

HEALTH QUARTERLY STATEMENT

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

AMH Health, LLC

NA	IC Group Code 0671 (Current) (Prio	NAIC Company C	code 16553 Employer's ID N	Number83-2435050
Organized under the Laws of	Maine	•	, State of Domicile or Port of Entr	yME
Country of Domicile		United States	s of America	
Licensed as business type:		Health Maintenan	nce Organization	
ls HMO Federally Qualified?	Yes[]No[X]			
Incorporated/Organized	11/02/2018		Commenced Business	04/12/2019
Statutory Home Office	2 Gannett Driv	e	Sout	th Portland, ME, US 04106
	(Street and Num	ber)	(City or To	wn, State, Country and Zip Code)
Main Administrative Office		4425 Corpor		
,	√irginia Beach, VA, US 23462	(Street and	i Number)	757-473-2737
(City or	Town, State, Country and Zip Cod	le)	(Area	Code) (Telephone Number)
Mail Address	4425 Corporation Lane		Virg	inia Beach, VA, US 23462
	(Street and Number or P.O.	Box)	(City or To	wn, State, Country and Zip Code)
Primary Location of Books and	d Records	220 Virgini		
	Indianapolis, IN, US 46204	(Street and	l Number)	317-488-6000
(City or	Town, State, Country and Zip Cod	le)	(Area	Code) (Telephone Number)
Internet Website Address		www.anthem.com/me	edicare-mainehealth	
Statutory Statement Contact	Leigh	Barrett		317-488-6816
Clatatory Claternont Contact		ame)		Area Code) (Telephone Number)
	leigh.barrett@anthem.com (E-mail Address)	,		317-488-6200 (FAX Number)
	(L-mail Address)			(I AX Number)
Dracidant	Albert Croton Sw	OFFIC		Vincent Edward Schor
	Albert Graton Sw Kathleen Susan		Treasurer Assistant Treasurer	
, <u>-</u>		ОТН		
-				
Martin	Esquivel	DIRECTORS O	R TRUSTEES ay Johnson	Scott Douglas Mills #
Francis Geo	orge McGinty		acio Orozco	Albert Graton Swallow III
David Ea	arl Warren			
State of	Maine			
County of	Cumberland	— SS: —		
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the exact copy (except for formatt to the enclosed statement.	sets were the absolute property of ad exhibits, schedules and explanard reporting entity as of the reporting Annual Statement Instructions and differences in reporting not relate a scope of this attestation by the control of the co	f the said reporting entity, tions therein contained, ar g period stated above, an Id Accounting Practices and to accounting practice described officers also incling) of the enclosed stater	, free and clear from any liens or nnexed or referred to, is a full and to d of its income and deductions to the d Procedures manual except to the and procedures, according to ludes the related corresponding el	ng entity, and that on the reporting period stated above, claims thereon, except as herein stated, and that this true statement of all the assets and liabilities and of the refrom for the period ended, and have been completed e extent that: (1) state law may differ; or, (2) that state the best of their information, knowledge and belief, ectronic filing with the NAIC, when required, that is an requested by various regulators in lieu of or in addition
DocuSigned by:		DocuSigned by:		DocuSigned by:
Albert Swallow		argany arready		Vincent b. Scher
295EB02AB6114AB Albert Graton Sv	/allow III	34259124741844A Kathleen Su	ısan Kiefer	A85A33722D4143E Vincent Edward Scher
Presiden	t	Secre	etary	Treasurer
Subscribed and sworn to befo	re me this		a. Is this an original filing? b. If no, 1. State the amendment 2. Date filed	number

ASSETS

			Current Statement Date		4
		1	2	Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	120,282		120,282	122,657
2.	Stocks:				
	2.1 Preferred stocks				0
	2.2 Common stocks	2,000,000	2,000,000	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens.			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
_	*			0	0
5.	Cash (\$33,282,042), cash equivalents				
	(\$) and short-term				
	investments (\$)				6,550,863
6.	Contract loans (including \$ premium notes)				0
7.	Derivatives			0	0
8.	Other invested assets			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$ charged off (for Title insurers		, ,	, ,	
	only)			0	0
14.	Investment income due and accrued				3,333
15.	Premiums and considerations:			2,000	
15.	15.1 Uncollected premiums and agents' balances in the course of collection	745 000	2 062	7/0 106	0
		143,090	2,302	142, 100	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				•
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$461,845) and				
	contracts subject to redetermination (\$706,463)	1,168,308		1,168,308	0
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	863,249		863,249	0
18.1	Current federal and foreign income tax recoverable and interest thereon			0	38,501
18.2	Net deferred tax asset	829,831	14,439	815,392	0
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
23.	Receivables from parent, subsidiaries and affiliates				0
					0
24.	Health care (\$631,740) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets			0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	41 968 007	4,342,775	37,625,232	6 715 354
27	From Separate Accounts, Segregated Accounts and Protected Cell				
21.	Accounts			0	0
28.	Total (Lines 26 and 27)	41,968,007	4,342,775	37,625,232	6,715,354
	DETAILS OF WRITE-INS				
1101.					
1102.					
1102.					
	Summary of remaining write-ins for Line 11 from overflow page		0	0	
1198.			0		0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	_	0	0
2501.	Prepaid Expenses		835,283	0	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	835,283	835,283	0	0

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP	, ,	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)				0
2.	Accrued medical incentive pool and bonus amounts			155,301	0
3.	Unpaid claims adjustment expenses	194,677		194,677	0
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				_
	Health Service Act				0
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				, ·
9.	General expenses due or accrued	1,400,596		1,400,596	66
10.1	9 1 7				
	(including \$ on realized gains (losses))				0
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others	· ·		6,951	0
13.	Remittances and items not allocated	7,362		7,362	1,484
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)				0
15.	Amounts due to parent, subsidiaries and affiliates	4,521,985		4,521,985	354,239
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans	830,624		830,624	0
23.	Aggregate write-ins for other liabilities (including \$160,679				
	current)		0		0
24.	Total liabilities (Lines 1 to 23)	29,934,264	0		360,286
25.	Aggregate write-ins for special surplus funds				1,080,535
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				6,500,000
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	(2,811,032)	(1,225,467)
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	7,690,968	6,355,068
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	37,625,232	6,715,354
	DETAILS OF WRITE-INS				
2301.	Miscellaneous Medicare Liabilities	160,395		160,395	
2302.	Escheat Liability	284		284	
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)	160,679	0	160,679	0
2501.	Estimated ACA Health Insurer fee		XXX		1,080,535
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	1,080,535
3001.		*	XXX	-	
3002.					
3002.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				0
3090.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
5055.	Totalo (Ellies 500 Filliough 5000 plus 5030)(Ellie 30 above)	^^^	^^^	U	U

STATEMENT OF REVENUE AND EXPENSES

		Current To Da	ate	Prior Year To Date	Prior Year Ended December 31	
		1 Uncovered	2 Total	3 Total	4 Total	
1.	Member Months	XXX	46,337			
2.	Net premium income (including \$ non-health					
	premium income)	xxx	51,035,087			
3.	Change in unearned premium reserves and reserve for rate credits					
4.	Fee-for-service (net of \$ medical expenses)	XXX				
5.	Risk revenue					
6.	Aggregate write-ins for other health care related revenues					
7.	Aggregate write-ins for other non-health revenues					
8.	Total revenues (Lines 2 to 7)	XXX	51,490,381	0	0	
	Hospital and Medical:					
9.	Hospital/medical benefits					
10.	Other professional services					
11.	Outside referrals					
12.	Emergency room and out-of-area					
13.	Prescription drugs					
14.	Aggregate write-ins for other hospital and medical				0	
15.	Incentive pool, withhold adjustments and bonus amounts					
16.	Subtotal (Lines 9 to 15)		41,959,140	0	0	
47	Less:					
17.	Net reinsurance recoveries					
18.	Total hospital and medical (Lines 16 minus 17)				0	
19.	` '					
20.	Claims adjustment expenses, including \$961,052 cost containment expenses		1 007 007		0	
24	General administrative expenses					
21. 22.	Increase in reserves for life and accident and health contracts		5,629,270		100,034	
22.	(including \$ increase in reserves for life only)				0	
23.	Total underwriting deductions (Lines 18 through 22)					
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				(180,654)	
25.	Net investment income earned		(5,651)			
26.	Net realized capital gains (losses) less capital gains tax of					
27.	Net investment gains (losses) (Lines 25 plus 26)	0	(5,651)	0	(2,779)	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$					
	(amount charged off \$1,990)]		(1,990)			
29.	Aggregate write-ins for other income or expenses	0	19,355	0	0	
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)				(183,433)	
31.	Federal and foreign income taxes incurred	XXX	,		(38,501)	
32.	Net income (loss) (Lines 30 minus 31)	XXX	846,843	0	(144,932)	
	DETAILS OF WRITE-INS					
0601.		XXX				
0602.		XXX				
0603.		XXX				
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0	
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0	
0701.		XXX				
0702.		xxx				
0703.		xxx				
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	0	
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0	
1401.						
1402.						
1403						
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0	
2901.	Miscellaneous (expense) income		19,355			
2902.			,			
2903						
2998.	Summary of remaining write-ins for Line 29 from overflow page				0	
	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	19,355	0	0	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND	1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	to Date	December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	6,355,068		0
34.	Net income or (loss) from Line 32	846,843		(144,932)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	829,643		188
39.	Change in nonadmitted assets	(4,342,586)		(188)
40	Change in unauthorized and certified reinsurance	0		0
41.	Change in treasury stock	0		0
42.	Change in surplus notes	0		0
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in	10,502,000		0
	44.2 Transferred from surplus (Stock Dividend)	0		0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	(6,500,000)		6,500,000
	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)		0	6,355,068
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,690,968	0	6,355,068
	DETAILS OF WRITE-INS			
4701.				
4702.				
4702.				
			n .	Λ
4798.	Summary of remaining write-ins for Line 47 from overflow page		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	49,584,475		4,497
2.	Net investment income	(1,890)		(4,335)
3.	Miscellaneous income	0		0
4.	Total (Lines 1 to 3)	49,582,585	0	162
5.	Benefit and loss related payments	19,605,086		0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	6, 157, 462		180,588
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	474,999		0
10.	Total (Lines 5 through 9)	26,237,547	0	180,588
11.	Net cash from operations (Line 4 minus Line 10)	23,345,038	0	(180,426)
	Not cash nom operations (Eine 4 minus Eine 10)	20,040,000		(100,420)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	0		0
	12.2 Stocks	0		0
	12.3 Mortgage loans	0		0
	12.4 Real estate			0
	12.5 Other invested assets			0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			0
	12.7 Miscellaneous proceeds	0		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13.	Cost of investments acquired (long-term only):			
	, , ,	0		124,434
	13.2 Stocks			0
	13.3 Mortgage loans			0
	13.4 Real estate	0		0
	13.5 Other invested assets			0
		0		0
	13.6 Miscellaneous applications	-	0	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	2,000,000	0	124,434
14.	Net increase (or decrease) in contract loans and premium notes	(0,000,000)		0 (404, 404)
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,000,000)	0	(124,434)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0		0
	16.2 Capital and paid in surplus, less treasury stock	4,002,000		6,500,000
	16.3 Borrowed funds	0		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0		0
	16.5 Dividends to stockholders	0		0
	16.6 Other cash provided (applied)	1,384,141		355,723
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	5,386,141	0	6,855,723
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		26,731,179	0	6,550,863
		20,701,173	0	
19.	Cash, cash equivalents and short-term investments:	6,550,863		^
	19.1 Beginning of year	0,330,003		0

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital &	ensive Medical)	4	5	6	7	8	9	10
	Total	2 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	0									
2. First Quarter	4,339	0	0	0	0	0	0	4,339	0	
3. Second Quarter	5,458	0	0	0	0	0	0	5,458	0	
4. Third Quarter	7,068							7,068		
5. Current Year	0									
6. Current Year Member Months	46,337							46,337		
Total Member Ambulatory Encounters for Period:										
7 Physician	48,776							48,776		
8. Non-Physician	82,165							82,165		
9. Total	130,941	0	0	0	0	0	0	130,941	0	
10. Hospital Patient Days Incurred	7,030							7,030		
11. Number of Inpatient Admissions	964							964		
12. Health Premiums Written (a)	51,035,087							51,035,087		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	51,490,381							51,490,381		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	19,605,086							19,605,086		
18. Amount Incurred for Provision of Health Care Services	41,959,140							41,959,140		

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$51,035,087

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

Aging Analysis of U	Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)										
				•	•					
					•					
0299999 Aggregate accounts not individually listed-uncovered						0				
0399999 Aggregate accounts not individually listed-covered	13,231,211	546, 156	32,956	1,529	0	10,011,002				
0499999 Subtotals	13,231,211	546, 156	32,956	1,529	0					
0599999 Unreported claims and other claim reserves						8,386,901				
0699999 Total amounts withheld										
0799999 Total claims unpaid						22, 198, 753				
0899999 Accrued medical incentive pool and bonus amounts						155,301				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLA	NMS UNPAID - PRIOR YEAR - NET OF REINSU					
	Claims		Liab		5	6
	Year to		End of Curr	ent Quarter	-	
Line of Business	On Claims Incurred Prior to January 1 of	On Claims Incurred	On Claims Unpaid Dec. 31	On Claims Incurred	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability 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	
2. Medicare Supplement	0	0	0	0	0	
3. Dental Only	0	0	0	0	0	
4. Vision Only	0	0	0	0	0	
Federal Employees Health Benefits Plan	0	0	0	0	0	
6. Title XVIII - Medicare	0	21,553,242	0	22,198,753	0	
7 Title XIX - Medicaid		0	0	0	0	
8. Other health	0	0	0	0	0	
9. Health subtotal (Lines 1 to 8)	0	21,553,242	0	22, 198, 753	0	
10. Healthcare receivables (a)	0	2,121,831	0	0	0	
11. Other non-health		0	0	0	0	
12. Medical incentive pools and bonus amounts	0	173,675	0	155,301	0	
13. Totals (Lines 9-10+11+12)	0	19,605,086	0	22,354,054	0	

(a) Excludes \$ 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, 2019. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of 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	September 30, 2020		December 31, 2019	
Net Incor	<u>ne</u>							
	Health, LLC. state basis (Page 4, 32, Columns 2 & 4)	XXX	XXX	XXX	\$	846,843	\$	(144,932)
()	Prescribed Practices that is an ase/(decrease) from NAIC SAP:							
()	Permitted Practices that is an ase/(decrease) from NAIC SAP:							
(4) NAIO	C SAP (1-2-3=4)	XXX	XXX	XXX	\$	846,843	\$	(144,932)
<u>Surplus</u>								
	Health, LLC. state basis (Page 3, 33, Columns 3 & 4)	XXX	XXX	XXX	\$	7,690,968	\$	6,355,068
	Prescribed Practices that is an ase/(decrease) from NAIC SAP:							
	Permitted Practices that is an ase/(decrease) from NAIC SAP:							
(8) NAIO	C SAP (5-6-7=8)	XXX	XXX	XXX	\$	7,690,968	\$	6,355,068

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

No significant change.

C. Accounting Policies

- (1) No significant change.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (3) (5) No significant change.
- (6) The Company has no loan-backed securities.
- (7) (14) 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 September 30, 2020.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the nine months ended September 30, 2020.
- (3) The Company did not hold OTTI on its loan-backed securities at September 30, 2020.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at September 30, 2020.
- (5) The Company had no impaired loan-backed securities at September 30, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

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

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

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

H. Repurchase Agreements Transactions Accounted for as a Sale

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

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

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

J. Real Estate

No significant change.

K. Investments in Low-Income Housing Tax Credits

No significant change.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

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

O. 5GI Securities

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

P. Short Sales

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

Q. Prepayment Penalty and Acceleration Fees

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

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

The Company is a Maine domiciled limited liability company health maintenance organization ("HMO") which is owned 50% by Anthem Partnership Holding Company, LLC ("APHC"), which is a wholly owned direct subsidiary of Anthem, Inc. ("Anthem"), a publicly traded company, and 50% by MaineHealth, a not-for-profit corporation with hospitals, providers, and healthcare organizations primarily located in Maine. The Company owns AMH Health Plans of Maine, Inc. ("AMH Health Plans of Maine"), a Maine domiciled stock insurance company. AMH Health Plans of Maine was licensed on April 29, 2020.

B. Significant Transactions for the Period

The Company received a capital contribution of \$4,000,000 from Anthem, Inc. on June 30, 2020.

The Company paid an initial capital contribution of \$2,000,000 to AMH Health Plans of Maine on March 26, 2020.

C. Intercompany Management and Service Arrangements

No significant change.

D. Amounts Due to or from Related Parties

At September 30, 2020, the Company reported no amounts due from affiliates and \$4,521,985 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. Guarantees or Contingencies for Related Parties

No significant change.

F. Management and Service Contracts and Cost Sharing Arrangements

The Company amended the administrative services agreement with APHC and MaineHealth to confirm reporting and oversight responsibilities relating to utilization management for behavioral health services.

In addition, the Company has entered into a joinder affiliated services agreement as part of the Master Services Agreement between Anthem affiliates and Beacon Health Strategies LLC and Beacon Health Options, Inc., effective January 1, 2021.

G. Nature of Control Relationships that Could Affect Operations or Financial Position

No significant change.

H. Amount Deducted for Investment in Upstream Company

No significant change.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At September 30, 2020, the Company's 100% ownership of AMH Health Plans of Maine does not exceed 10% of the Company's total admitted assets.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not write-down any investments in SCA companies as of September 30, 2020.

K. Investment in a Foreign Insurance Subsidiary

No significant change.

L. Investment in Downstream Non-insurance Holding Companies

No significant change.

M. All SCA Investments

No significant change.

N. Investment in Insurance SCAs

The Company has 100% ownership in AMH Health Plans of Maine, a stock insurance company. AMH Health Plans of Maine was licensed on April 29, 2020 and will commence business in 2021. The Company's investment in AMH Health Plans of Maine was non-admitted at September 30, 2020.

O. SCA or SSAP 48 Entity Loss Tracking

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

Not applicable.

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales

Not applicable.

- B. Transfer and Servicing of Financial Assets
 - (1) Not applicable.
 - (2) (7) Not applicable.

C. Wash Sales

- (1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- (2) At September 30, 2020, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

Not applicable.

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

Not applicable.

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

Not applicable.

20. Fair Value Measurements

A.

There are no assets or liabilities measured at fair value as of September 30, 2020.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Practicable (Carrying Value)
Bonds	\$ 127,271	\$ 120,282	\$ —	\$ 127,271	\$ —	\$ —	\$ —

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

A. Unusual or Infrequent Items

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

B. - I.

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 12, 2020 for the statutory statement issued on November 13, 2020. There were no events occurring subsequent to September 30, 2020 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

- E. Risk Sharing Provisions of the Affordable Care Act ("ACA")
 - (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Not applicable.
- **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

Not applicable.

30. Premium Deficiency Reserves

The Company did not record any premium deficiency reserves at September 30, 2020.

31. Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

2.1	If yes, has the report been filed with the domiciliary state?				Voc. [v 1		
	Lies any change been made during the year of this statement in the ob-				162 [۸]	No []
2.2	reporting entity?	arter, by-laws, articles of incorporation,			Yes [Х]	No []
	If yes, date of change:			<u>-</u>	0	1/02/	2020	
3.1	Is the reporting entity a member of an Insurance Holding Company Sysis an insurer?	stem consisting of two or more affiliated	d persons, one or mo	re of which	Yes [Х]	No []
3.2	Have there been any substantial changes in the organizational chart si	nce the prior quarter end?			Yes []	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those change	es.						
3.4	Is the reporting entity publicly traded or a member of a publicly traded of	group?			Yes [Х]	No []
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.	•		0	00115	6039	
4.1	Has the reporting entity been a party to a merger or consolidation durin If yes, complete and file the merger history data file with the NAIC.	g the period covered by this statement	?		Yes []	No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation.	of domicile (use two letter state abbrev	riation) for any entity	hat has				
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile					
5.6.16.2	If the reporting entity is subject to a management agreement, including in-fact, or similar agreement, have there been any significant changes If yes, attach an explanation. See Note to Financial Statements 10F for details regarding changes to State as of what date the latest financial examination of the reporting e State the as of date that the latest financial examination report became date should be the date of the examined balance sheet and not the date	regarding the terms of the agreement of the management agreement. In the management agreement.	or principals involved	? Yes [] N/A	[
6.3	State as of what date the latest financial examination report became at the reporting entity. This is the release date or completion date of the edate).	vailable to other states or the public fro	m either the state of the examination (bala	domicile or ince sheet				
6.4	By what department or departments?							
6.5	Have all financial statement adjustments within the latest financial example statement filed with Departments?] No	[] N/A	[X
6.6	Have all of the recommendations within the latest financial examination	report been complied with?		Yes [] No	[] N/A	[X
7.1	Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period?				Yes []	No [X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding company regulated by the	ne Federal Reserve Board?			Yes []	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding of	company.						
8.3	Is the company affiliated with one or more banks, thrifts or securities fir	ms?			Yes []	No [X]
8.4	If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Comptroller of the Curren	cy (OCC), the Federa	al Deposit				
	1	2	3	4 5	6			

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing 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;	Yes [X] No []
	(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 [] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).	Yes [] No [X]
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$	0
	INVESTMENT	
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for	V
11.2	use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	
13.	Amount of real estate and mortgages held in short-term investments: \$ Peace the reporting entity have any investments in parent, subsidiaries and affiliates?	
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:	
	1 Prior Year-End	2 Current Quarter
	Book/Adjusted	Book/Adjusted
14 21	Bonds	Carrying Value
	Preferred Stock \$ 0	\$0
	Common Stock \$ 0	\$ 2,000,000
	Short-Term Investments \$ 0	\$0
	Mortgage Loans on Real Estate	\$0
	All Other	\$0
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$2,000,000
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]
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	
	If no, attach a description with this statement.	
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date:	
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	
	16.3 Total payable for securities lending reported on the liability page.	\$0

GENERAL INTERROGATORIES

	1 Name of Custo	dian(s)		Custo	2 dian Addr	ess			
JP Morgan Chase E	ank, N.A		383 Madison A	ve, New York, NY 1	0179				
For all agreements location and a com		th the requirements of the NAIC	C Financial Condi	tion Examiners Ha	ndbook, pi	rovide the name,			
Nar	1 ne(s)	2 Location(s)	3 Complete Explanation(s)						
Have there been a	ry changes, including	name changes, in the custodia				[]	No [)		
	mation relating thereton	2 New Custodian	Date o	3 f Change		4 Reason			
		TON GASCONE.							
make investment d	ecisions on behalf of t access to the investr	estment advisors, investment r he reporting entity. For assets nent accounts"; "handle secu	that are managed urities"]						
	Name of Firm	or Individual	2 Affiliati						
Loomis, Sayles &	Company, LP		U						
		in the table for Question 17.5, more than 10% of the reporting					Yes	[]	No [
		with the reporting entity (i.e. de aggregate to more than 50% o					Yes	:[]	No [
For those firms or i table below.	ndividuals listed in the	table for 17.5 with an affiliation	n code of "A" (affil	iated) or "U" (unaff	iliated), pr	ovide the information for the	ne		
1		2		3		4		5 Investr Manage	ment emen
Central Registration Depository Numb	er	Name of Firm or Individual		Legal Entity Identi		Registered With		Agreer (IMA)	Filed
105377		Company, LP		IIZPN2RX3UMNOYIDI3	13	Securities Exchange Commission		N0	
Have all the filing re If no, list exceptions	equirements of the Pu	rposes and Procedures Manua	l of the NAIC Inve	estment Analysis O	ffice been	followed?	Yes	[X]	No [
a. Documental security is n b. Issuer or ob c. The insurer	ion necessary to permot available. igor is current on all conas an actual expecta	porting entity is certifying the foil a full credit analysis of the secontracted interest and principal tion of ultimate payment of all cGI securities?	ecurity does not expression of expression of expression of the exp	kist or an NAIC CR	P credit ra	ting for an FE or PL	Yes	:[]	No [
a. The security b. The reporting c. The NAIC De on a current d. The reporting	was purchased prior to entity is holding capit signation was derived private letter rating hel entity is not permitted	eporting entity is certifying the to January 1, 2018. I commensurate with the NAI of the credit rating assigned by the insurer and available to share this credit rating of the PLGI securities?	C Designation rep d by an NAIC CRI for examination b ne PL security with	ported for the secur or in its legal capaci y state insurance re n the SVO.	ity. ty as a NF egulators.	SRO which is shown	Yes	. []	No [
By assigning FE to FE fund: a. The shares v b. The reporting c. The security January 1, 20	a Schedule BA non-re vere purchased prior to entity is holding capit and a public credit rati 119.	egistered private fund, the repo	orting entity is cert	fying the following	elements	of each self-designated	res	l J	NO [
e. The current r		•							

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	83.4 %
	1.2 A&H cost containment percent	1.9 %
	1.3 A&H expense percent excluding cost containment expenses	13.2 %
2.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$	
2.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [] No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No [X]

Showing All Nev	/ Paineurance	Treaties - Curren	t Vear to Date
SHOWING AN INCV	v Reilisulalice	riealles - Curren	l Teal 10 Date

			Showing All New Reinsurance Treaties	 Current Yea 	ar to Date			
1 NAIC	2	3 4	Showing All New Reinsurance Treaties 5	6 Type of		8	9 Certified Reinsurer	10 Effective Date of Certified
Company Code	ID Number	Effective Date Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Rating (1 through 6)	Reinsurer
								
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

		1				Direct Bus			T	
	Chatan at a	Active Status	Accident and Health	Medicare	4 Medicaid	Federal Employees Health Benefits Program	Life and Annuity Premiums & Other	7 Property/ Casualty	Total Columns 2	9 Deposit-Type
1.	States, etc. Alabama AL	(a) N	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	Through 7	Contracts
2.	Alaska AK	NN							0	
3.	Arizona AZ	NN							0	
4.	Arkansas AR	N							0	
5.	California CA	N							0	
6.	Colorado CO	N							0	
7.	Connecticut CT	N							0	
8.	Delaware DE	N							0	
9.	District of Columbia . DC	N							0	
10.	Florida FL	N							0	
11.	Georgia GA	N							0	
12.	Hawaii HI	N							0	
13.	Idaho ID	N							0	
14.	Illinois IL	N					·····		0	
15.	IndianaIN	N					}		0	
16.	lowa IA	N							0	
17.	Kansas KS	N					·		0	
18. 19.	Kentucky KY Louisiana LA	NNNNN.					·····		U	
19. 20.	Maine ME			51,035,087			<u> </u>		51,035,087	
20. 21.	Maryland MD	N		1,000,087			<u> </u>		01,035,087	
22.	Massachusetts MA	NNNN					<u> </u>		ע ח	L
23.	Michigan MI	NN					<u> </u>		n	
24.	Minnesota MN	NN.					ļ		n	
25.	Mississippi MS	N.							0	
26.	Missouri MO	N.							0	
27.	Montana MT	N.							0	
28.	Nebraska NE	N							0	
29.	Nevada NV	N							0	
30.	New Hampshire NH	N							0	
31.	New Jersey NJ	N							0	
32.	New Mexico NM	N							0	
33.	New York NY	N							0	
34.	North Carolina NC	N							0	
35.	North Dakota ND	N							0	
36.	Ohio OH	N							0	
37.	Oklahoma OK	N							0	
38.	Oregon OR	N							0	
39.	Pennsylvania PA	N					·····		0	
40.	Rhode Island RI	N					}		0	
41.	South Carolina SC	N							0	
42.	South Dakota SD	N							0	
43.	Tennessee TN	N							0	
44. 45.	Texas TX Utah UT	NNNNN							0	
46.	Vermont VT									
40. 47.	Virginia VA	N1							0	l
48.	Washington WA	NNNNNN					<u> </u>		0	
49.	West Virginia WV	N							0	
50.	Wisconsin WI	N.							0	
51.	Wyoming WY	N.							0	
52.	American Samoa AS	N.							0	
53.	Guam GU	N.							0	
54.	Puerto Rico PR	N							0	
55.	U.S. Virgin Islands VI	N							0	
56.	Northern Mariana									
	Islands MP	N					·····		0	
57.	Canada CAN	N					}		0	
58.	Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	51,035,087	0	0	0	0	51,035,087	0
60.	Reporting Entity Contributions for Employee			,,					0	
61.	Benefit Plans Totals (Direct Business)	XXX	0	51,035,087	0	0	0	0	51,035,087	0
V1.	DETAILS OF WRITE-INS	^^^		51,005,007	U	0	+	U	51,005,007	U
58001.		XXX					<u> </u>			
58002.		XXX								
58003.		XXX					ļļ			
58998.	Summary of remaining						1			
	write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through				J				J	
	58003 plus 58998)(Line 58	xxx	0	0	0	0	0	0	0	0
	above)									

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

15

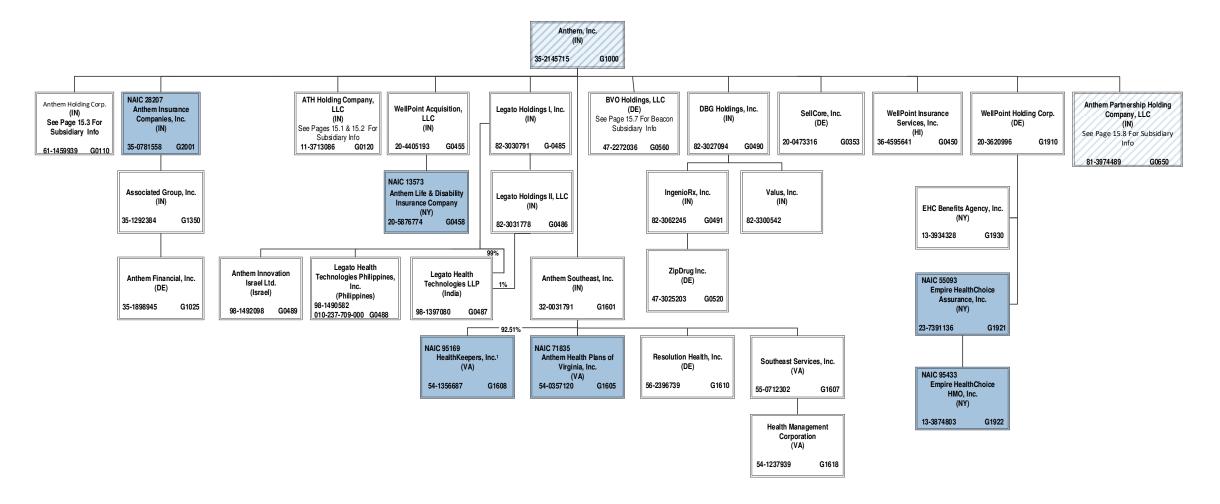
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

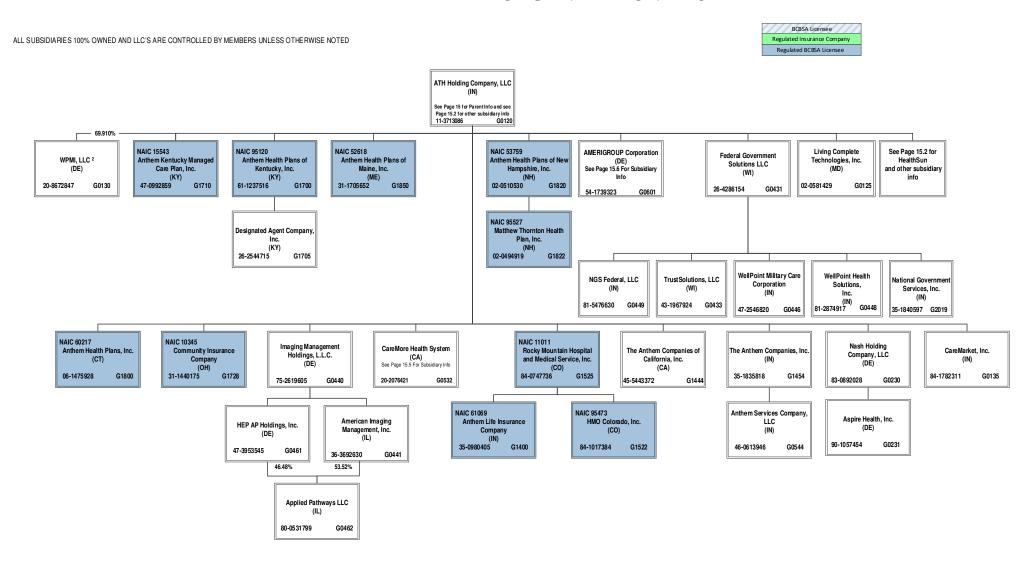
BCBSA Licensee

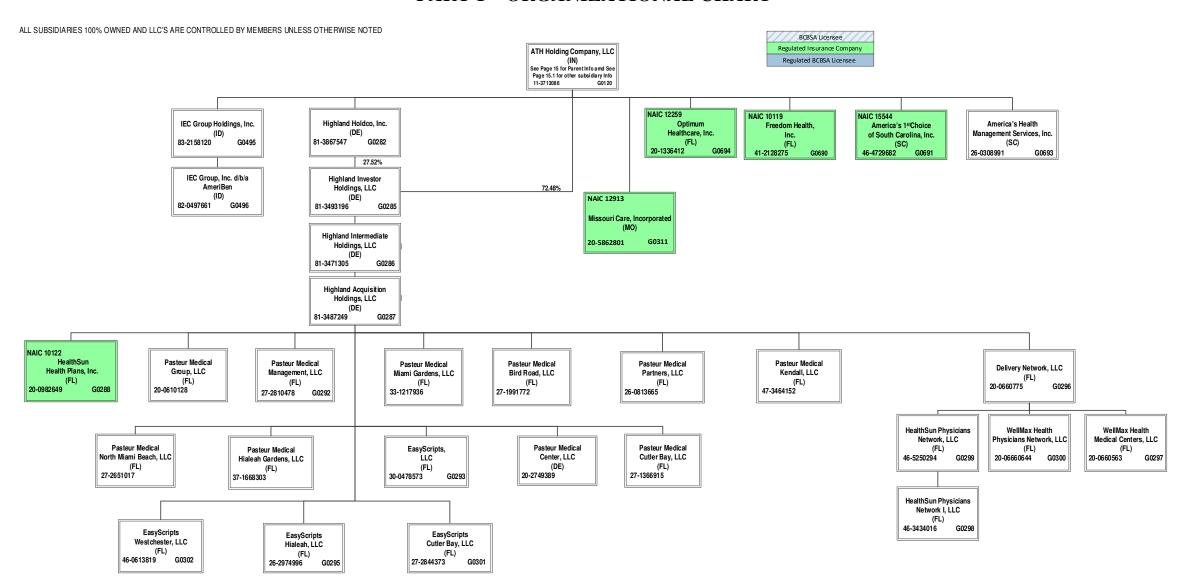
Regulated Insurance Company

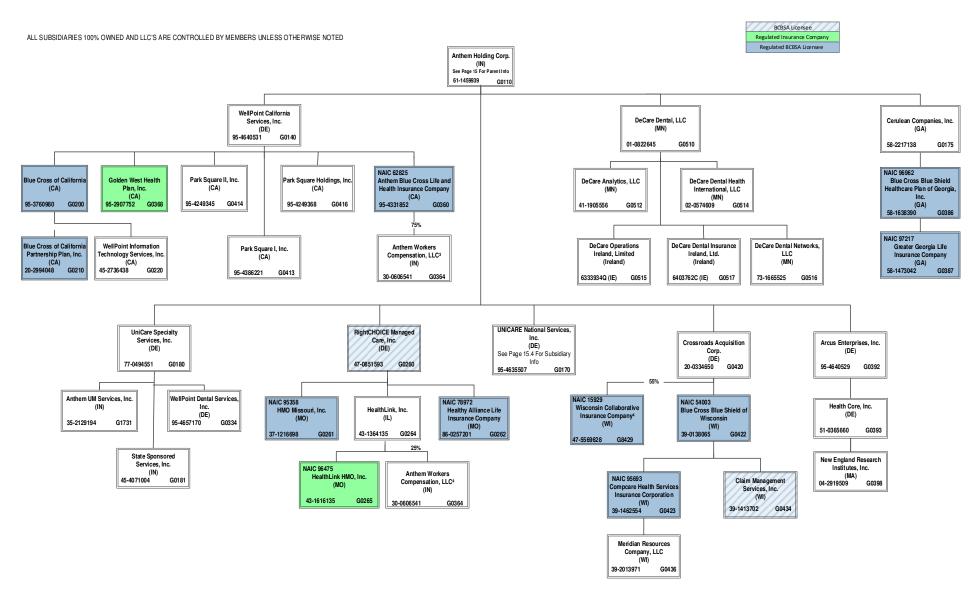
Regulated BCBSA Licensee

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



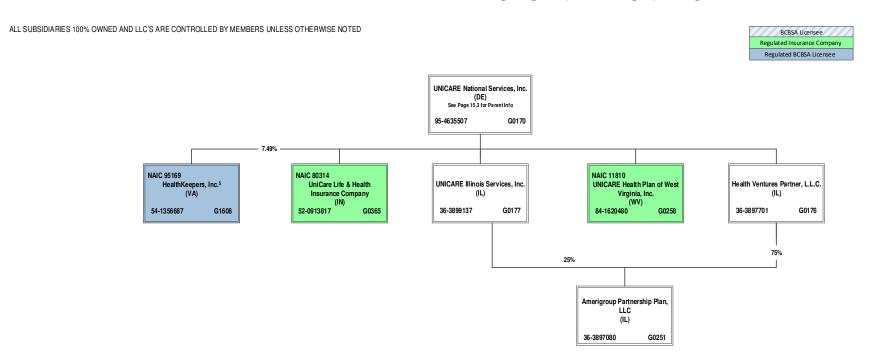






³ 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

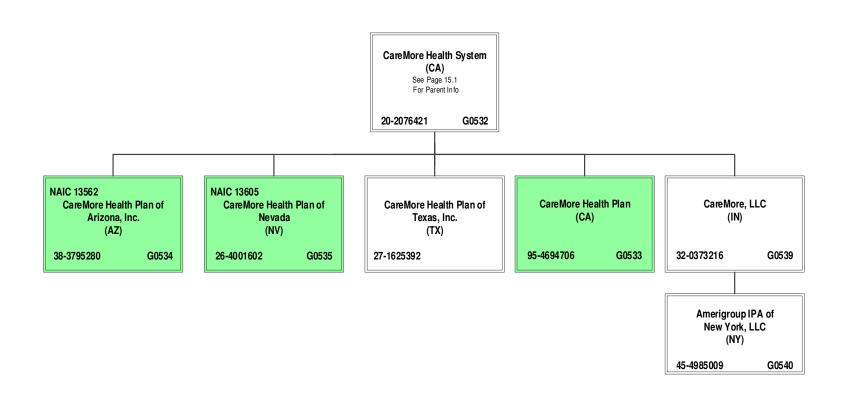
⁴ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

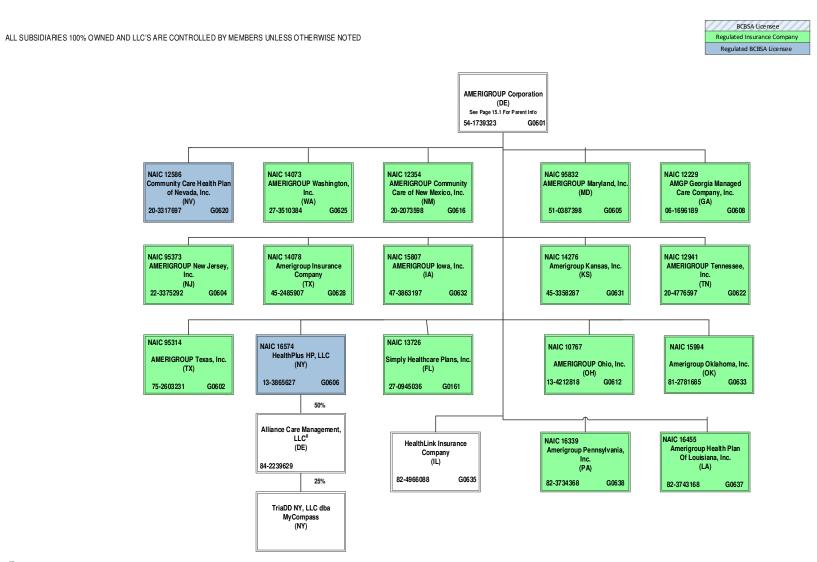


⁵ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

Regulated Insurance Company
Regulated BCBSA Licensee

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



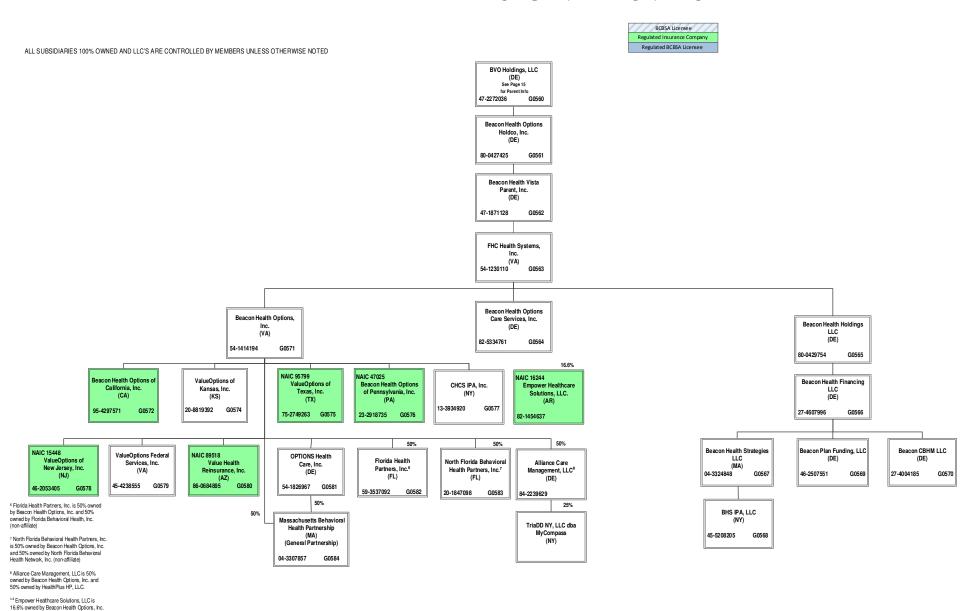


¹⁶ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

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

and 83.4% owned by a non-affiliate

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

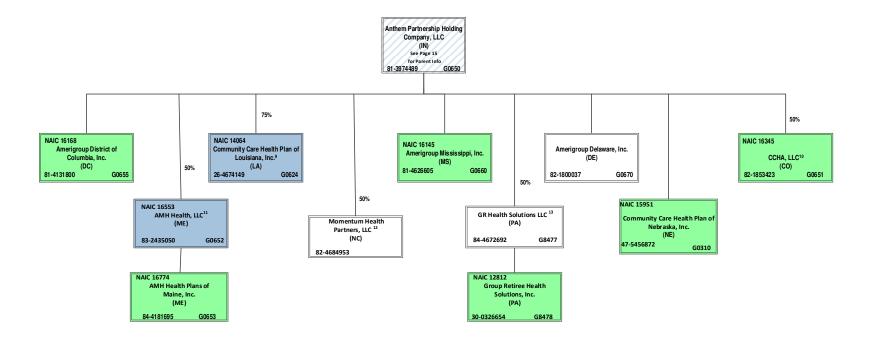


BCBSA Licensee

Regulated Insurance Company

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



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

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

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

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				PARII	4 - DE I AI	L OF INSURANCE	,⊏ I	JOLD	ING COMPANT	SISIEIVI				
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										Type	If			
										of Control	Control			
										(Ownership,	is		Is an	
					Name of Constition			Dalatian						
					Name of Securities		D	Relation-		Board,	Owner-		SCA	
					Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem, Inc.		84-2239629			Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Ownership.	50.000	Anthem, Inc.	N	
0671	Anthem, Inc.		84-2239629			Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Owner ship.	50.000	Anthem, Inc.	N	l
0671	Anthem, Inc.		36-3692630			American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
						America's 1st Choice of South Carolina, Inc.								
0671	Anthem, Inc.	15544	46-4729682				SC	IA	ATH Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		26-0308991			America's Health Management Services, Inc	SC	NIA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.	N	
						AMERIGROUP Community Care of New Mexico, Inc.								
0671	Anthem, Inc.	12354	20-2073598				NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		54-1739323	0001156039		AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	ļ
0671	Anthem, Inc.		82-1800037			AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	ļ
0671	Anthem, Inc.	16168	81-4131800	0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16455	82-3743168			Amerigroup Health Plan of Louisiana, Inc	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	14078	45-2485907			Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	ļ
0671	Anthem, Inc.	15807	47-3863197			AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	l
0671	Anthem, Inc.		45-4985009			Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	14276	45-3358287	0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95832	51-0387398			AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N]
0671	Anthem, Inc.	16145	81-4626605	0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	95373	22-3375292			AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	10767	13-4212818	0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	15994	81-2781685			AMERIGROUP Oklahoma, Inc.	0K	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.		36-3897080	0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	N	
0671	Anthem. Inc.		36-3897080			Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE IIIinois Services, Inc.	Ownership.	25.000	Anthem. Inc.	N	1
0671	Anthem. Inc.	16339	82-3734368	0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.	12941	20-4776597			AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	1
.0671	Anthem. Inc.	95314	75-2603231	0001156039		AMERIGROUP Texas. Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.	14073	27-3510384	0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.	N	1
0671	Anthem. Inc.	12229	06-1696189	0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.	16553	83-2435050	0001156039		AMH Health, LLC	ME	RE	Anthem Partnership Holding Company, LLC	Ownership.	50.000	Anthem, Inc.	N	0102
0671	Anthem. Inc.	16774	84-4181695	0001156039		AMH Health Plans of Maine, Inc.	ME	DS	AMH Health. LLC	Ownership	100.000	Anthem, Inc.	N	
						Anthem Blue Cross Life and Health Insurance			, , , , , , , , , , , , , , , , , , , ,					1
0671	Anthem, Inc.	62825	95-4331852	0001156039		Company	CA	IA	WellPoint California Services, Inc.	Ownership.	100.000	Anthem, Inc.	N	J
0671	Anthem. Inc.		35-1898945	0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group. Inc.	Owner ship.	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.	95120	61-1237516	0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Owner ship.	100.000	Anthem, Inc.	N	1
0671	Anthem, Inc.	52618	31-1705652	0001156039		Anthem Health Plans of Maine, Inc.	ME	I A.	ATH Holding Company, LLC	Owner ship.	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.	53759	02-0510530	0001156039		Anthem Health Plans of New Hampshire, Inc.	NH.	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	71835	54-0357120	. 40003317 0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	60217	06-1475928			Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		61-1459939			Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N	l
			1		New York Stock Exchange									
0671	Anthem, Inc.		35-2145715		(NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
0671	Anthem, Inc.		98-1492098			Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	28207	35-0781558			Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	15543	47-0992859			Anthem Kentucky Managed Care Plan, Inc	KY	IA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	13573	20-5876774			Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership.	100.000	Anthem, Inc.	N	
1						,			Rocky Mountain Hospital and Medical	,			1	
0671	Anthem, Inc.	61069	35-0980405			Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-3974489			Anthem Partnership Holding Company, LLC	DE	UDP	Anthem, Inc.	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-0613946			Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		32-0031791			Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Owner ship	100.000	Anthem, Inc.	N]
0671	Anthem, Inc.		35-2129194			Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.	100.000	Anthem, Inc.	N	
1									Anthem Blue Cross Life and Health Insurance				1	
0671	Anthem, Inc.		30-0606541			Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Anthem, Inc.	N	0109
0671	Anthem, Inc.		30-0606541			Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership.	25.000	Anthem, Inc.	N	0109

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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											of Control	Control			
											(Ownership,	is		Is an	
						N			Datation						
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	-
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
. 0671	Anthem. Inc.		80-0531799		0001156039	,	Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership.	53.520	Anthem. Inc.	N	0108
0671	Anthem. Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings. Inc.	Ownership	46.480	Anthem. Inc.	N	0108
0671	Anthem. Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		80-0427425		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems. Inc.	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc	DE	NIA	FHC Health Systems, Inc.	Owner ship.	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem. Inc.	N	0101
0671	Anthem, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc	PA	IA	Beacon Health Options, Inc.	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	#1020	80-0427425		0001156039		Beacon Health Options of Pennsylvania, Inc	PA	NIA	BVO Holdings, LLC	Owner ship	100.000	Anthem, Inc.	NN.	1
0671	Anthem. Inc.		54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems. Inc.	Ownership	100.000	Anthem. Inc.	NN.	1
0671	Anthem, Inc.		04-3324848		0001156039		Beacon Health Options, Inc.	WA	NIA	Beacon Health Financing LLC	Owner ship.	100.000	Anthem, Inc.	NN.	
0671	Anthem. Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco. Inc.	Owner ship	100.000	Anthem. Inc.	NN.	
	Anthem, Inc.		46-2507551		0001156039			DE			Ownership.	100.000	Anthem. Inc.	N	
0671			45-5208205				Beacon Plan Funding, LLCBHS IPA. LLC	NY	NIA	Beacon Health Financing LLC Beacon Health Strategies LLC	Owner ship		Anthem. Inc.		
0671	Anthem, Inc.		45-5208205		0001156039		Blue Cross Blue Shield Healthcare Plan of	NY	NIA	Beacon Health Strategies LLC	Uwnersnip	100.000	Anthem, Inc.	N	
0074		00000	F0 4000000		0001156039			0.4	1.4		Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.	96962	58-1638390				Georgia, Inc.	GA	IA	Cerulean Companies, Inc.				N	
0671	Anthem, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	0101
							Blue Cross of California Partnership Plan,								
0671	Anthem, Inc.		20-2994048		0001156039		Inc.	CA	IA	Blue Cross of California	Owner ship	100.000	Anthem, Inc.	N	0101
0671	Anthem, Inc.		47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Anthem, Inc.	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	0101
0671	Anthem, Inc.		38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16345	82-1853423		0001156039		CCHA, LLC	CO	I A	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	0102
0671	Anthem, Inc.				0001156039		CHCS IPA, Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	4
				1	1		Community Care Health Plan of Louisiana, Inc.	.[1	
0671	Anthem, Inc.	14064	26-4674149		0001156039			LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem, Inc.	N	0104
0671	Anthem, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc .	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
1		1	Ì	I	1		Compcare Health Services Insurance								1
0671	Anthem, Inc.	95693	39-1462554		0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NI A	Anthem, Inc.	Ownership.	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	. Ownership.	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership.	100.000	Anthem, Inc.	N	1
0671	Anthem. Inc.		l		0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership.	100.000	Anthem. Inc.	N	.]
0671	Anthem. Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	1
0671	Anthem. Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Owner ship.	100.000	Anthem. Inc.	N	1
0671	Anthem. Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FI	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	1
ו וטע	nitured, IIIC		LI-LU44010		6000011000		Lasyouripis outier bay, LLU	J b	NIM	Imamana vodarartion noramba, EEC	Omiti Silip.		AITUIN	IV	<u> </u>

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
0			ID	Federal		(U.S. or	Parent. Subsidiaries		Reporting	Discosti - Constralla di ber	Influence.	Percen-	Lillting at a Countraliin o		
Group	Our Mana	Company		RSSD	0114		Or Affiliates	Loca-		Directly Controlled by	Other)		Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)		tion	Entity	(Name of Entity/Person)		tage	Entity(ies)/Person(s)	(Y/N)	^
0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	55093	13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Owner ship	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16244	82-1454637		0001156039		Empower Healthcare Solutions, LLC	AR	IA	Beacon Health Options, Inc.	Ownership	16.600	Anthem, Inc.	N	0115
0671	Anthem, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Owner ship	100.000	Anthem, Inc.		
0671	Anthem, Inc.	l	54-1230110 59-3537092		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership.	100.000	Anthem, Inc.	NN	0112
.0671	Anthem, Inc.	10119	59-3537092 41-2128275		0001156039		Florida Health Partners, Inc.		NIA	Beacon Health Options, Inc.		50.000	Anthem, Inc.		0112
0671 0671	Anthem, Inc.	10119	33-0884790		0001156039 0001156039		Freedom Health, Inc.	FL	NIA	ATH Holding Company, LLC	Ownership Ownership	50.000	Anthem, Inc.	NN	0102
0671	Anthem, Inc.		33-0884790 95-2907752		0001156039		GeriNet Physician Services, Inc.	CA	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	0102
	Anthem, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem. Inc.		0101
0671	Anthem, Inc.		04-40/2092		0001136039		UN HEATER SOLUTIONS LLC	PA	NIA	Blue Cross Blue Shield Healthcare Plan of	Owner strip	000.000	Anthem, Inc.	N	0102
0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia. Inc.	Ownership.	100.000	Anthem. Inc.	N	
0671			30-0326654		0001156039		Group Retiree Health Solutions, Inc.	BA	IA	GR Health Solutions LLC	Owner ship	100.000	Anthem Inc	N	
1700 0671	Anthem, Inc.	12012	51-0365660		0001156039		Health Core. Inc.	DE	NIA	Arcus Enterprises. Inc.	Owner ship	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Owner ship	100.000	Anthem, Inc.	N	
	Anthem, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Owner ship	100.000	Anthem. Inc.		
0671	Anthem. Inc.	95169	54-1356687		0001156039		HealthKeepers. Inc.	VA	I A	Anthem Southeast. Inc.	Owner ship	92.510	Anthem. Inc.	N	
0671	Anthem. Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services. Inc.	Ownership	7.490	Anthem. Inc.	N	
0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	VA	IA	HealthLink, Inc.	Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.	30473	43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		82-4966088		0001156039		HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership.	100.000	Anthem Inc	N	
0671	Anthem. Inc.	16574	13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	0100
0671	Anthem, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Owner ship.	100.000	Anthem. Inc.		
0671	Anthem. Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		46-3434016		0001156039		HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Owner ship.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem. Inc.		
0671	Anthem. Inc.		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership.	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		81-3487249		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem. Inc.		81-3867547		0001156039		Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.		1
0671	Anthem. Inc.		81-3471305		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership.	72.480	Anthem, Inc.	N	0107
0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	Highland Holdco, Inc.	Ownership	27.520	Anthem, Inc.	N	0107
		1	[]		1		Rocky Mountain Hospital and Medical	1				
.0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-2157122		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
.0671	Anthem, Inc.		82-3062245		0001156039		IngenioRX, Inc.	IN	NIA	DBG Holdings, Inc.	Owner ship	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc	Owner ship	100.000	Anthem, Inc.	N	0105
							Legato Health Technologies Philippines, Inc.								
.0671	Anthem, Inc.		98-1490582		0001156039			PHL	NIA	Legato Holdings I, Inc	Owner ship	100.000	Anthem, Inc.		0106
.0671	Anthem, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	IN	NIA	Anthem, Inc.	Owner ship	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc	Owner ship	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Owner ship	50.000	Anthem, Inc.	N	0111
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Anthem, Inc.	N	0111
			l		1			1		Anthem Health Plans of New Hampshire, Inc.	L		l	1	
.0671	Anthem, Inc.	95527	02-0494919		0001156039	l	Matthew Thornton Health Plan, Inc	NH	IA		Ownership.	100.000	Anthem, Inc.	IN	.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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)	(Y/N)	*
0671	Anthem, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Owner ship.	100.000	Anthem, Inc.	N	
							WellPoint Information Technology Services,								
	Anthem, Inc.		45-2736438		0001156039		Inc.	CA		Blue Cross of California	Ownership		Anthem, Inc.	N	
	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc	HI		Anthem, Inc.	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp	Ownership		Anthem, Inc.	N	0110
0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Owner ship.	69.910	Anthem, Inc.	N	0103
0671	Anthem, Inc.		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Anthem, Inc.	N	
											•				

A . ()	
Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	50% owned by unaffiliated investors
0103	30.09% owned by unaffiliated investors
0104	25% owned by an unaffiliated investor
0105	Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 72.48% owned by Anthem Holding Company, LLC. an Indiana limited liability company, and 27.52% owned by Highland Holdco, Inc., a Delaware corporation.
0108	Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation.
0109	Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp
0111	Massachusetts Behavioral Health Partnership is a General Partnership formed under the laws of Massachusetts, and is 50% owned by Beacon Health Options, Inc., a Virginia corporation, and 50% owned by OPTIONS Health Care, Inc., a Delaware corporation.
0112	Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)
0113	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)
0114	75% owned by an unaffiliated investor
0115	83.4% owned by unaffiliated investors

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	N0
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE AMH Health, LLC OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

	wortgage 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 less less less less less less less le		
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

	Other Long-Term invested Assets		_
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.			
	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	122,657	
2.	Cost of bonds and stocks acquired	2,000,000	124,434
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	2,375	1,777
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	2, 120, 282	122,657
12.	Deduct total nonadmitted amounts	2,000,000	
13.	Statement value at end of current period (Line 11 minus Line 12)	120,282	122,657

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

L	During the Current Quarter fo					1		
	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
	Beginning	During	Dispositions During	During Activity	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								
4 NAIO 4 (-)	121,077	0	0	(795)	121,869	121,077	120,282	122,657
1. NAIC 1 (a)		0	0	(193)	09	-	120,202	122,037
2. NAIC 2 (a)						0	0	
3. NAIC 3 (a)					0	0	0	
4. NAIC 4 (a)					0	0	0	
5. NAIC 5 (a)	0				0	0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	121,077	0	0	(795)	121,869	121,077	120,282	122,657
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2					0	0	0	0
10. NAIC 3					0	0	0	0
		r						
	0				n	n	0	Λ
11. NAIC 4					0	0		0
11. NAIC 4	0				0	0	0	0
11. NAIC 4 12. NAIC 5 13. NAIC 6	0				0	0	0	0
11. NAIC 4	0	0	0		0 0 0 0 121,869	0 0 0 121,077	0 0 0 0	0 0 0 0 122,657

a	Book/Ad	usted	Carrying	Value	e column	for the	end of	f the c	urrent	reporting	neri	od ind	dudes	the t	followin	a amour	t of sh	ort-terr	n and	cash 6	equivale	ent bond	ls by	/ NAI	C desi	anatio	วท

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 **N O N E**

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

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(odon Equivalente)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of cash equivalents acquired		249,472
3.	Accrual of discount		528
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		250,000
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

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

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

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

NONE

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

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

NONE

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

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

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

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

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

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

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

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

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

Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

0		End Depository		Deel De	lance of Food of F	-l- N44l-	^
2	3	4	5				9
		A	A		uring Current Quar		4
				6	7	8	
	D-46						
0							*
Code	interest	Quarter	Statement Date	First Month	Second Month	Third Month	_ ^
.	0.000	0	0	36,022,776	30,723,158	33, 125, 159	XXX.
	0.000	0	0	157,019	156,870	156,883	XXX
XXX	XXX						XXX
XXX	XXX	0	0	36,179,795	30,880,028	33,282,042	XXX
XXX	XXX						XXX
XXX	XXX	0	0	0	0	0	XXX
XXX	XXX	0	0	36,179,795	30,880,028	33,282,042	XXX
XXX	XXX	XXX	XXX				XXX
							
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XXX	XXX	0	0	36 . 179 . 795	30.880.028	33.282.042	XXX
	XXX XXX XXX XXX XXX	Rate of Interest	Rate of Code Interest Received During Current Quarter	Amount of Interest Received During Current Quarter Statement Date	Amount of Interest Received During Current Quarter	Amount of Amount of Interest Received During Current Amount of Interest Received During Current Statement Date First Month Second Month	Amount of Interest Received During Current Quarter

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