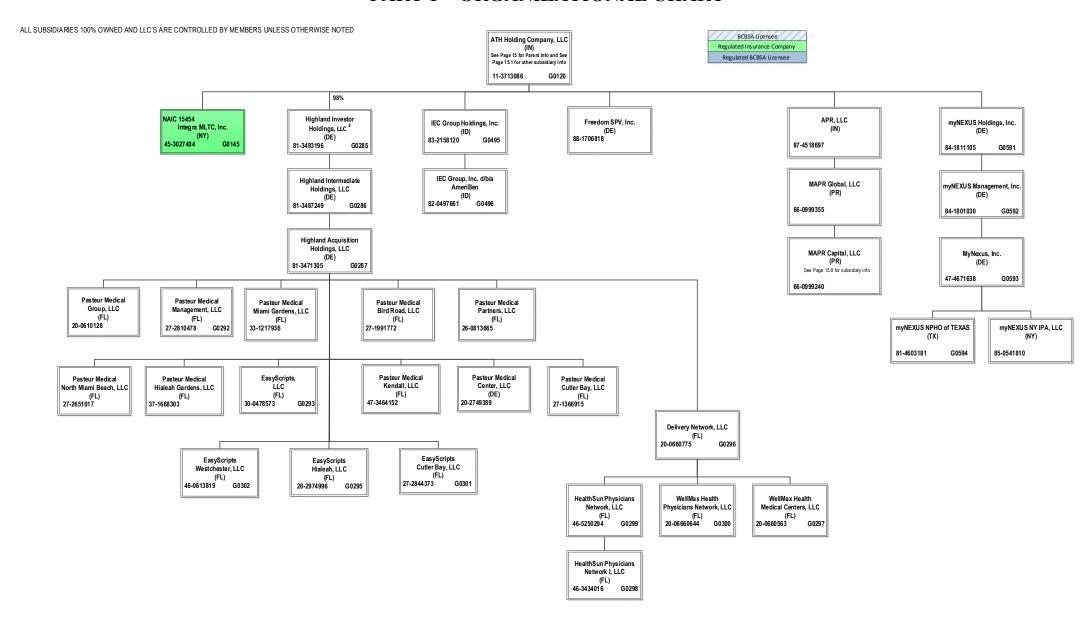
) Active Status Counts:	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG1	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state 56	

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

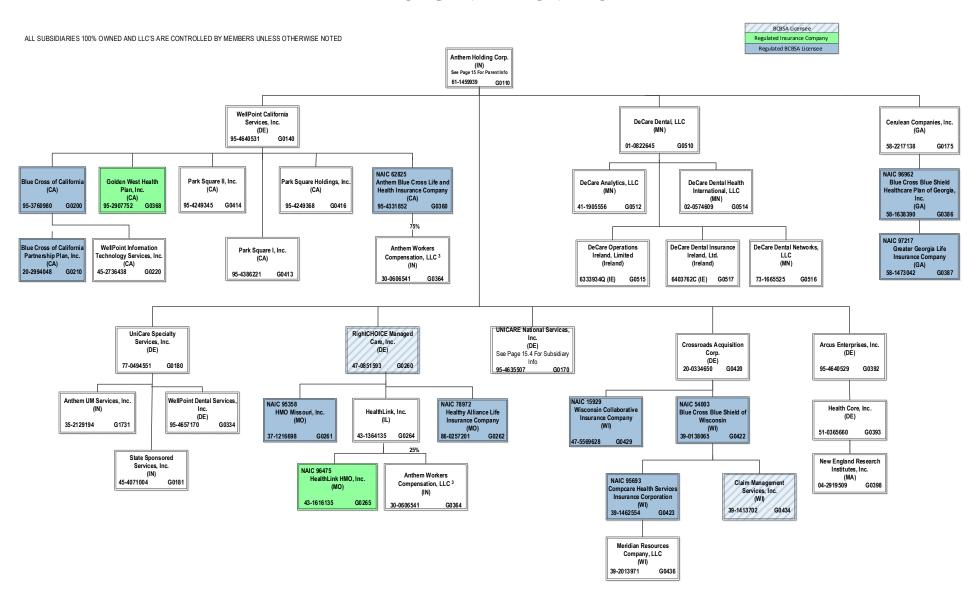




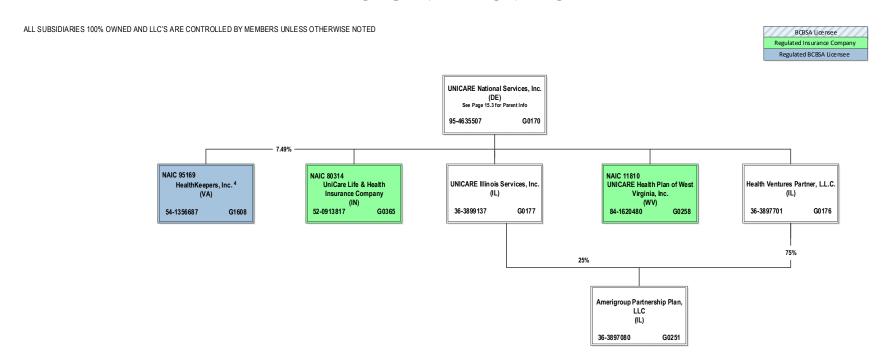




² ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.



 $^{^3}$ Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

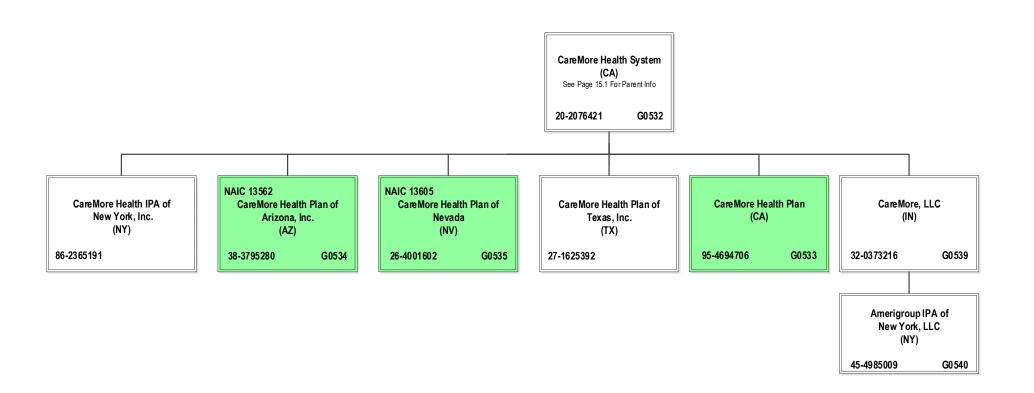


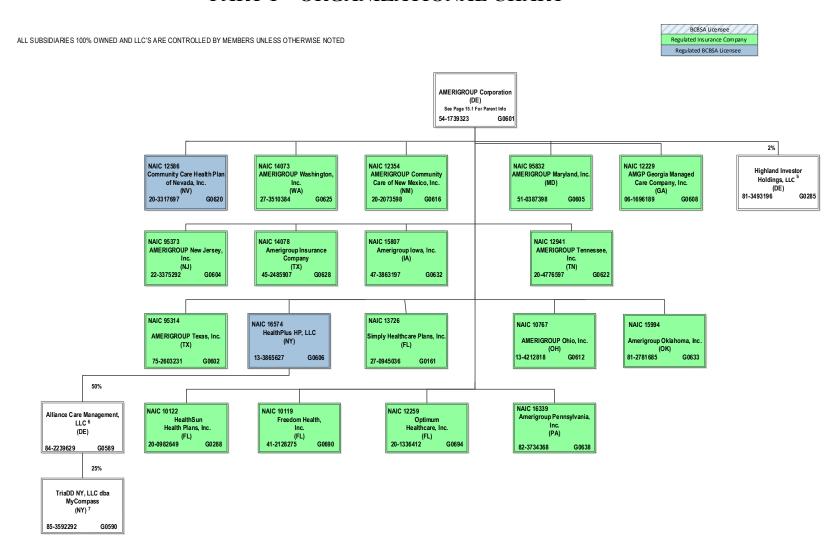
BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

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

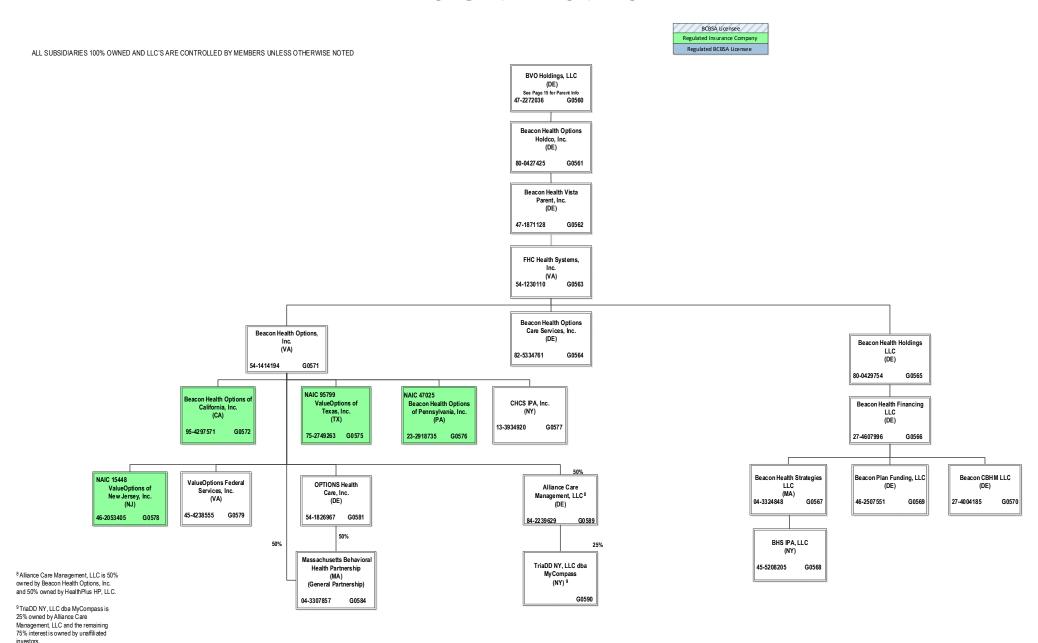




 $^{^5}$ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

⁶ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

 $^{^7\,\}mathrm{TriaDD}$ NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

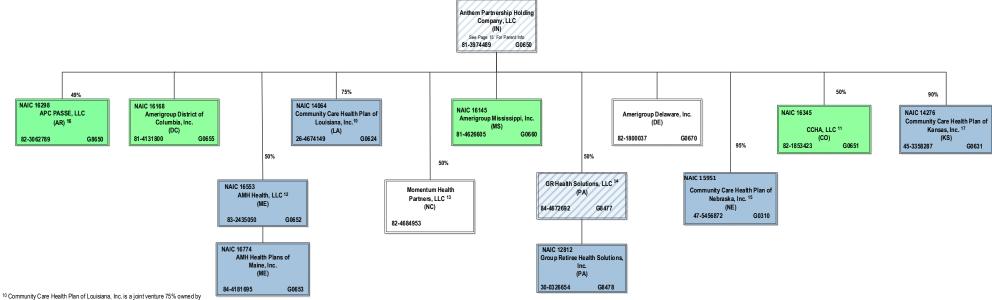


BCBSA Licensee

Regulated Insurance Company

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

Regulated BCBSA Licensee



Ormunity 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)

11 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)

¹²AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

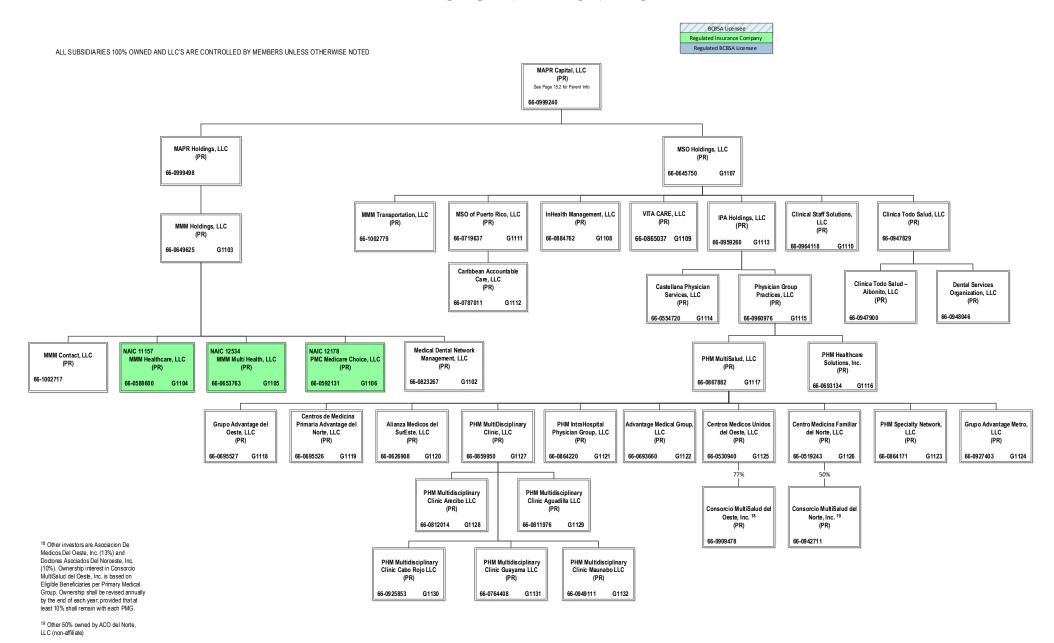
¹³ Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

¹⁴ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (nonaffiliate)

¹⁵ Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

¹⁶ APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

¹⁷ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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		Filina	
		NAIG					Name of	-	- 1					5	
		NAIC	ID.	F		if Publicly Traded	Names of	ciliary	to	Discoult Constant and the	Attorney-in-Fact,	Provide	LIII CAALA OA ALAANIA	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)	(Yes/No)	4
0671	Elevance Health, Inc.		. 66-0693660		0001156039		Advantage Medical Group, LLC	PR	NIA	PHM MultiSalud, LLC	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 66-0626908		0001156039		Alianza Medicos del SurEste, LLC	PR	NI A	PHM MultiSalud, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Ownership.	50.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Owner ship	50.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 36-3692630		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Elevance Health, Inc.	N0	
0074	e	12354	00 0070500		0004450000		AMERIGROUP Community Care of New Mexico, Inc.		1.6	MEDIODOLD O	Ownership	400 000	e	NO.	
0671 0671	Elevance Health, Inc.		20-2073598 54-1739323		0001156039 0001156039		AMERIGROUP Corporation	NM DE	IA	AMERIGROUP Corporation ATH Holding Company, LLC	Owner ship	100.000	Elevance Health, Inc.	NU NO	
0671	Elevance Health, Inc.		82-1800037		0001156039		AMERIGROUP Corporation AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16168	81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DE	IA		Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	14078	45-2485907		0001156039		Amerigroup Insurance Company	TX	IA	Anthem Partnership Holding Company, LLC AMERIGROUP Corporation	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 47-3003 197		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio. Inc.	INO	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	15994	81-2781685		0001156039		AMERIGROUP Oklahoma. Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16339	82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100 000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee. Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	95314	75–2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	14073	27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	IA	AMH Health, LLC	Owner ship	100.000	Elevance Health, Inc.	NO.	
0671	Elevance Health, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	RE	Anthem Partnership Holding Company, LLC	Ownership.	50.000	Elevance Health, Inc.	NO	0105
	, , , , , , , , , , , , , , , , , , , ,						Anthem Blue Cross Life and Health Insurance						,	1	
0671	Elevance Health, Inc.	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
0671	Elevance Health, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	60217	06–1475928		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		61-1459939		0001156039		Anthem Holding Corp.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc	IN	IA	Elevance Health, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	13573	20–5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
	L								l	Rocky Mountain Hospital and Medical	l	46	l ₋		
0671	Elevance Health, Inc.	61069	. 35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	IN	NIA	Elevance Health, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	·
0671	Elevance Health, Inc.		. 32-0031791		0001156039		Anthem Southeast, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 35-2129194		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
0074	Element Herlin Inc	1	30-0606541		0001156039		A-46 W1 O4: 110	IN	NIA	Anthem Blue Cross Life and Health Insurance	Ownership	75.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 30-0606541		0001156039		Anthem Workers' Compensation, LLC Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	25.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16298	82-3062789		0001156039		APC Passe. LLC	IN	NIA	HealthLink, Inc. Anthem Partnership Holding Company, LLC	Owner ship	49.000	Elevance Health, Inc.	NO NO	0115
0671	Elevance Health, Inc.		82-3062789 80-0531799		0001156039		Applied Pathways, LLC	AK	NIA NIA	American Imaging Management, Inc.	Ownership	53.520	Elevance Health, Inc.	NO	6110
0671	Elevance Health, Inc.		. 80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		87-4518697		0001156039		APR. LLC	IN	NIA NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Owner ship.	100.000	Elevance Health, Inc.	NO	
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					-						Type	If		1	
											of Control	Control			
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						Name of Constition			Dalatian			-			
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						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
0671	Elevance Health, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UIP	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Owner ship.	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		80-0429754		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc	DE	NIA	FHC Health Systems, Inc.	Owner ship.	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc	CA	IA	Beacon Health Options, Inc.	Owner ship.	100.000	Elevance Health, Inc.	N0	0101
0671	Elevance Health, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc	PA	IA	Beacon Health Options, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.		54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Owner ship.	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Ownership.	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership.	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.	l	45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Owner ship.	100.000	Elevance Health, Inc.	NO	.]
	,						Blue Cross Blue Shield Healthcare Plan of						, , ,	,	
0671	Elevance Health, Inc.	96962	58-1638390		0001156039		Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO.	0101
							Blue Cross of California Partnership Plan.							1	1
0671	Elevance Health, Inc.		20-2994048		0001156039		Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	NO	0101
0671	Elevance Health, Inc.		47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		98-1492098		0001156039		Carelon Digital Platforms Israel Ltd.	ISR	NIA	Legato Holdings I. Inc.	Ownership	100.000	Elevance Health, Inc.	NO.	
0671	Elevance Health, Inc.		84-1782311		0001156039		Carelon Digital Platforms, Inc	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO.	
0671	Elevance Health, Inc.		46-0613946		0001156039		Carelon Employment Company, LLC.	IN	NIA	The Elevance Health Companies, Inc.	Owner ship.	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		82-3027094		0001156039		Carelon Holdings, Inc.	IN	NIA	Elevance Health. Inc.	Ownership	100.000	Elevance Health, Inc.	NO.	1
0671	Elevance Health, Inc.		82-3300542		0001156039		Carelon Insights, Inc.	IN	NIA	Carelon Holdings, Inc.	Owner ship.	100.000	Elevance Health, Inc.	NO	1
.0671	Elevance Health, Inc.		86-2365191		0001156039		CareMore Health IPA of New York, Inc.	NY	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO.	1
0671	Elevance Health, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Owner ship.	100.000	Elevance Health, Inc.	NO	0101
.0671	Elevance Health, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO.	1
0671	Elevance Health, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Owner ship.	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas. Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO.	1
0671	Elevance Health, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Owner ship.	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		66-0787011		0001156039		Caribbean Accountable Care, LLC	PR	NIA	MSO of Puerto Rico. LLC	Ownership	100.000	Elevance Health, Inc.	NO]
0671	Elevance Health, Inc.		66-0554720		0001156039		Castellana Physician Services, LLC	PR.	NIA	IPA Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.	16345	82-1853423		0001156039		CCHA. LLC	CO	IA	Anthem Partnership Holding Company, LLC	Owner ship.	50.000	Elevance Health, Inc.	NO	0102
]				Centros de Medicina Primaria Advantage del			ar therefore notating company, LLC					
0671	Elevance Health, Inc.		66-0695526		0001156039		Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		66-0519243		0001156039		Centros Medicina Familiar del Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		13-39324920		0001156039		CHCS IPA. Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.		1
0671	Elevance Health, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		66-0947829		0001156039		Clinica Todo Salud, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		66-0947900		0001156039		Clinica Todo Salud-Aibonito, LLC	PR	NIA	Clinica Todo Salud. LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		66-0964118		0001156039		Clinical Staff Solutions, LLC	PR	NIA	MSO Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.	14276	45-3358287		0001156039		Community Care Health Plan of Kansas, Inc	KS	IA.	Anthem Partnership Holding Company, LLC	Ownership	90.000	Elevance Health, Inc.	NO NO	0114
	2.0.2.00 1001111, 1110.		1.0 0000207				Community Care Health Plan of Louisiana, Inc.			rai thoromy horomy company, LLO	oor on p.				
0671	Elevance Health, Inc.	14064	26-4674149		0001156039		Sometry, our or rout the fruit of Louisium, file.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Elevance Health, Inc.	NO	0104
0671	Elevance Health, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	95.000	Elevance Health, Inc.	NONO	0112
0671	Elevance Health, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NONO	1
,	Ziolano nouttii, mo.		10. 1110110				Compcare Health Services Insurance			io.ag company, LLC					
0671	Elevance Health, Inc.	95693	39-1462554		0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		66-0942711		0001156039		Consorcio MultiSalud del Norte, Inc.	PR	NIA	Centros Medicina Familiar del Norte, LLC	Ownership.	50.000	Elevance Health, Inc.	NO	0109
1			00 00 12/11/				Tourist and the state of the st	116		os so mouronia ramifiai dei nei te, LLC	. vvi viii p				

		PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
.0671	Elevance Health, Inc.	Code	66-0909478	NOOD	0001156039	international)	Consorcio MultiSalud del Oeste. Inc.	PR	NIA	Centros Medicos Unidos del Oeste. LLC	Ownership	77.000	Elevance Health, Inc.	(165/140)	0103
0671	Elevance Health, Inc.		20-0303476		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Owner ship	100.000	Elevance Health, Inc.	NO	0103
0671	Elevance Health, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Owner ship	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Owner ship.	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		73–1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership.	100.000	Elevance Health, Inc.	NO]
0671	Elevance Health, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Elevance Health, Inc.	NO	.]!
0671	Elevance Health, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		66-0948046		0001156039		Dental Services Organization, LLC	PR	NIA	Clinica Todo Salud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 30-0478573		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
0671	Elevance Health, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		. 13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Elevance Health, Inc.	NO	
						New York Stock Exchange								· '	
0671	Elevance Health, Inc.	55093	35-2145715		0001156039	(NYSE)	Elevance Health, Inc.	IN	UIP				Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	95433	23-7391136 13-3874803		0001156039		Empire HealthChoice Assurance, Inc.	NY NY	IAIA	WellPoint Holding Corp	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671 0671	Elevance Health, Inc.	95433	13-3874803 26-4286154		0001156039 0001156039		Empire HealthChoice HMO, Inc.	NY WI	NIA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Elevance Health, Inc.	NU NO	
0671	Elevance Health, Inc.		54-1230110		0001156039		Federal Government Solutions, LLC	VA	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	
	Elevance Health, Inc.	10119	. 41-2128275		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc	Ownership.	100.000	Elevance Health, Inc.	NO	
0671 0671	Elevance Health, Inc.	10119			0001156039		Freedom SPV. Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		95–2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	0101
0671	Elevance Health, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	0108
	Licvance reartif, inc.		04 40/2002		0001100000		un nountil oblations LEO			Blue Cross Blue Shield Healthcare Plan of	Owner Sirip.		Lievance nearth, me.		0100
0671	Elevance Health, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions. Inc.	PA	IA	GR Health Solutions LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
.0671	Elevance Health, Inc.		66-0695527		0001156039		Grupo Advantage del Oeste, LLC	PR.	NIA	PHM MultiSalud. LLC	Ownership	100.000	Elevance Health, Inc.	NO.]
0671	Elevance Health, Inc.		66-0927403		0001156039		Grupo Advantage Metro, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership.	100.000	Elevance Health, Inc.	NO]
0671	Elevance Health, Inc.	16426	82-1820099		0001156039		Health Colorado, Inc.		IA	Beacon Health Options, Inc.	Ownership.	16.670	Elevance Health, Inc.	NO	0111
0671	Elevance Health, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	95169	. 36-3897701		0001156039		Health Ventures Partner, L.L.C	IL	NIA	UNICARE National Services, Inc	Ownership	100.000	. Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Elevance Health, Inc.	NO	¹
0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc	Ownership	7.490	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	4l
0671	Elevance Health, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Owner ship.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	16574	13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.		0100
0671	Elevance Health, Inc.	10122	20-0982649 46-3434016		0001156039 0001156039		HealthSun Health Plans, Inc	FL	IA NIA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		46-3434016		0001156039				NIA	HealthSun Physicians Network, LLC Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	. NU NO	
0671	Elevance Health, Inc.	78972	86-0257201		0001156039		HealthSun Physicians Network, LLC Healthy Alliance Life Insurance Company	FL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		81-3471305		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Owner strip	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		81-3487249		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	1
0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Owner ship	98.000	Elevance Health, Inc.		1
0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Owner ship	2.000	Elevance Health, Inc.	NO NO	1
							g.,			Rocky Mountain Hospital and Medical					1
0671	Elevance Health, Inc.	95473	84-1017384		0001156039		HMO Colorado. Inc.	CO	IA	Service. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	ļ ļ
0671	Elevance Health, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	.]
0671	Elevance Health, Inc.		83-2158120		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.	l	82-0497661	I	0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	.]

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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	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)	(Yes/No)) *
	Elevance Health, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	. DE	NIA	ATH Holding Company, LLC	. Ownership.	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		82-3062245		0001156039		IngenioRX, Inc.	IN	NIA	Carelon Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	15454	. 66-0884762 45-3027404		0001156039		InHealth Management, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	N0 N0	
0671	Elevance Health, Inc.		45-3027404 66-0959260		0001156039		Integra MLTC, Inc.	PR	IA NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		00-0939200		0001156039		Legato Health Technologies Ireland, Ltd	IRL	NIA	MSO Holdings, LLC Legato Holdings I, Inc	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	99.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings II, LLC	Owner ship.	1.000	Elevance Health, Inc.		
	, , , , , , , , , , , , , , , , , , , ,						Legato Health Technologies Philippines, Inc.								
0671	Elevance Health, Inc.		98-1490582		0001156039		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	0106
0671	Elevance Health, Inc.				0001156039		Legato Health Technologies Puerto Rico, LLC	PR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.		ļl
	Elevance Health, Inc.		87–2164713		0001156039		Legato Health Technologies, U.S., Inc	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	ļl
0671	Elevance Health, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	. Elevance Health, Inc.	NO	
	Elevance Health, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	. Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		. 66-0999240 66-0999355		0001156039		MAPR Capital, LLC	PR	NIA	MAPR Global, LLC	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		66-0999498		0001156039 0001156039		MAPR Global, LLCMAPR Holdings, LLC	PR	NIA NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership		NIA	Beacon Health Options, Inc.	Ownership	50 000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership.	50.000	Elevance Health, Inc.	NO	
0071	Licvando ricartii, iiic.				0001100000		massachasetts behavioral hearth farthership			Anthem Health Plans of New Hampshire, Inc.	Omici dirip.		Lievance neartin, me.		
0671	Elevance Health, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA	Antifoli ficartif Flans of New Hampshire, file.	Ownership.	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		66-0823267		0001156039		Medical Dental Network Management, LLC	PR	NIA	MMM Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.]
	, ,									Compcare Health Services Insurance			, ,		
0671	Elevance Health, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA	Corporation	Ownership	100.000	Elevance Health, Inc	NO	
0671	Elevance Health, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	. Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.	11157	66-1002717		0001156039		MMM Contact, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		66-0588600		0001156039		MMM Healthcare, LLC	PR	IA	MMM Holdings, LLC	. Ownership.	100.000	Elevance Health, Inc.	NO	
0671 0671	Elevance Health, Inc.	12534	. 66-0649625 66-0653763		0001156039		MMM Holdings, LLC	PR PR	NIA IA	MAPR Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.	N0 N0	
	Elevance Health, Inc.	12004	66-1002779		0001156039		MMM Transportation, LLC	PR	NIA	MSO Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	0107
0671	Elevance Health, Inc.		66-0645750		0001156039		MSO Holdings, LLC	PR	NIA	MAPR Capital. LLC	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	1
0671	Elevance Health, Inc.		84-1811105		0001156039		myNEXUS Holdings, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		84-1801030	.	0001156039		myNEXUS Management, Inc.	DE	NIA	myNEXUS Holdings, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	ļl
0671	Elevance Health, Inc.		81-4603181		0001156039		myNEXUS NPHO of TEXAS	TX	NIA	MyNexus, Inc.	Ownership	100.000	. Elevance Health, Inc.	NO	ļl
0671	Elevance Health, Inc.		85-0541810		0001156039		myNEXUS NY IPA, LLC	NY	NIA	MyNexus, Inc.	Ownership	100.000	Elevance Health, Inc.		ļl
0671	Elevance Health, Inc.		47-4671638		0001156039		MyNexus, Inc.	DE	NIA	myNEXUS Management, Inc.	. Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		83-0892028 35-1840597		0001156039 0001156039		Nash Holding Company, LLC	DE	NIA NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		. 35-1840597 . 04-2919509		0001156039		National Government Services, Inc.	. IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		81-5476630		0001156039		NGS Federal, LLC	MA	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12200	54-1826967		0001156039		OPTIONS Health Care. Inc.	DE	NIA	Beacon Health Options. Inc.	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	Elevance Health, Inc.]
0671	Elevance Health, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc	Ownership	100.000	Elevance Health, Inc.		ļ
0671	Elevance Health, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	ļl
0671	Elevance Health, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	ļl
0671	Elevance Health, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	·····
	Elevance Health, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	·····
0671	Elevance Health, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	J

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM															
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	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	auired?	
Code	Group Name	Conipany	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)		Entity(ies)/Person(s)	(Yes/No)	*
.0671	Elevance Health, Inc.	Code	27-2810478	KSSD	0001156039	international)	Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	tage 100,000	Elevance Health, Inc.	(Yes/No)	
0671	Elevance Health, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		66-0693134		0001156039		PHM Healthcare Solutions, Inc.	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		66-0864220		0001156039		PHM IntraHospital Physician Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC	PR.	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		66-0925853		0001156039		PHM Multidisciplinary Clinic Cabo Rojo LLC	PR.	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		66-0764408	1	0001156039		PHM Multidisciplinary Clinic Guayama LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0949111		0001156039		PHM Multidisciplinary Clinic Maunabo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0859950		0001156039		PHM MultiDisciplinary Clinic, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0867882	.1	0001156039		PHM MultiSalud, LLC	PR	NIA	Physician Group Practices, LLC	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud. LLC	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	12178	66-0592131		0001156039		PMC Medicare Choice, LLC	PR	IA	MMM Holdings, LLC	Owner ship.	100.000	. Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NI A	Anthem Southeast, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.	100.000	. Elevance Health, Inc.	NO	
							Rocky Mountain Hospital and Medical Service,			- '					
0671	Elevance Health, Inc.	11011	84-0747736		0001156039		Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Elevance Health, Inc	Ownership	100.000	. Elevance Health, Inc	NO	
0671	Elevance Health, Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc	FL	IA	AMERIGROUP Corporation	Ownership	100.000	. Elevance Health, Inc		
0671	Elevance Health, Inc		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	. Elevance Health, Inc	N0	
0671	Elevance Health, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
							The Elevance Health Companies of California,								
0671	Elevance Health, Inc.		45-5443372		0001156039		Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	. Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		35-1835818		0001156039		The Elevance Health Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Owner ship	100.000	. Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		43-1967924		0001156039		TriaDD NY, LLC dba MyCompass	NY	NIA	Alliance Care Management, LLC	Owner ship.	25.000	Elevance Health, Inc.	N0	0113
0671	Elevance Health, Inc.		. 43-196/924		0001156039		TrustSolutions, LLC	W1	NIA	Federal Government Solutions, LLC	Owner ship	100.000	. Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Elevance Health, Inc.		
0671 0671	Elevance Health, Inc.	80314	. 36-3899137 52-0913817		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership Ownership	100.000	Elevance Health, Inc.	N0 N0	
	Elevance Health, Inc.		95-4635507		0001156039		UNICARE Life & Health Insurance Company	IN		UNICARE National Services, Inc.					
0671 0671	Elevance Health, Inc.		77-0494551		0001156039 0001156039		UNICARE National Services, Inc.	DE	NIA NIA	Anthem Holding Corp. Anthem Holding Corp.	Ownership Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Owner ship	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.	15448	45-4238555		0001156039		ValueOptions of New Jersey, Inc.	VA	NIA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.	95799	75-2749263	1	0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options, Inc.	Owner ship.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.	55105	66-0865037		0001156039		VITA CARE, LLC	PR	NIA	MSO Holdings. LLC	Owner ship	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		20-4405193	1	0001156039		WellPoint Acquisition, LLC	IN	NIA	Elevance Health, Inc.	Ownership.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		95-4640531	1	0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO NO	
0671	Elevance Health, Inc.		95-4657170]	0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		81-2874917]	0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NI A	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.		
	,						WellPoint Information Technology Services.			,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		
0671	Elevance Health, Inc.		45-2736438		0001156039		Inc.	CA	NIA	Blue Cross of California	Ownership.	100.000	Elevance Health, Inc.	NO	
0671	Elevance Health, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc	HI	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership.	100.000	Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	. Elevance Health, Inc.	N0	
0671	Elevance Health, Inc.		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Elevance Health, Inc.	N0	
								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	CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC, a non-affiliate.
	Owned 77% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 10% by Doctores Asociados del Noroeste, Inc. (a non-affiliate).
	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 (a non-affiliate).
	AMH Health, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% by MaineHealth, a non-affiliate.
	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
	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, a non-affiliate.
	GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC, a non-affiliate.
	Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity.
0110	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)
	83.33% owned by unaffiliated investors
	Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, a non-affiliate.
	TriaDD NY , LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates.
	Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (a non-affiliate), and 5% owned by Blue Cross and Blue Shield of Kansas City, a non-affiliate.
0115	APC Passe, LLC is 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by the Arkansas Provider Coalition, LLC, which is not affiliated with Anthem, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

STATEMENT AS OF JUNE 30, 2022 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 the		
7.	Deduct current year's other than temporary impailment red guized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment excurse accrued atterest		
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	30,952,380	2,357,740
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount	1,220	
4.	Unrealized valuation increase (decrease)	(1,485,617)	(901,900)
5.	Total gain (loss) on disposals	0	178,863
6.	Deduct consideration for bonds and stocks disposed of	0	35, 126, 183
7.	Deduct amortization of premium	309,585	177,255
8.	Total foreign exchange change in book/adjusted carrying value	0	
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	31, 158, 398	30,952,380
12.	Deduct total nonadmitted amounts	0	
13.	Statement value at end of current period (Line 11 minus Line 12)	31, 158, 398	30,952,380

SCHEDULE D - PART 1B

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

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation 1 2 3 4 5 6 7 8													
	Book/Adjusted	2	3	4	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted					
	Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value					
	Beginning	During	During	During	End of	End of	End of	December 31					
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year					
BONDS													
1. NAIC 1 (a)	26,820,081	0	0	(1,602,266)	26,820,081	25,217,815	0	27,016,024					
2. NAIC 2 (a)	0	0	0	0	0	0	0						
3. NAIC 3 (a)	0	0	0	0	0	0	0						
4. NAIC 4 (a)	0	0	0	0	0	0	0						
5. NAIC 5 (a)	0	0	0	0	0	0	0						
6. NAIC 6 (a)	0	0	0	0	0	0	0						
7. Total Bonds	26,820,081	0	0	(1,602,266)	26,820,081	25,217,815	0	27,016,024					
PREFERRED STOCK													
8. NAIC 1	0	0	0	0	0	0	0	0					
9. NAIC 2	0	0	0	0	0	0	0	0					
10. NAIC 3	0	0	0	0	0	0	0	0					
11. NAIC 4	0	0	0	00	0	0	0	0					
12. NAIC 5	0	0	0	0	0	0	0	0					
13. NAIC 6	0	0	0	0	0	0	0	0					
14. Total Preferred Stock	0	0	0	0	0	0	0	0					
15. Total Bonds and Preferred Stock	26,820,081	0	0	(1,602,266)	26,820,081	25,217,815	0	27,016,024					

a	Book/Ad	usted (Carrying	Value	e column	for the	end of	f the c	urrent	reporting	neri	nd inc	dudes	the t	followin	a amoun	t of she	ort-tern	n and	cash (eguivale	ent bond	ds by	v NAI	C des	ignat	ion

NAIC 1 \$ ______ 0 ; NAIC 2 \$ _____ 0 ; NAIC 3 \$ _____ 0 NAIC 4 \$ _____ 0 ; NAIC 5 \$ _____ 0 ; NAIC 6 \$ _____ 0

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

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

	1		Long-Term Donds and Stock Acquired During the Current Quarter	_	_	_	_	
1 2	3	4	5	6	/	8	9	10
								NAIC
								Designation,
								NAIC
								Designation
								Modifier
								and
								SVO
				Number of			Paid for Accrued	Admini-
CUSIP		Date		Shares of			Interest and	strative
Identification Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
2509999997. Total - Bonds - Part 3						0	(0 XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. Total - Bonds					0	0	(0 XXX
4509999997. Total - Preferred Stocks - Part 3						XXX	(0 XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX	(0 XXX
000000-00-0 AMH Health Plans of Maine, Inc.		06/30/2022	Capital Contribution		2,000,000			
5919999999. Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates Publicly Tra		2,000,000	XXX	() XXX			
598999997. Total - Common Stocks - Part 3					2,000,000	XXX	(0 XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
598999999. Total - Common Stocks					2,000,000	XXX	() XXX
599999999. Total - Preferred and Common Stocks					2,000,000	XXX	() XXX
		• • • • • • • • • • • • • • • • • • • •						
							• • • • • • • • • • • • • • • • • • • •	
		ļ						
6009999999 - Totals					2,000,000	XXX	() XXX

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 SECURITIES LENDING COLLATERAL ASSETS Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)

1 CUSIP		reported in aggregate on Line 10 2	3	4 NAIC Designation, NAIC Designation Modifier and SVO Administrative	5	6 Book/Adjusted	7
Identification		escription	Code	Symbol	Fair Value	Carrying Value	Maturity Date
912828-S3-5 912828-VM-9		0.375% 15/JUL/2023 USD 100		1.A	37 48	37 48	06/30/2023 07/15/2023
912828-S9-2 91282C-CN-9	UNITED STATES OF AMERICA NOTES FIXED T UNITED STATES OF AMERICA NOTES FIXED (1.25% 31/JUL/2023 USD 100		1.A	540 195	540 195	07/31/2023
912828-VS-6 912828-4X-5	UNITED STATES OF AMERICA NOTES FIXED 2	2.5% 15/AUG/2023 USD 100		1.A	261 0	261	08/15/2023
91282C-CU-3	UNITED STATES OF AMERICA NOTES FIXED (D.125% 31/AUG/2023 USD 100		1.A	1	1	08/31/2023
912828-T2-6 912828-5K-2		1.375% 30/SEP/2023 USD 100 2.875% 31/0CT/2023 USD 100		1.A	1,013 35	1,013 35	09/30/2023
912828-T9-1 912828-WE-6	UNITED STATES OF AMERICA NOTES FIXED 1 UNITED STATES OF AMERICA NOTES FIXED 2	1.625% 31/OCT/2023 USD 100		1.A	133 3,944	133	10/31/2023
91282C-AW-1	UNITED STATES OF AMERICA NOTES FIXED (0.25% 15/NOV/2023 USD 100		1.A	1,932	1,932	11/15/2023
91282C-DM-0 91282C-BA-8	UNITED STATES OF AMERICA NOTES FIXED (UNITED STATES OF AMERICA NOTES FIXED (0.5% 30/N0V/2023 USD 100		1.A 1.A	8,506 308	8,506 308	11/30/2023
912828-B2-5 912828-B6-6	UNITED STATES OF AMERICA NOTES FIXED (0.625% 15/JAN/2024 USD 100 2.75% 15/FEB/2024 USD 100			4,761 913	4,761 913	01/15/2024 02/15/2024
912828-W4-8	UNITED STATES OF AMERICA NOTES FIXED 2	2.125% 29/FEB/2024 USD 100		1.A	1,058	1,058	02/29/2024
91282C-EA-5 912828-6N-5	UNITED STATES OF AMERICA NOTES FIXED 1 UNITED STATES OF AMERICA NOTES FIXED (802 0	02/29/2024
91282C-BV-2 912828-XT-2	UNITED STATES OF AMERICA NOTES FIXED (0.375% 15/APR/2024 USD 100	.	1.A	515	515	04/15/2024
91282C-CG-4	UNITED STATES OF AMERICA NOTES FIXED (2% 31/MAY/2024 USD 100		1.A	25	25	06/15/2024
91282C-CT-6 912828-2U-3		0.375% 15/AUG/2024 USD 100		1.A	394	394	08/15/2024
91282C-CX-7	UNITED STATES OF AMERICA NOTES FIXED (0.375% 15/SEP/2024 USD 100		1.A	191	191	09/15/2024
912828-2Y-5 912828-YH-7	UNITED STATES OF AMERICA NOTES FIXED 2 UNITED STATES OF AMERICA NOTES FIXED 1	1.5% 30/SEP/2024 USD 100		1.A	55 2,675	55 2,675	09/30/2024
912828-YL-8 91282C-DB-4	UNITED STATES OF AMERICA NOTES FIXED (0.125% 15/0CT/2024 USD 100 0.625% 15/0CT/2024 USD 100		1.A			10/15/2024 10/15/2024
912828-3D-0	UNITED STATES OF AMERICA NOTES FIXED 2	2.25% 31/0CT/2024 USD 100		1.A	2,059	2,059	10/31/2024
912828-G3-8 912828-3J-7	UNITED STATES OF AMERICA NOTES FIXED 2 UNITED STATES OF AMERICA NOTES FIXED 2			1.A	2,401 2,666	2,401 2,666	11/15/2024 11/30/2024
91282C-DN-8	UNITED STATES OF AMERICA NOTES FIXED 1			1.A	2,669 317	2,669 317	12/15/2024 12/31/2024
912810-FR-4	UNITED STATES OF AMERICA BOND FIXED 2.	.375% 15/JAN/2025 USD 100		1.A	616	616	01/15/2025
91282C-DS-7 912828-3V-0		1.125% 15/JAN/2025 USD 100		1.A	2,475 606	2,475 606	01/15/2025
912828-3Z-1	UNITED STATES OF AMERICA NOTES FIXED 2	2.75% 28/FEB/2025 USD 100		1.A			02/28/2025
91282C-ED-9 912828-4F-4	UNITED STATES OF AMERICA NOTES FIXED 1 UNITED STATES OF AMERICA NOTES FIXED 2			1.A		387	03/15/2025 03/31/2025
912828-ZJ-2 912828-4M-9		0.125% 15/APR/2025 USD 100		1.A	217 140	217 140	04/15/2025
912828-XB-1	UNITED STATES OF AMERICA NOTES FIXED 2	2.125% 15/MAY/2025 USD 100		1.A	192	192	05/15/2025
912828-4R-8 912828-ZT-0	UNITED STATES OF AMERICA NOTES FIXED 2 UNITED STATES OF AMERICA NOTES FIXED (2.875% 31/MAY/2025 USD 100		1.A 1.A	0	0	05/31/2025
912828-XZ-8 912828-XL-9	UNITED STATES OF AMERICA NOTES FIXED 2				289 .0		06/30/2025
91282C-AB-7	UNITED STATES OF AMERICA NOTES FIXED (0.25% 31/JUL/2025 USD 100		1.A	340	340	07/31/2025
91282C-AJ-0 912828-5C-0	UNITED STATES OF AMERICA NOTES FIXED OUNITED STATES OF AMERICA NOTES FIXED 3	0.25% 31/AUG/2025 USD 100			1,245 2,431	1,245 2,431	08/31/2025
912828-M5-6	UNITED STATES OF AMERICA NOTES FIXED 2	2.25% 15/NOV/2025 USD 100		1.A	41	41	11/15/2025
912828-5N-6 912810-FS-2	UNITED STATES OF AMERICA BOND FIXED 29	2.875% 30/NOV/2025 USD 100 6 15/JAN/2026 USD 100		1.A	2,634 119	2,634 119	11/30/2025 01/15/2026
912810-EW-4 912828-P4-6	UNITED STATES OF AMERICA BOND FIXED 69 UNITED STATES OF AMERICA NOTES FIXED 1			1.A	962	962	02/15/2026
912828-6F-2	UNITED STATES OF AMERICA NOTES FIXED 2	2.5% 28/FEB/2026 USD 100		1.A	553	553	02/28/2026
91282C-BQ-3 91282C-BT-7		0.5% 28/FEB/2026 USD 100				66 1,844	02/28/2026
91282C-CA-7 912828-R3-6		0.125% 15/APR/2026 USD 100 1.625% 15/MAY/2026 USD 100			1,886 180	1,886 180	04/15/2026 05/15/2026
912828-6X-3	UNITED STATES OF AMERICA NOTES FIXED 2	2.125% 31/MAY/2026 USD 100		1.A	306	306	05/31/2026
91282C-CF-6 912828-S5-0		0.75% 31/MAY/2026 USD 100		1.A	7,820 132	7,820 132	05/31/2026
912828-Y9-5 912828-YD-6		1.875% 31/JUL/2026 USD 100 1.375% 31/AUG/2026 USD 100		1.A	93 	93 699	07/31/2026 08/31/2026
91282C-CW-9	UNITED STATES OF AMERICA NOTES FIXED (0.75% 31/AUG/2026 USD 100			65	65	08/31/2026
912828-YQ-7 91282C-DK-4		1.625% 31/0CT/2026 USD 100				592 3,002	10/31/2026
912810-PS-1 912828-V4-9		.375% 15/JAN/2027 USD 100 .375% 15/JAN/2027 USD 100		1.A	613 229	613 229	01/15/2027
912828-ZB-9	UNITED STATES OF AMERICA NOTES FIXED 1	1.125% 28/FEB/2027 USD 100				396	02/28/2027
91282C-EC-1 912828-ZE-3		1.875% 28/FEB/2027 USD 100			1, 144 	1, 144 31	02/28/2027
91282C-AD-3 912828-2R-0	UNITED STATES OF AMERICA NOTES FIXED (0.375% 31/JUL/2027 USD 100		1.A	1,057	1,057	07/31/2027
91282C-AL-5	UNITED STATES OF AMERICA NOTES FIXED (2.25% 15/AUG/2027 USD 100).375% 30/SEP/2027 USD 100		1.A	2,877	98 2,877	09/30/2027
912828-3F-5 91282C-AY-7	UNITED STATES OF AMERICA NOTES FIXED 2 UNITED STATES OF AMERICA NOTES FIXED (2.25% 15/NOV/2027 USD 100		1.A 1.A	329 277	329 277	11/15/202711/30/2027
91282C-BJ-9 91282C-BS-9	UNITED STATES OF AMERICA NOTES FIXED (0.75% 31/JAN/2028 USD 100 1.25% 31/MAR/2028 USD 100		1.A	1,718 681	1,718	01/31/2028
912810-FD-5	UNITED STATES OF AMERICA BOND FIXED 3.	.625% 15/APR/2028 USD 100		1.A	1,568	1,568	04/15/2028
912828-4N-7 91282C-CE-9		2.875% 15/MAY/2028 USD 100		1.A			05/15/2028 05/31/2028
91282C-CR-0	UNITED STATES OF AMERICA NOTES FIXED 1	1% 31/JUL/2028 USD 100		1.A	931	931	07/31/2028
912828-4V-9 91282C-CV-1	UNITED STATES OF AMERICA NOTES FIXED 1	2.875% 15/AUG/2028 USD 100		1.A	489 969	489 969	08/15/2028
91282C-DF-5 912810-FF-0	UNITED STATES OF AMERICA NOTES FIXED 1	1.375% 31/0CT/2028 USD 100		1.A	111	111	10/31/2028
912828-5M-8	UNITED STATES OF AMERICA NOTES FIXED 3	3.125% 15/NOV/2028 USD 100		1.A	700	700	11/15/2028
91282C-DL-2 91282C-DP-3	UNITED STATES OF AMERICA NOTES FIXED 1 UNITED STATES OF AMERICA NOTES FIXED 1	1.5% 30/NOV/2028 USD 100		1.A	1,724 172	1,724 172	11/30/2028
912828-5W-6 91282C-DW-8	UNITED STATES OF AMERICA NOTES FIXED (D.875% 15/JAN/2029 USD 100 1.75% 31/JAN/2029 USD 100		1.A			01/15/2029
91282C-EB-3	UNITED STATES OF AMERICA NOTES FIXED 1	1.875% 28/FEB/2029 USD 100		1.A	418	418	02/28/2029
912810-FH-6 912828-6T-2		.875% 15/APR/2029 USD 100			1,508 18	1,508 18	04/15/2029 05/15/2029
91282C-ES-6	UNITED STATES OF AMERICA NOTES FIXED 2	2.75% 31/MAY/2029 USD 100		1.A	1,096	1,096 1,901	05/31/2029
912828-7D-6 912810-FJ-2	UNITED STATES OF AMERICA BOND FIXED 6.	0.25% 15/JUL/2029 USD 100		1.A	1,901 83		07/15/2029 08/15/2029
912828-YB-0 912828-YS-3	UNITED STATES OF AMERICA NOTES FIXED 1	1.625% 15/AUG/2029 USD 100			1,004 625	1,004 625	08/15/2029
912828-Z9-4	UNITED STATES OF AMERICA NOTES FIXED 1	1.5% 15/FEB/2030 USD 100		1.A	706	706	02/15/2030
91282C-AV-3 91282C-BF-7		0.875% 15/NOV/2030 USD 100		1.A	1, 133 3, 382	1, 133 3, 382	11/15/2030
912810-FP-8 91282C-CB-5	UNITED STATES OF AMERICA BOND FIXED 5.	.375% 15/FEB/2031 USD 100 1.625% 15/MAY/2031 USD 100		1.A			02/15/2031
91282C-DY-4	UNITED STATES OF AMERICA NOTES FIXED 1	1.875% 15/FEB/2032 USD 100		1.A	2	2	02/15/2032
912810-FT-0 912810-PW-2		5% 15/FEB/2036 USD 100		1.A 1.A		509 128	02/15/2036
912810-QA-9 912810-QB-7	UNITED STATES OF AMERICA BOND FIXED 3.	.5% 15/FEB/2039 USD 100					02/15/2039
912810-QC-5	UNITED STATES OF AMERICA BOND FIXED 4.	.25% 15/MAY/2039 USD 100		1.A	6	6	08/15/2039
912810-QE-1	UNITED STATES OF AMERICA BOND FIXED 4. UNITED STATES OF AMERICA BOND FIXED 2.	.625% 15/FEB/2040 USD 100		1.A	101	101	02/15/2040 02/15/2040

SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

CUSIP entification	Description	Code	Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Da
	UNITED STATES OF AMERICA BOND FIXED 4.375% 15/MAY/2040 USD 100		1.A	870		05/15/204005/15/2040
	UNITED STATES OF AMERICA BOND FIXED 1.125% 15/MAY/2040 USD 100		1.A	1,667 83	1,667 	05/15/2040 . 11/15/2040
	UNITED STATES OF AMERICA BOND FIXED 1.375% 15/NOV/2040 USD 100		1.A	3,793	3,793	11/15/2040
	UNITED STATES OF AMERICA BOND FIXED 1.875% 15/FEB/2041 USD 100		1.A		2,909	02/15/2041 .
	UNITED STATES OF AMERICA BOND FIXED 3.75% 15/AUG/2041 USD 100			3, 156 3114	3, 156	08/15/2041 .
	UNITED STATES OF AMERICA BOND FIXED 2% 15/NOV/2041 USD 100					11/15/204102/15/2042
	UNITED STATES OF AMERICA BOND FIXED 2.375% 15/FEB/2042 USD 100		1.A	195	195	02/15/2042
10-QY-7	UNITED STATES OF AMERICA BOND FIXED 2.75% 15/NOV/2042 USD 100		1.A	620	620	11/15/2042 .
	UNITED STATES OF AMERICA BOND FIXED 3.625% 15/AUG/2043 USD 100					08/15/2043
	UNITED STATES OF AMERICA BOND FIXED 3.75% 15/NOV/2043 USD 100				802 1,720	11/15/2043 .
	UNITED STATES OF AMERICA BOND FIXED 3% 15/MAY/2045 USD 100					05/15/2045
	UNITED STATES OF AMERICA BOND FIXED 2.875% 15/AUG/2045 USD 100			459		08/15/2045 .
	UNITED STATES OF AMERICA BOND FIXED 3% 15/NOV/2045 USD 100		1.A	99 .	99	11/15/2045 .
	UNITED STATES OF AMERICA BOND FIXED 2.5% 15/FEB/2046 USD 100		1 A	587	587 325	02/15/2046 .
	UNITED STATES OF AMERICA BOND FIXED 2.5% 15/MAY/2046 USD 100					05/15/2046 .
10-RT-7	UNITED STATES OF AMERICA BOND FIXED 2.25% 15/AUG/2046 USD 100	.	1.A	453	453	08/15/2046
	UNITED STATES OF AMERICA BOND FIXED 2.875% 15/NOV/2046 USD 100			557	557	11/15/2046 .
	UNITED STATES OF AMERICA BOND FIXED 3% 15/FEB/2047 USD 100				894 1, 184	02/15/204705/15/2047 .
	UNITED STATES OF AMERICA BOND FIXED 2.75% 15/AUG/2047 USD 100		1.A	1,184	1,184	05/15/204/ . 08/15/2047 .
	UNITED STATES OF AMERICA BOND FIXED 2.75% 15/A007/2047 03D 100		1.A	1,216		11/15/2047
10-SE-9	UNITED STATES OF AMERICA BOND FIXED 3.375% 15/NOV/2048 USD 100		1.A	1,786	1,786	11/15/2048 .
	UNITED STATES OF AMERICA BOND FIXED 3% 15/FEB/2049 USD 100					02/15/2049 .
	UNITED STATES OF AMERICA BOND FIXED 2.875% 15/MAY/2049 USD 100			561	561 .0	05/15/2049 .
	UNITED STATES OF AMERICA BOND FIXED 2% 15/FEB/2050 USD 100					02/15/205002/15/2050 .
10-SN-9	UNITED STATES OF AMERICA BOND FIXED 1.25% 15/MAY/2050 USD 100		1.A	221		05/15/2050
	UNITED STATES OF AMERICA BOND FIXED 1.625% 15/NOV/2050 USD 100		1.A	204	204	11/15/2050
	UNITED STATES OF AMERICA BOND FIXED 1.875% 15/FEB/2051 USD 100			0	0	02/15/2051 .
	UNITED STATES OF AMERICA BOND FIXED 2.375% 15/MAY/2051 USD 100			1,307	1,307	05/15/2051
	UNITED STATES OF AMERICA BOND FIXED 2% 13/A00/2031 030 100			909	909	11/15/2051
	UNITED STATES OF AMERICA BOND FIXED 2.875% 15/MAY/2052 USD 100			4,323	4,323	05/15/2052
	ubtotal - Bonds - U.S. Governments - Issuer Obligations			157,026	157,026	XXX
09999999999999999999999999999999999999	otal - U.S. Government Bonds			157,026	157,026	XXX
99999999. To	otal - All Other Government Bonds			0	0	XXX
99999999. To	otal - U.S. States, Territories and Possessions Bonds			0	0	XXX
99999999. To	otal - U.S. Political Subdivisions Bonds			0	0	XXX
	otal - U.S. Special Revenues Bonds			0	0	XXX
	otal - Industrial and Miscellaneous (Unaffiliated) Bonds			0	0	XXX
99999999. To	otal - Hybrid Securities			0	0	XXX
99999999. To	otal - Parent, Subsidiaries and Affiliates Bonds			0	0	XXX
)99999999. Si	ubtotal - Unaffiliated Bank Loans			0	0	XXX
19999999. To	otal - Issuer Obligations			157,026	157,026	XXX
29999999. To	otal - Residential Mortgage-Backed Securities			0	0	XXX
<u>39999999. To</u>	otal - Commercial Mortgage-Backed Securities			0	0	XXX
	otal - Other Loan-Backed and Structured Securities			0	0	XXX
59999999. To	otal - SVO Identified Funds			0	0	XXX
39999999. To	otal - Affiliated Bank Loans			0	0	XXX
79999999. To	otal - Unaffiliated Bank Loans			0	0	XXX
39999999. To	otal - Unaffiliated Certificates of Deposit			0	0	XXX
09999999. To				157,026	157,026	XXX
	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Industria	al and Mi	scellaneous	-	-	·
Jnaffiliated)				0	0	XXX
)999999 <mark>9. T</mark> a	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Parent,	Subsidia	ries and Affiliates	0	0	XXX
	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type)			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Industria	al and Mi	scellaneous			
Jnaffiliated)				0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Mutual F			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Unit Inve			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Closed-			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Parent,	Subsidia	ries and Affiliates	0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type)			0	0	XXX
	otal - Preferred and Common Stocks			0	0	XXX
00-00-0	UNITED STATES OF AMERICA BILL ZERO CPN 06/0CT/2022 USD 100			630	630	10/06/2022
	UNITED STATES OF AMERICA BILL ZERO CPN 20/OCT/2022 USD 100			507	507 1,033	10/20/2022
	UNITED STATES OF AMERICA BILL ZERO CPN 03/NOV/2022 USD 100					
00-00-0	UNITED STATES OF AMERICA NOTES FIXED 2% 30/NOV/2022 USD 100		1.A	200		11/30/2022
00-00-0	UNITED STATES OF AMERICA NOTES FIXED 0.125% 30/NOV/2022 USD 100		1.A	3, 151	3, 151	11/30/2022
00-00-0	UNITED STATES OF AMERICA NOTES FIXED 1.75% 31/JAN/2023 USD 100		1.A	534		01/31/2023
	UNITED STATES OF AMERICA NOTES VARIABLE 31/JAN/2023 USD 100			497 65	497 65	01/31/2023
	UNITED STATES OF AMERICA NOTES FIXED 2.625% 28/FEB/2023 USD 100					02/28/2023
	UNITED STATES OF AMERICA NOTES FIXED 0.25% 15/JUN/2023 USD 100		1.A	622	622	06/15/2023
	otal - Short-Term Invested Assets (Schedule DA type)			7,910	7,910	XXX
	UNITED STATES OF AMERICA BILL ZERO CPN 14/JUL/2022 USD 100			10,084	10,084	07/14/2022
	UNITED STATES OF AMERICA BILL ZERO CPN 19/JUL/2022 USD 100		1.A		229	07/19/2022
	UNITED STATES OF AMERICA NOTES VARIABLE 31/JUL/2022 USD 100		1.A	518	518	07/31/2022
	UNITED STATES OF AMERICA BILL ZERO CPN 02/AUG/2022 USD 100				266 862	08/02/2022
	otal - Cash Equivalents (Schedule E Part 2 type)	. 1	I.R	11,959	11,959	XXX
jygygygu ir	out out type			11,539	11,509	////

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS Reinvested Collateral Assets Owned Current Statement Date

(Securiti	es lending collateral assets included on Schedules A, B, BA,	D, DB	and E and not re	eported in aggregate	on Line 10 of the As	sets page)
1	2	3	4	5	6	7
			NAIC			
			Designation,			
			NAIC			
			Designation			
			Modifier and SVO			
OLIOID					Deals/Adissets d	
CUSIP	5		Administrative		Book/Adjusted Carrying Value	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
						· · · · · · · · · · · · · · · · · · ·
						• • • • • • • • • • • • • • • • • • • •

			\ \\			
		<i></i>				
		·				•••••
			• • • • • • • • • • • • • • • • • • • •			
99999999999999	Totals		<u> </u>			XXX
9999999999						^^^

Genera	ir interrogatories.			
1.	Total activity for the year	Fair Value \$	Book/Adjusted Carrying Value \$	
2.	Average balance for the year	Fair Value \$	Book/Adjusted Carrying Value \$	

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month			9
					During Current Quarter			
			Amount of	Amount of	6	7	8	
			Interest Received					
		Rate of		at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
101 S. Tryon Street, 19th								
Floor, Charlotte, NC 28255								
Bank of America		0.000	0	0	(21,061)	(2,045,911)	(509,735)	xxx.
4 New York Plaza, 13th								
JP Morgan Chase Floor, New York, NY 10004		0.000	0	0	43,646,806	32,894,939	49,468,494	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	43,625,745	30,849,028	48,958,759	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	43,625,745	30,849,028	48,958,759	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
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0599999. Total - Cash	XXX	XXX	0	0	43,625,745	30,849,028	48,958,759	XXX

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