

HEALTH QUARTERLY STATEMENT

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

AMH Health, LLC

NA	IC Group Code(Prior)	NAIC Company Co	ode <u>16553</u> Employer	's ID Number83-243	35050			
Organized under the Laws of	Maine		, State of Domicile or Port o	of Entry	ME			
Country of Domicile		United States	of America					
Licensed as business type:		Health Maintenand	ce Organization					
Is HMO Federally Qualified?	Yes[]No[X]							
Incorporated/Organized	11/02/2018		Commenced Business	04	1/12/2019			
Statutory Home Office	2 Gannett Drive			South Portland, ME, US				
	(Street and Number)		(City	or Town, State, Country ar	nd Zip Code)			
Main Administrative Office		4425 Corpora (Street and						
	Virginia Beach, VA, US 23462	·		757-473-2737				
(City or	Town, State, Country and Zip Code)			(Area Code) (Telephone N	umber)			
Mail Address	4425 Corporation Lane	,		Virginia Beach, VA, US 2				
	(Street and Number or P.O. Box)			or Town, State, Country ar	ia zip Coae)			
Primary Location of Books and	d Records	220 Virginia (Street and						
3	Indianapolis, IN, US 46204			317-488-6000				
(City or	Town, State, Country and Zip Code)			(Area Code) (Telephone N	umber)			
Internet Website Address		www.anthem.com/me	dicare-mainehealth					
Statutory Statement Contact	Leigh Bar	rett		317-488-68	16			
	(Name)			(Area Code) (Telepho	one Number)			
·	leigh.barrett@anthem.com (E-mail Address)			317-488-6200 (FAX Number)				
		OFFIC	EDC					
President and Chairperson	Raul Guillermo Smit			Vincent Edward Scher				
	Kathleen Susan Kief			Eric K				
		отн	ER					
		DIRECTORS OF						
	Furman #	Douglas Ja Raul Guiller		Scott Douglas Mills Albert Graton Swallow III				
David Ea	arl Warren							
	la d'an a							
State of	Indiana Johnson	SS:						
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the	ntity being duly sworn, each depose an sets were the absolute property of the d exhibits, schedules and explanations d reporting entity as of the reporting pe Annual Statement Instructions and Acc differences in reporting not related to e scope of this attestation by the descr ing differences due to electronic filing) and by:	said reporting entity, therein contained, an riod stated above, and counting Practices and accounting practices ibed officers also inclu of the enclosed statem	free and clear from any lie nexed or referred to, is a ful d of its income and deduction Procedures manual excep s and procedures, accordin des the related correspond	ns or claims thereon, exce l and true statement of all t ns therefrom for the period t to the extent that: (1) stal og to the best of their in ting electronic filing with th	ept as herein stated he assets and liabilit ended, and have be te law may differ; or, formation, knowled e NAIC, when requi	and that this ies and of the en completed (2) that state le and belief, red, that is an		
Smith	, Raul Guillermo	fath	ny Riefor		Vincent E.	Scher		
	1C5888403.	3425	0124741844A		A85A33722D4143	8E		
Raul Guillermo Presiden		Kathleen Sus Secret		Vir	icent Edward Scher Treasurer			
Subscribed and sworn to befo 2nd day of Aduat Anuty Rita F. Gentry Executive Assistant 1/17/2029	re me this <u>November 2021</u>		 a. Is this an original fill b. If no, 1. State the amend 2. Date filed 3. Number of pages 	ment number	Yes [X] No [1		
Rita F. Gentry Notary Public SEAL Johnson County, State of It	ndiana							

My Commission Expires January 17, 2029 Commission No: NP0641321

Current Statement Date 4 December 31 Net Admitted Assets Prior Year Net Nonadmitted Assets Admitted Assets Assets (Cols. 1 - 2) 1. Bonds 25.594.417 25.594.417 119.484 2 Stocks: 2.1 Preferred stocks0 .0 5 827 479 5 827 479 0 2.2 Common stocks 3. Mortgage loans on real estate: .0 3.1 First liens0 3.2 Other than first liens.... 0 0 4. Real estate: 4.1 Properties occupied by the company (less \$.0 encumbrances)0 4.2 Properties held for the production of income (less \$ encumbrances) 0 0 4.3 Properties held for sale (less \$ encumbrances) 0 .0 (\$) and short-term 37 604 257 37 604 257 50 453 932 Contract loans (including \$.0 0 0 6. premium notes) .. .0 Derivatives0 7. 8. Other invested assets ... 0 0 Receivables for securities 35.126.186 35,126,186 0 90 10. Securities lending reinvested collateral assets 0 ...0 .0 ...0 .0 11. Aggregate write-ins for invested assets 104, 152, 339 104, 152, 339 50,573,416 12. Subtotals, cash and invested assets (Lines 1 to 11) 0 13. Title plants less \$ charged off (for Title insurers 0 0 only)2.451 .2,451 .3.333 14. Investment income due and accrued 15 Premiums and considerations: .475,074 15.1 Uncollected premiums and agents' balances in the course of collection .500.897 25.823 .60.377 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) 0 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$4,042,421)4,042,421 .4,042,421 1.051.966 16. Reinsurance: 0 0 16.1 Amounts recoverable from reinsurers 0 0 16.2 Funds held by or deposited with reinsured companies 0 16.3 Other amounts receivable under reinsurance contracts ... 0 ..2,642,955 .2,642,955 .606,446 17. Amounts receivable relating to uninsured plans ... 18.1 Current federal and foreign income tax recoverable and interest thereon ... 961.257 961.257 479.764 .232,786 .244,778 ..232.786 18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit0 0 0 0 20 Electronic data processing equipment and software ... 21. Furniture and equipment, including health care delivery assets (\$) .. 0 0 .0 ..0 22. Net adjustment in assets and liabilities due to foreign exchange rates ... 23. Receivables from parent, subsidiaries and affiliates0 .0 376 023 1 859 299 1 400 595 24. Health care (\$1,859,299) and other amounts receivable 2 235 322 .1,945,282 1,322,152623, 130146,210 Aggregate write-ins for other than invested assets ... 25. 26. Total assets excluding Separate Accounts, Segregated Accounts and .116,715,710 1,723,998 .114,991,712 54,566,885 Protected Cell Accounts (Lines 12 to 25). From Separate Accounts, Segregated Accounts and Protected Cell 27. ...0 ...0 Accounts . Total (Lines 26 and 27) 116,715,710 1,723,998 114,991,712 54,566,885 28 **DETAILS OF WRITE-INS** 1101. 1102. 1103. 1198. 0 0 0 0 Summary of remaining write-ins for Line 11 from overflow page 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) 0 0 0 0 2501. State income tax recoverable 623,130 0 623.130 146,210 Prepaid expenses 1.322.152 1.322.152 0 2502. 0 2503.0 2598. Summary of remaining write-ins for Line 25 from overflow page ... 0 0 0 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) 1,945,282 1,322,152 623,130 146,210

ASSETS

LIABILITIES, CAPITAL AND SURPLUS

			Current Period	<u> </u>	Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
	Claims unpaid (less \$ reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public				
		2 049 505		3,048,595	0 755
-	Health Service Act				,
5.	Aggregate life policy reserves				
6. 7	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued			63	2,447,878
10.1	Current federal and foreign income tax payable and interest thereon				0
10.0	(including \$ on realized gains (losses))				
	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				11,840
	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$				
	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				0
17.	Payable for securities				
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans	1,433,575		1,433,575	
23.	Aggregate write-ins for other liabilities (including \$				
	current)		0		
	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				0
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				0
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	(7,794,080)	(3,900,172)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	114,991,712	54,566,885
	DETAILS OF WRITE-INS				
2301.	Miscellaneous Medicare liabilities				
2302.	Escheat liability				
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)	389, 168	0	389, 168	48,890
2501.					
2502.					
2503.		XXX			
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)	XXX	XXX	0	0
3001.		XXX			
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				.0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

2. N 3. C 4. F 5. R 6. A 7. A 8. T 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Member Months	XXX XXX XXX XXX XXX XXX XXX	2 Total 		(7,892) 0 0 0 0 0 0 0 0 0
 N S F F F R R	Net premium income (including \$	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX			
 N C F F	Net premium income (including \$	XXX XXX XXX XXX XXX XXX XXX XXX XXX			
 F. R. A. A. T. A. T. A. T. A. T. T	Change in unearned premium reserves and reserve for rate credits	XXX XXX XXX XXX XXX XXX XXX			(7,892) 0 0 0 0 0 0 0 0 0
 F. R. A. T. A. T. A. T. A. T. T	Change in unearned premium reserves and reserve for rate credits	XXX XXX XXX XXX XXX XXX XXX			(7,892) 0 0 0 0 0 0 0 0 0
5. R 6. A 7. A 8. T 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Risk revenue Aggregate write-ins for other health care related revenues Aggregate write-ins for other non-health revenues Image: Comparison of the comp				0 0 0
6. A 7. A 8. T 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Aggregate write-ins for other nealth care related revenues Aggregate write-ins for other non-health revenues Total revenues (Lines 2 to 7) Hospital and Medical: Hospital/medical benefits Other professional services Dutside referrals Emergency room and out-of-area Prescription drugs				0 0 76,115,663
7. A 8. T 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Aggregate write-ins for other non-health revenues				0
8. T 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Total revenues (Lines 2 to 7) Hospital and Medical: Hospital/medical benefits Other professional services Dutside referrals Emergency room and out-of-area Prescription drugs			51,490,381 	76,115,663
H 9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Hospital and Medical: Hospital/medical benefits Other professional services Dutside referrals Emergency room and out-of-area Prescription drugs				
9. H 10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Hospital/medical benefits				
10. C 11. C 12. E 13. P 14. A 15. Ir 16. S	Other professional services				
11. C 12. E 13. P 14. A 15. Ir 16. S	Dutside referrals				
12. E 13. P 14. A 15. Ir 16. S	Emergency room and out-of-area				5,909,233
13. P 14. A 15. Ir 16. S	Prescription drugs				0
14. A 15. Ir 16. S			6,007,516	1,893,130	
15. lr 16. S	Aggregate write-ins for other hospital and medical			3,926,526	5,394,786
16. S		0	0	0	0
	ncentive pool, withhold adjustments and bonus amounts				600 , 809
L	Subtotal (Lines 9 to 15)	0		41,959,140	64,029,638
1	Less:				
	Net reinsurance recoveries				0
18. T	Total hospital and medical (Lines 16 minus 17)	0			64,029,638
19. N	Non-health claims (net)				
20. C	Claims adjustment expenses, including \$				
	containment expenses				
21. G	General administrative expenses			5,829,276	9,932,179
22. Ir	ncrease in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				0
	Total underwriting deductions (Lines 18 through 22)				
	Net underwriting gain or (loss) (Lines 8 minus 23)				
25. N	Net investment income earned			(5,651)	(10,181)
26. N	Net realized capital gains (losses) less capital gains tax of				
	\$				0
27. N	Net investment gains (losses) (Lines 25 plus 26)	0		(5,651)	(10,181)
28. N	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
			(8,241)		(2,753)
29. A	Aggregate write-ins for other income or expenses	0			
30. N	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	~~~	(5.010.347)	1 805 682	(722,983)
	Federal and foreign income taxes incurred				
	Net income (loss) (Lines 30 minus 31)		(4,502,501)	846,843	(981,719)
	DETAILS OF WRITE-INS	~~~	(4,302,301)		(301,713)
0601					
0602.					
0603.					
	Summary of remaining write-ins for Line 6 from overflow page				0
	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.		XXX			
0702.		XXX			
0703					
0798. S	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799. T	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401					
1402.					
1403					
	Summary of remaining write-ins for Line 14 from overflow page			_	.0
	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
	liscellaneous income (expense)	-	-	-	
2901. M					
2903					
	Summary of remaining write-ins for Line 29 from overflow page	0.	0 48,158	0 19,355	0 39,585

STATEMENT OF REVENUE AND EXPENSES (Continued)

			3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	14 101 828	6 355 068	6 355 068
34. Net income or (loss) from Line 32			
35. Change in valuation basis of aggregate policy and claim reserves	(511,766)		(161 744)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
40 Change in unauthorized and certified reinsurance		0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend)	0 .	0	0
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
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)	4,106,092		
49. Capital and surplus end of reporting period (Line 33 plus 48)	18,207,920	7,690,968	14,101,828
DETAILS OF WRITE-INS			, ,
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	To Date	TO Date	December 31
1.	Premiums collected net of reinsurance	123,498,416	49,584,475	
2.	Net investment income			
3.	Miscellaneous income		0	
4.	Total (Lines 1 to 3)		49,582,585	75.005.362
5.	Benefit and loss related payments		, ,	
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			, ,
6. 7	Commissions, expenses paid and aggregate write-ins for deductions			10,693,190
7.				
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$		174,000	
	gains (losses)	0	474,999	699,999
10.	Total (Lines 5 through 9)	82,201,922	26,237,547	63,841,065
11.	Net cash from operations (Line 4 minus Line 10)	41,570,355	23,345,038	11,164,297
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds		0	
	12.2 Stocks	0	0	
	12.3 Mortgage loans		0	(
	12.4 Real estate		0	
	12.5 Other invested assets			(
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			(
	12.7 Miscellaneous proceeds	27,006,504	0	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
40			0	
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate	0	0	(
	13.5 Other invested assets		0	(
	13.6 Miscellaneous applications	35,126,186	0	C
	13.7 Total investments acquired (Lines 13.1 to 13.6)	99,733,386	2,000,000	2,400,000
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(37,600,696)	(2,000,000)	(2,400,000
	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			
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders		0	
	16.6 Other cash provided (applied)	(24,819,334)	1,384,141	23,636,772
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	(,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	,,
	plus Line 16.6)	(16,819,334)	5,386,141	35,138,772
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(12,849,675)		
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
				50,453,932

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprel (Hospital 8	nensive 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	0	0	0	0	0	7,646	0	0
2. First Quarter		0	0	0	0	0	0		0	0
3. Second Quarter		0	0	0	0	0	0	13,467	0	0
4. Third Quarter										
5. Current Year	0									
6. Current Year Member Months	118,201							118,201		
Total Member Ambulatory Encounters for Period:										
7 Physician								111,728		
8. Non-Physician	214,012							214,012		
9. Total	325,740	0	0	0	0	0	0	325,740	0	0
10. Hospital Patient Days Incurred	14,130							14,130		
11. Number of Inpatient Admissions	1,653							1,653		
12. Health Premiums Written (a)										
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
 Amount Incurred for Provision of Health Care Services (a) For health premiums written; amount of Medicare Title XVIII exempt from state taxes or fees 	<u>111,292,320</u> \$126,924,745							111,292,320		

7

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

1 2 3 4 5 6 7 Claims Unpaid (Reported) 1-30 Days 31-60 Days 91-120 Days 91-120 Days 70al Claims Unpaid (Reported)	Aging Analysis of Unpaid Claims										
Claims Unpaid (Reported) Claims Unpaid (Rep	1	2	3	4	5	6	7				
239999 Agregate accounts not individually listed-uncovered		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
239999 Agregate accounts not individually listed-uncovered	Claims Unpaid (Reported)										
039999 Aggregate accounts not individually listed-covered 1,038 4,901,884 45,377,322 049999 Subtotals 38,415,107 2,057,734 1,559 1,038 4,901,884 45,377,322 059999 Unreported claims and other claim reserves 059999 Total amounts withheld 559 1,038 4,901,884 45,377,322 069999 Total amounts withheld 559 559 559 17,121,322 079999 Total claims unpaid 559 559 559 559											
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039999 Aggregate accounts not individually listed-covered 1,038 4,901,884 45,377,322 049999 Subtotals 38,415,107 2,057,734 1,559 1,038 4,901,884 45,377,322 059999 Unreported claims and other claim reserves 059999 Total amounts withheld 559 1,038 4,901,884 45,377,322 069999 Total amounts withheld 559 559 559 17,121,322 079999 Total claims unpaid 559 559 559 559											
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039999 Aggregate accounts not individually listed-covered 1,038 4,901,884 45,377,322 049999 Subtotals 38,415,107 2,057,734 1,559 1,038 4,901,884 45,377,322 059999 Unreported claims and other claim reserves 059999 Total amounts withheld 559 1,038 4,901,884 45,377,322 069999 Total amounts withheld 559 559 559 17,121,322 079999 Total claims unpaid 559 559 559 559											
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049999 Subtotals 38,415,107 2,057,734 1,59 1,038 4,901,884 45,377,322 0599999 Unreported claims and other claim reserves 069999 Total amounts withheld 17,121,322 17,121,322 0699999 Total claims unpaid 62,498,644 62,498,644 62,498,644	0299999 Aggregate accounts not individually listed-uncovered						0				
0599999 Unreported claims and other claim reserves 17,121,322 0699999 Total amounts withheld 0799999 Total claims unpaid 0799999 Total claims unpaid 62,498,644	0399999 Aggregate accounts not individually listed-covered	38,415,107	2,057,734	1,559	1,038	4,901,884	45,377,322				
0599999 Unreported claims and other claim reserves 17,121,322 0699999 Total amounts withheld 0799999 Total claims unpaid 0799999 Total claims unpaid 62,498,644	0499999 Subtotals	38,415,107	2,057,734	1,559	1,038	4,901,884	45,377,322				
0699999 Total amounts withheld 0799999 Total claims unpaid 62,498,644	0599999 Unreported claims and other claim reserves										
0799999 Total claims unpaid 62,498,644											
0899999 Accrued medical incentive pool and bonus amounts 1,187,561	0799999 Total claims unpaid						62,498,644				
	0899999 Accrued medical incentive pool and bonus amounts						1,187,561				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Year to		Liat End of Curr		5	6	
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year	
1. Comprehensive (hospital and medical)					0	0	
2. Medicare Supplement					0	0	
3. Dental Only					0	0	
4. Vision Only					0	0	
5. Federal Employees Health Benefits Plan					0	0	
6. Title XVIII - Medicare	5,339,062		5, 181,639			12,515,810	
7 Title XIX - Medicaid					0	0	
8. Other health					0	0	
9. Health subtotal (Lines 1 to 8)	5,339,062		5, 181,639		10,520,701	12,515,810	
10. Healthcare receivables (a)		2,228,834			0	0	
11. Other non-health					0	0	
12. Medical incentive pools and bonus amounts		1, 146, 108		1,063,785			
13. Totals (Lines 9-10+11+12) (a) Excludes \$ 6,488 loans or advances to providers not yet exponsed	5,811,476	54,587,026	5,305,415	58,380,790	11,116,891	12,792,387	

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2020. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	September 30, 2021	December 31, 2020
<u>Net Income</u>					
(1) AMH Health, LLC. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (4,502,501)	\$ (981,719)
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (4,502,501)	\$ (981,719)
Surplus					
(5) AMH Health, LLC. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 18,207,920	\$ 14,101,828
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 18,207,920	\$ 14,101,828

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

No significant change.

C. Accounting Policies

- (1) No significant change.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.

The Company holds 17 SVO-Identified bond exchange trade funds ("ETFs") reported on Schedule D-1 in which the Company has made an irrevocable decision to report at systematic value. Systematic valuation has been consistently applied to those ETFs held at September 30, 2021 and previous periods.

The Company holds 1 ETF reported on Schedule D-Part 2-Section 2 because the security is not on the SVO-Identified Bond ETF List. This ETF is carried at fair value.

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

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at September 30, 2021.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at September 30, 2021.

H. Repurchase Agreements Transactions Accounted for as a Sale

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

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

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

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at September 30, 2021.

O. 5GI Securities

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

P. Short Sales

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

Q. Prepayment Penalty and Acceleration Fees

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

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

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

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

No significant change.

B. Significant Transactions for the Period

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

The Company paid an additional capital contribution of \$2,000,000 to AMH Health Plans of Maine, Inc. on September 29, 2021.

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

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

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

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

No significant change.

D. Amounts Due to or from Related Parties

At September 30, 2021, the Company reported no amounts due from affiliates and \$630,328 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

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

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

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, 2021, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

Not applicable.

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

Not applicable.

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

Not applicable.

20. Fair Value Measurements

- A.
 - (1) Fair Value Measurement at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Common stock						
Industrial and misc	\$ 1,500,215	\$		\$ —	\$	\$1,500,215
Total common stocks	\$ 1,500,215	\$	_	\$ —	\$ _	\$1,500,215
Total assets at fair value/NAV	\$ 1,500,215	\$		\$ _	\$ _	\$1,500,215

- (2) There are no investments in Level 3 as of September 30, 2021.
- (3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

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

Fair values of common and preferred stock are generally designated as Level 1 and are based on quoted market prices. For certain common and preferred stock, quoted market prices for the identical security are not always available and the fair value is estimated by reference to similar securities for which quoted prices are available. These securities are designated as Level 2. Certain equity securities, including private equity securities, for which the fair value is estimated based on each security's current condition and future cash flow projections. Such securities are designated as Level 3. The fair values of these private equity securities are generally based on either broker quotes, or discounted cash flow projections using assumptions for inputs such as the weighted-average cost of capital, long-term revenue growth rates and earnings before interest, taxes, depreciation and amortization, and/or revenue multiples that are not observable in the markets.

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Not Practicable (Carrying Value)
Bonds	\$25,626,125	\$25,594,417	\$25,504,288	\$ 121,837	\$ —	\$ —	\$ _
Unaffiliated common stock	\$ 1,500,215	\$ 1,500,215	\$ 1,500,215				

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value. 10.7

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 10, 2021 for the statutory statement issued on November 11, 2021. There were no events occurring subsequent to September 30, 2021 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)? <u>No</u>
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$1,385,151 during 2021. This is approximately 10.6% of unpaid claims and claim adjustment expenses of \$13,055,502 as of December 31, 2020. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2021. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency	reserves
---	----------

2.	Date of the most recent e	evaluation	of this	liability
<i>–</i> .	Dute of the most recent e	/ uruution	or time	indonity

3. Was anticipated investment income utiliz	zed in the calculation?
---	-------------------------

31. Anticipated Salvage and Subrogation

Not applicable.

\$	2,394,219
	September 30, 2021
Yes	NoX

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?	Yes [] No [X]							
1.2	If yes, has the report been filed with the domiciliary state?	Yes [] No []							
2.1	2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?								
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [X] No []							
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes [] No [X]							
3.3	If the response to 3.2 is yes, provide a brief description of those changes.								
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [X] 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.	0001156039							
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC.	Yes [] No [X]							
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.								
	1 2 3 Name of Entity NAIC Company Code State of Domicile								
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney- in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?] No [X] N/A []							
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.								
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.								
6.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).								
6.4	By what department or departments?								
6.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]							
6.6	Have all of the recommendations within the latest financial examination report been complied with?] No [] N/A [X]							
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended 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 Federal Reserve Board?	Yes [] No [X]							
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.								
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [] No [X]							

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 8.4

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC

GENERAL INTERROGATORIES

9.1 9.11	 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; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. If the response to 9.1 is No, please explain: 	Yes [X] No []
~ ~		
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	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [] No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).	
	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	
	use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
11.2	If yes, give full and complete information relating thereto:	
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	
13.	Amount of real estate and mortgages held in other invested assets in ochedule bA.	
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	
14.2	If yes, please complete the following:	
	1	2
	Prior Year-End	Current Quarter
	Book/Adjusted	Book/Adjusted
1/ 21	Bonds\$	Carrying Value
	Preferred Stock	\$ \$
	Common Stock\$2,238,256	\$4,327,263
	Short-Term Investments	۶4,327,203 \$
	Ψ	Ψ

\$

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.2,238,256

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......Yes [] No [X] Yes [] No [] N/A []

4,327,263

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..0

0

14.25 Mortgage Loans on Real Estate ... 14.26 All Other

Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

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.

16.3 Total payable for securities lending reported on the liability page.

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

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

14.27

15.1

15.2

16.

GENERAL INTERROGATORIES

17. 17.1	offices, vaults or safet custodial agreement w Outsourcing of Critical	y deposit boxes, v vith a qualified bar Functions, Custo	 Special Deposits, real estate, moi vere all stocks, bonds and other se nk or trust company in accordance idial or Safekeeping Agreements o requirements of the NAIC Financia 	ecurities, owne with Section of the NAIC Fir	d throughout the 1, III - General E ancial Conditior	e current year Examination C n Examiners H	held pursuant to a onsiderations, F. landbook?	Yes	[X]	No []
		1				2				
	JP Morgan Chase Bank	Name of Cust	todian(s)	383 Madison	Ave. New York.	ustodian Addr NY 10179	ess			
17.2	For all agreements that location and a comple		vith the requirements of the NAIC F	Financial Conc	lition Examiners	Handbook, p	rovide the name,			
	1 Name(s)	2 Location(s)		Co	3 omplete Expla	nation(s)			
		•/	2004.101/(0)				nation(0)			
17.3 17.4	Have there been any o If yes, give full information		g name changes, in the custodian(s to:	s) identified in	17.1 during the	current quarte	er?	Yes	[]]	No [X]
	1 Old Custo	odian	2 New Custodian	Date	3 of Change		4 Reason			
17.5	make investment deci	sions on behalf of	ivestment advisors, investment ma the reporting entity. For assets that tment accounts"; "handle securit	at are manage						
			1 n or Individual	2 Affilia						
			ed in the table for Question 17.5, do more than 10% of the reporting er					Yes	[]	No [X]
	17.5098 For firms/indi total assets u	viduals unaffiliate nder managemer	d with the reporting entity (i.e. designt aggregate to more than 50% of t	gnated with a he reporting e	"U") listed in the ntity's invested a	table for Que	estion 17.5, does the	Yes	[]]	No [X]
17.6		Ū	e table for 17.5 with an affiliation c					е		
	1		2		3		4	Ī	5	
	Central Registration								Invest Manage Agree	ement
	Depository Number		Name of Firm or Individual		Legal Entity Id	entifier (LEI)	Registered With Securities Exchange		(IMA)	
			& Company, LP				Commission		NO	
18.1 18.2			urposes and Procedures Manual o					Yes	[X]	No []
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to per available. In is current on all an actual expect	eporting entity is certifying the follo mit a full credit analysis of the secu contracted interest and principal pa ation of ultimate payment of all cor 5GI securities?	urity does not o ayments. ntracted intere	exist or an NAIC st and principal.	CRP credit ra	ating for an FE or PL	Yes	[]	No [X]
20.	a. The security wa b. The reporting er c. The NAIC Desig on a current priv d. The reporting er	s purchased prior ntity is holding cap nation was derive vate letter rating h ntity is not permitte	reporting entity is certifying the foll to January 1, 2018. bital commensurate with the NAIC I ed from the credit rating assigned b eld by the insurer and available for ed to share this credit rating of the PLGI securities?	Designation re by an NAIC CF examination I PL security wi	eported for the so RP in its legal ca by state insurance th the SVO.	ecurity. pacity as a NF ce regulators.	RSRO which is shown	Yes	[]	No [X]
21.	FÉ fund: a. The shares were b. The reporting er c. The security had January 1, 2019 d. The fund only or e. The current repo	e purchased prior ntity is holding cap d a public credit ra predominantly ho prted NAIC Design	registered private fund, the reportin to January 1, 2019. ital commensurate with the NAIC I tting(s) with annual surveillance as olds bonds in its portfolio. nation was derived from the public	Designation re signed by an I	eported for the se NAIC CRP in its	ecurity. legal capacity	as an NRSRO prior to			
	f. The public credit		nual surveillance assigned by an N		•		-0		, .	
	mas the reporting entit	y assigned FE to	Schedule BA non-registered privat	te runas that c	omplied with the	above criteri	a (Yes	LI	No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent			8.0 %
	1.2 A&H cost containment percent		3	8.0 %
	1.3 A&H expense percent excluding cost containment expenses		11	.3 %
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]	

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

	Showing All New Reinsurance Treaties - Current Year to Date									
1	2	3	4	5	6	7	8	9	10	
									Effective	
								Certified	Date of	
NAIC					Type of Reinsurance	Type of		Reinsurer	Certified	
Company	ID	Effective		Domiciliary	Reinsurance	Business		Rating	Reinsurer	
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating	
Oouc	Number	Duic		ounsalction	Ocaca	Ocucu	rype of Kellisulei	(Tunough 0)	rtating	
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1 Direct Business Only										
			2	3	4	5	6	7	8	9	10	
			_	-		-	Federal		-	-		
							Employees	Life and				
		Activo	Assidant and				Health	Annuity	Droports/	Total		
		Active Status	Accident and Health	Medicare	Medicaid	CHIP Title	Benefits Program	Premiums & Other	Property/ Casualty	Total Columns 2	Deposit-Type	
	States, etc.	(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts	
1.	Alabama AL	N.										
	Alaska AK	N								0		
	Arizona AZ	N								0		
-	Arkansas AR	N								0		
	California CA	N								0		
	Colorado CO	N										
6.										0		
	Connecticut CT	N								0		
	Delaware DE	N								0		
	District of Columbia . DC	N								0		
	Florida FL	N								0		
11.	Georgia GA	N								0		
12.	Hawaii HI	N								0		
13.	Idaho ID	N								0		
14.	Illinois IL	N								0		
	Indiana IN	N								0		
	lowa IA	N								0		
	Kansas KS	N.								0		
	Kentucky KY	N				•••••				0		
	Louisiana LA	N								0		
	Maine ME	L		126,924,745						126,924,745		
	Maryland MD	N								0		
22.	Massachusetts MA	N								0		
23.	Michigan MI	N								0		
	Minnesota MN	N					L					
	Mississippi MS	N					[[0		
	Missouri MO	N.								0		
		N.										
	Montana MT									0		
	Nebraska NE	N								0		
	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		
	North Carolina NC	N								0		
	North Dakota ND	N								0		
		N.										
	Ohio OH						•••••			0		
	Oklahoma OK	N								0		
	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	Ν								0		
	Tennessee TN	N								.0		
	Texas	N.										
	Utah UT	N								0		
	Vermont VT	N								0		
	Virginia VA	N								0		
	Washington WA	N								0		
	West Virginia WV	N								0		
	Wisconsin WI	N								0		
	Wyoming WY	N								0		
52.	American Samoa AS	N								0		
53.	Guam GU	N								0		
54.	Puerto Rico PR	N								0		
	U.S. Virgin Islands VI	N								0		
	Northern Mariana											
	Islands MP	N								0		
57.	Canada CAN	N										
	Aggregate Other											
	Aliens OT	XXX	0	0	0	0	0	0	0	0	0	
59.	Subtotal	XXX	0	126,924,745	0	0	0	0	0		0	
	Reporting Entity		J									
00.	Contributions for Employee											
	Benefit Plans	XXX								0		
61.	Totals (Direct Business)	XXX	0	126,924,745	0	0	0	0	0	126,924,745	0	
	DETAILS OF WRITE-INS	~~~	<u>J</u>	120,027,170		0	0	5	5	120,024,140	5	
58001.	DETAILS OF WRITE-INS	xxx										
58001.		XXX	t	t	[†	t	t		t		
58002. 58003.							1	1				
	Summary of remaining		+				†	+		•••••		
55330.	write-ins for Line 58 from											
1	overflow page	xxx	0	0	0	0	0	0	0	0	0	
58999	Totals (Lines 58001 through									0		
55555.	58003 plus 58998)(Line 58											
	above)	XXX	0	0	0	0	0	0	0	0	0	
	Status Counts:		J	ı J	, v	J		ı v	, J		. 0	

 (a) Active Status Counts:
 0
 0

 L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG......

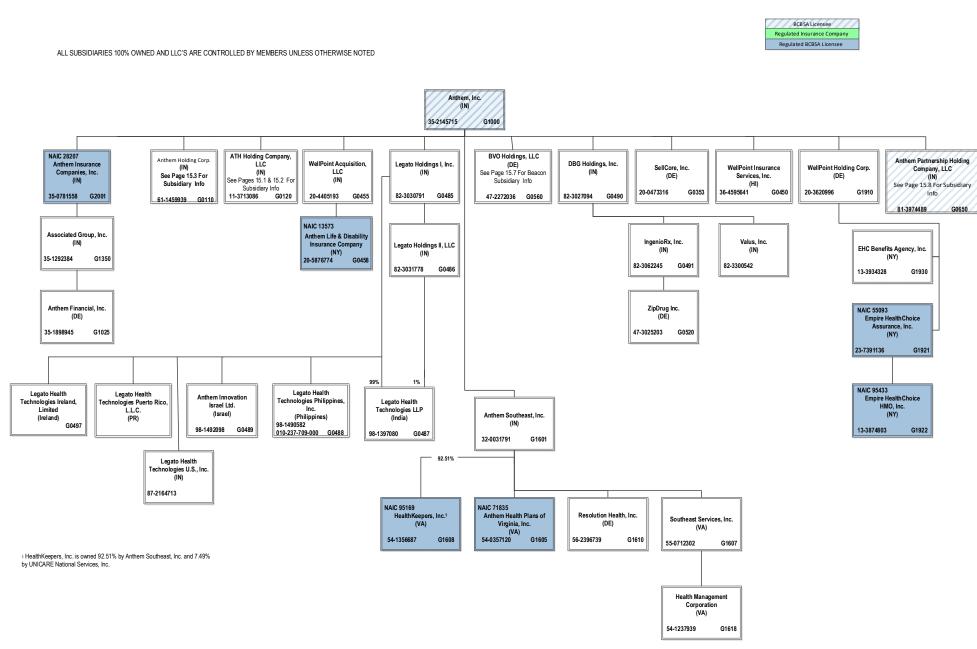
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

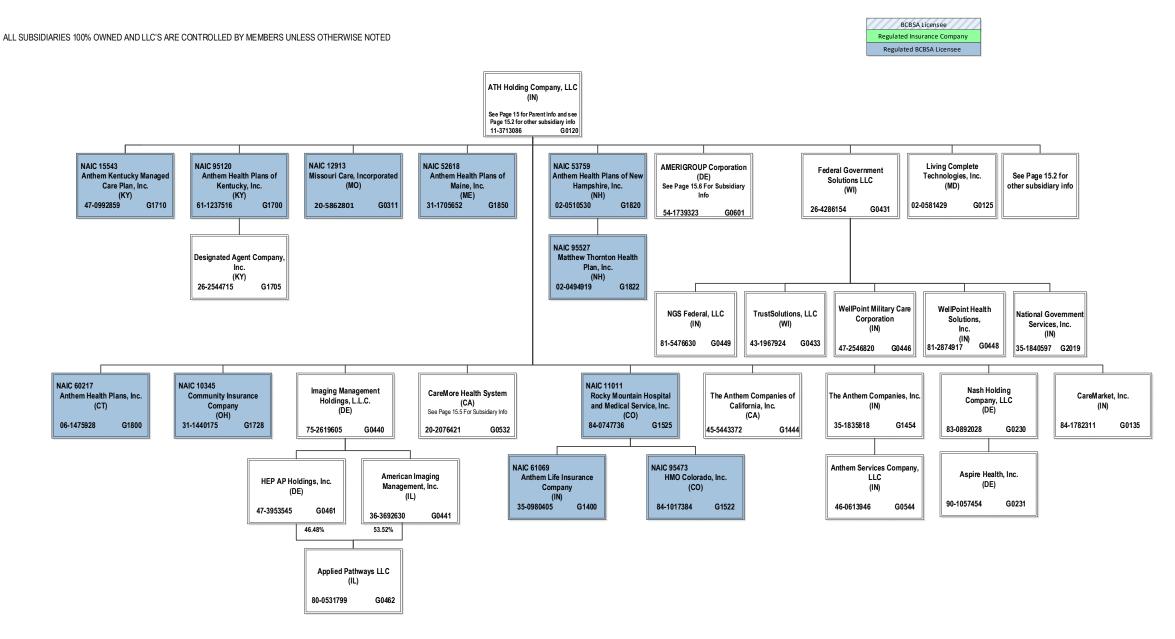
 N - None of the above - Not allowed to write business in the state.....

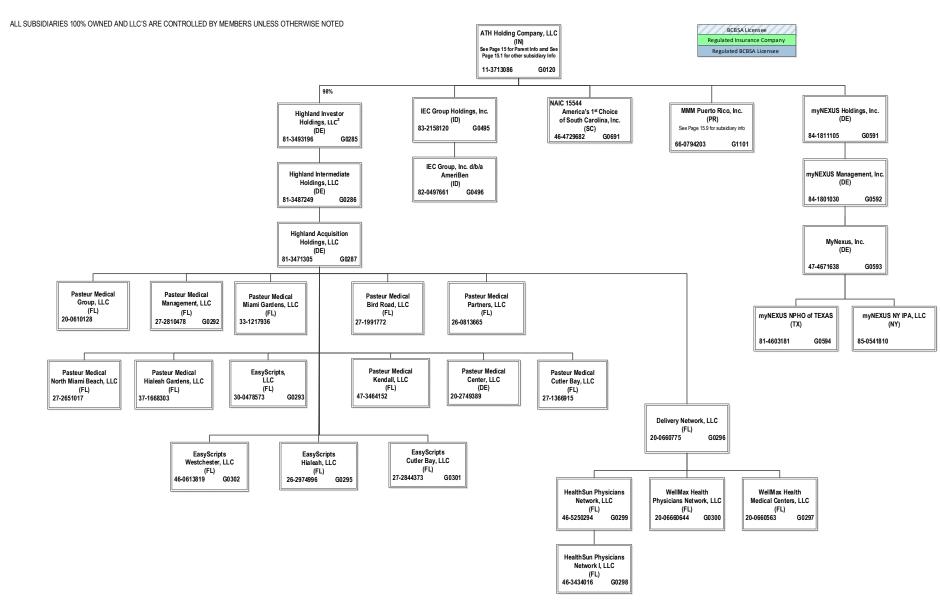
R - Registered - Non-domiciled RRGs.... .0 Q - Qualified - Qualified or accredited reinsurer.0

.1 .0

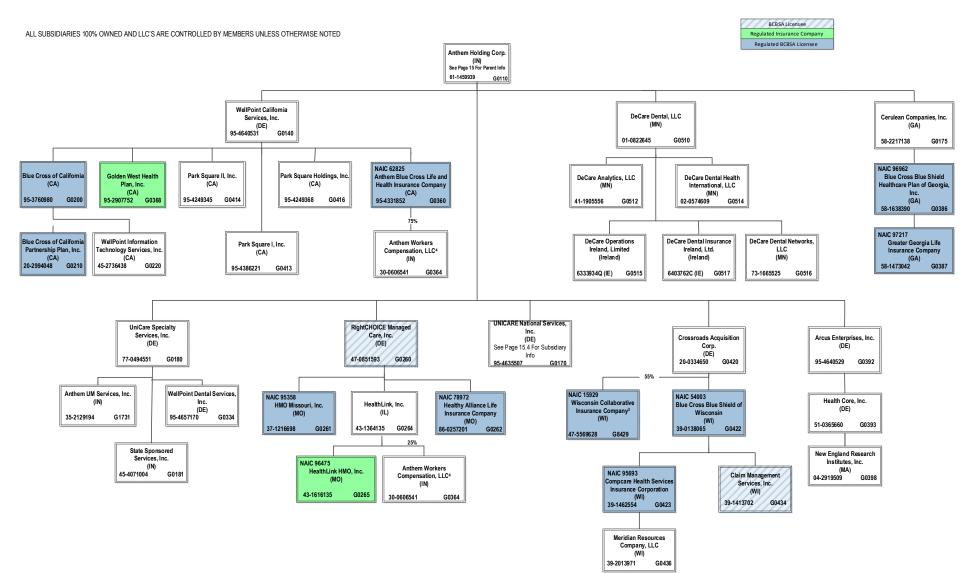
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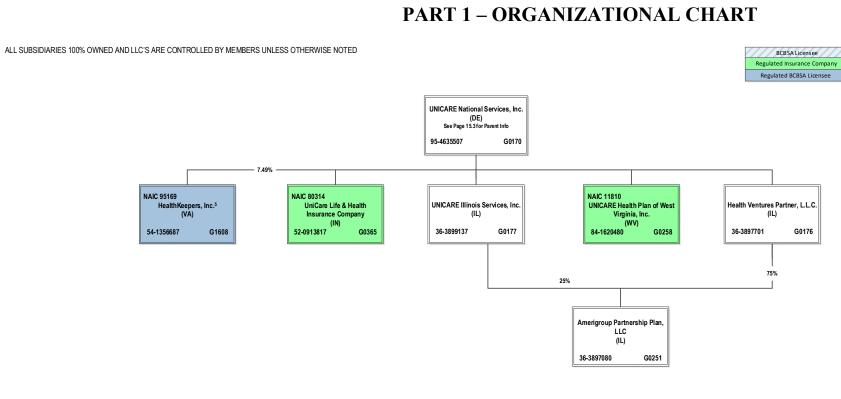


² ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.



³Wisconsin Collaborative Insurance Company is a joint venture 55% owned by Crossroads Acquisition Corp. and 45% owned by Aurora Health Care, Inc. (non-affliate). Not consolidated for accounting purposes.

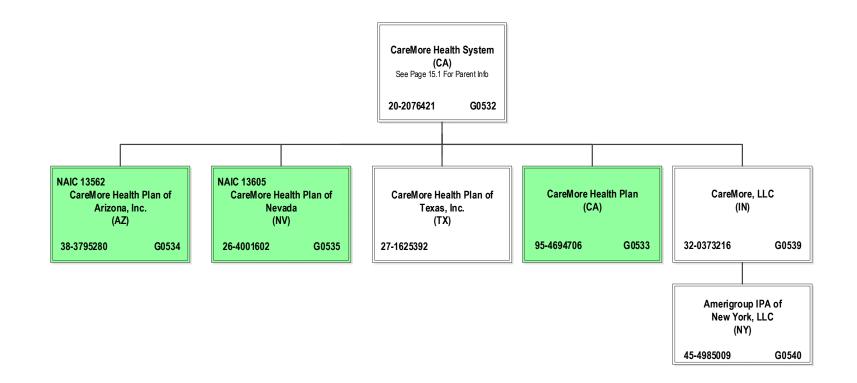
⁴ Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

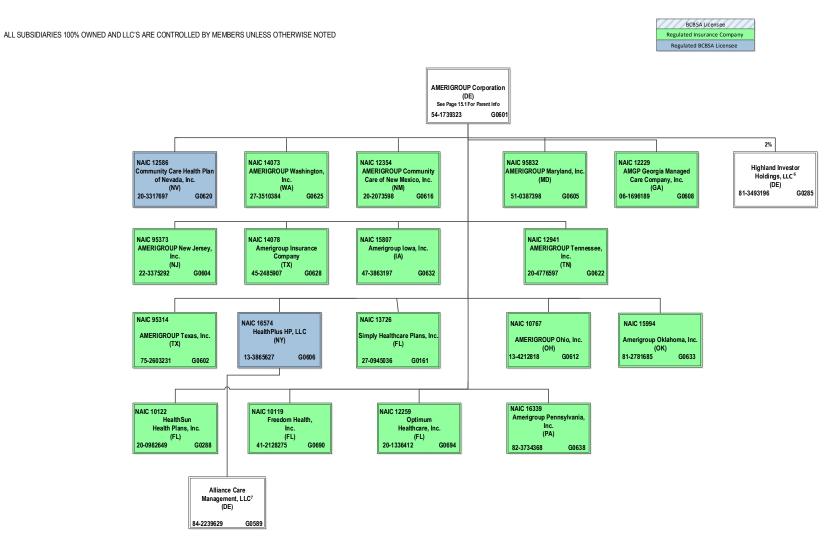


 5 HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

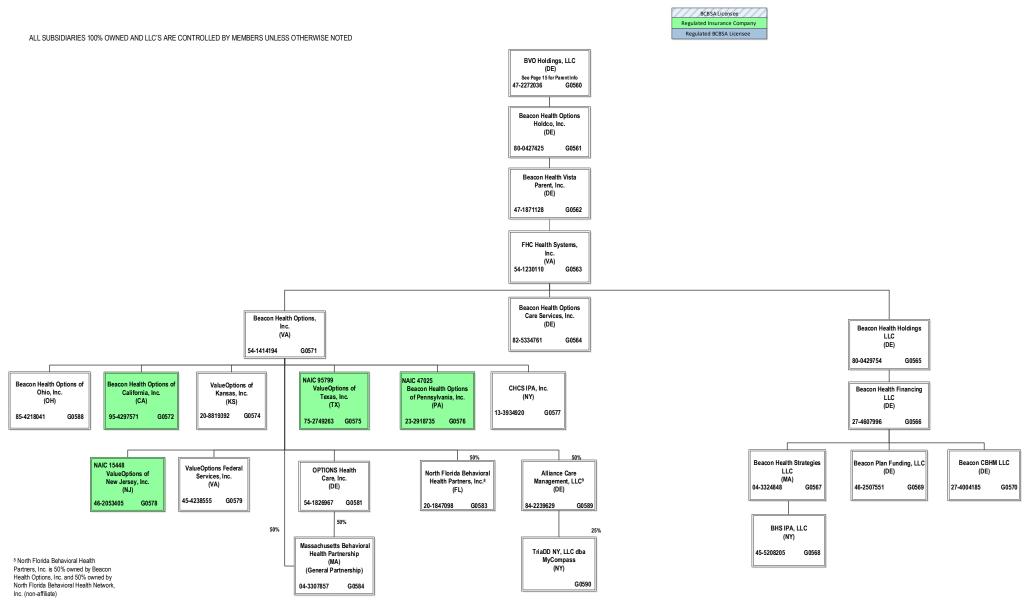
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



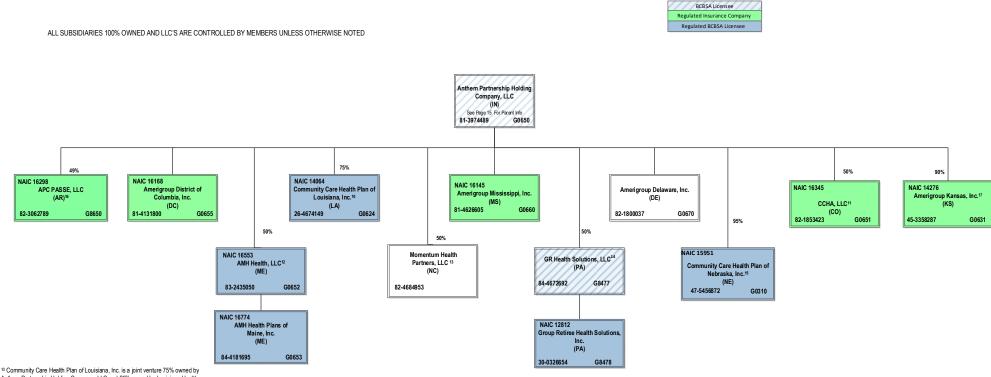


⁶ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

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



⁹ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.



¹⁰ 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 (nonaffiliate)

¹¹ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

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

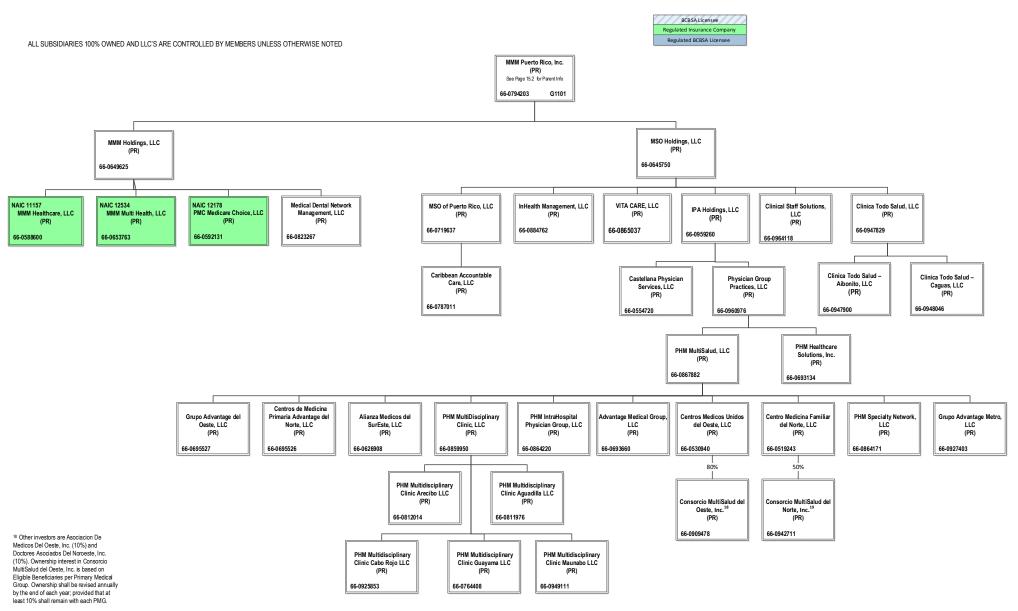
¹³ Momentum Health Partners, LLC is a joint venture 50% owned by Arthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

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

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

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

¹⁷ Amerigroup Kansas, Inc. (renamed Community Care Health Pian of Kansas, Inc. effective October 4, 2021) is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).



¹⁹ Other 50% owned by ACO del Norte, LLC (non-affiliate)

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
			-						-	-		Туре	lf		_	
												of Control	Control			
												(Ownership,	is		ls an	
							Name of Securities			Relation-		Board,	Owner-		SCA	
							Exchange		Domi-	ship		Management,	ship		Filing	
			NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Grou	a		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	2
Cod	e	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem,	Inc		66-0693660		0001156039		Advantage Medical Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem,			66-0626908		0001156039		Alianza Medicos del SurEste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
0671		Inc		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc	Ownership		Anthem, Inc	N	
0671		Inc		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem,	Inc		36-3692630		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthon	Inc.	15544	46-4729682		0001156039		America's 1st Choice of South Carolina, Inc.	SC	IA	ATH Holding Company, LLC	Ownership	100,000	Anthem, Inc.	N	
	Antriem,	Inc	10044	40-4/29002	-	0001100039		AMERIGROUP Community Care of New Mexico, Inc.			ATH Hording Company, LLC	Owner ship		Antrem, Inc.	N	
0671	Anthem	Inc	12354	20-2073598		0001156039		AMENTONOOI COMMUNITY Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	Ν	
0671		Inc.		54-1739323		0001156039		AMERIGROUP Corporation		NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem,	Inc.		82-1800037		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem,	Inc		81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC .	Ownership		Anthem, Inc.	N	
0671		Inc	14078	45-2485907		0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671		Inc	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership		Anthem, Inc.	N	
0671		Inc		45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc	N	
0671	,	Inc	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	Anthem Partnership Holding Company, LLC .	Ownership		Anthem, Inc.	N	0118
0671		Inc		51-0387398 81-4626605		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership Ownership	100.000 100.000	Anthem, Inc. Anthem, Inc.	N	
0671		Inc		22-3375292		0001156039		Amerigroup Mississippi, Inc	NS NJ	IA	Anthem Partnership Holding Company, LLC . AMERIGROUP Corporation	Ownership		Anthem, Inc	N	
0671		Inc.		13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671		Inc.		81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership		Anthem, Inc.	NN.	
0671		Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Owner ship	75.000	Anthem, Inc.	N	
0671		Inc		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership		Anthem, Inc.	N.	
0671	Anthem,	Inc		82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671		Inc		20-4776597		0001156039		AMERIGROUP Tennessee, Inc	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc	N	
0671		Inc		75-2603231		0001156039		AMERIGROUP Texas, Inc	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc	N	
0671		Inc		27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	9.000	Anthem, Inc.	N	
0671		Inc		06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership		Anthem, Inc.	N	
0671 0671		Inc		83-2435050 84-4181695		0001156039		AMH Health, LLC AMH Health Plans of Maine, Inc	ME ME	RE DS	Anthem Partnership Holding Company, LLC . AMH Health. LLC	Ownership Ownership		Anthem, Inc. Anthem, Inc.	N N	0102
	AITLITEIII,	IIIC	10//4	04-4101090		0001100039		Anthem Blue Cross Life and Health Insurance	ME		Awin neartin, LLC	Owner simp		Anthem, mc.		
0671	Anthem	Inc.	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem. Inc.	N	
0671		Inc.		35-1898945		0001156039		Anthem Financial. Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem. Inc.	N	
		Inc.		61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671		Inc		31-1705652		0001156039		Anthem Health Plans of Maine, Inc	ME	IA	ATH Holding Company, LLC	Ownership		Anthem, Inc.	N	
0671		Inc	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc	NH	IA	ATH Holding Company, LLC	Ownership		Anthem, Inc	N	
0671		Inc		54-0357120	. 40003317	0001156039		Anthem Health Plans of Virginia, Inc	VA	IA	Anthem Southeast, Inc.	Ownership		Anthem, Inc.	N	
0671		Inc		06-1475928	.	0001156039 0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem,	Inc		61-1459939		0001156039	New Verla Otterla Freebourg	Anthem Holding Corp	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthom	Inc.		35-2145715	1	0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem. Inc.	N	
0671		Inc.		98-1492098		0001156039	(NI OL)	Anthem Innovation Israel Ltd	ISR		Legato Holdings I. Inc.	Ownership		Anthem, Inc.	N	
0671		Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.	ISh	IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	NN	
0671		Inc.		47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	КҮ	IA	ATH Holding Company, LLC	Ownership.	100.000	Anthem, Inc.	N	
0671		Inc.		20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership		Anthem, Inc.	N	
					1						Rocky Mountain Hospital and Medical					
0671		Inc	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership		Anthem, Inc	N	
0671		Inc		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	UDP	Anthem, Inc.	Ownership		Anthem, Inc	N	
0671		Inc		46-0613946		0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671		Inc		32-0031791	·	0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem,	Inc		35-2129194		0001156039		Anthem UM Services, Inc	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthom	Inc.		30-0606541	1	0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insuran Company	Ownership	75.000	Anthem, Inc.	N	
0671	Anthem,			30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN IN	NIA NIA	HealthLink. Inc.	Ownership	25.000	Anthem, Inc.	N	0109
				00 0000041				mittion noritors compensation, LLC	00		nour memory mo.	omoromp.		Autom, no.		

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

1 2 3 4 5 6 7 8 9 10 11 12 13 Type If Type If If<	14	15 Is an SCA Filing	16
Name of Securities Name of Secur		SCA	
Name of Securities Name of Secur		SCA	
Name of Securities Name of Securities Relation- Board, Owner- NAIC Name of Securities Name of Securities Name of Securities Name of Securities NAIC Name of Securities Name of Securities Name of Securities Name of Securities NAIC If Publicly Traded Names of ciliary to Attorney-in-Fact, Provide		SCA	
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SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	0671	Anthem, Inc.		. 75-2619605		0001156039				NIA	ATH Holding Company, LLC	Ownership				
								IngenioRX, Inc.	IN							
0671 Anthem, Inc															N	
	0671	Anthem, Inc		. 66-0959260		0001156039		IPA Holdings, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	

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
											Туре	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem, Inc		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc	Ownership	100.000	Anthem, Inc	N	0105
0671	Anthem, Inc				0001156039		Legato Health Technologies Ireland, Ltd	IRL	NIA	Legato Holdings I, Inc	Ownership	100.000	Anthem, Inc	N	
0074			00 4400500		0004450000		Legato Health Technologies Philippines, Inc.				Ownership	400,000			0106
0671 0671	Anthem, Inc Anthem. Inc.		98-1490582		0001156039		Legato Health Technologies Puerto Rico, LLC	PHL PR.	NIA NIA	Legato Holdings I, Inc. Legato Holdings I, Inc.	Ownership Ownership	100.000	Anthem, Inc. Anthem, Inc.	N N.	0106
0671	Anthem, Inc.		82-3030791		0001156039		Legato Holdings I. Inc.	rn IN	NIA	Anthem. Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN		Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N.	
	Anthem, Inc.		87-2164713		0001156039		Legato Health Technologies, U.S., Inc	IN		Legato Holdings I, Inc.	Ownership.	100.000	Anthem, Inc.	N	
	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD		ATH Holding Company, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc		04-3307857		0001156039		Massachusetts Behavioral Health Partnership .	MA		Beacon Health Options, Inc	Ownership		Anthem, Inc	N	0111
0671	Anthem, Inc		04-3307857		0001156039		Massachusetts Behavioral Health Partnership .	MA	NIA	OPTIONS Health Care, Inc	Ownership		Anthem, Inc	N	0111
ac= :		055-5								Anthem Health Plans of New Hampshire, Inc.					
0671	Anthem, Inc.		02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH PR	IA		Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc		66-0823267		0001156039		Medical Dental Network Management, LLC	PK	NIA	MMM Holdings, LLC Compcare Health Services Insurance	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC		NIA	Comporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-5862801		0001156039		Missouri Care. Incorporated	W1	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		66-0588600		0001156039		MMM Healthcare, LLC	PR	IA.	MM Holdings. LLC	Ownership	100.000	Anthem, Inc.	N	1
	Anthem, Inc.		66-0649625		0001156039		MMM Holdings, LLC	PR	NIA	MMM Puerto Rico. Inc.	Ownership		Anthem, Inc.	N	
	Anthem, Inc.		66-0653763		0001156039		MMM Multi Health, LLC	PR	IA	MMM Holdings, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc		66-0794203		0001156039		MMM Puerto Rico, Inc	PR	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership		Anthem, Inc	N	0102
0671	Anthem, Inc		66-0645750		0001156039		MSO Holdings, LLC	PR		MMM Puerto Rico, Inc	Ownership	100.000	Anthem, Inc	N	
0671	Anthem, Inc.		66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.		84-1811105 47-4671638		0001156039		myNEXUS Holdings, Inc. MyNexus, Inc.	DE DE	NIA NIA	ATH Holding Company, LLC myNEXUS Management, Inc	Ownership Ownership	100.000 100.000	Anthem, Inc Anthem, Inc	N N	
	Anthem, Inc Anthem. Inc.		47-467 1638 84-1801030		0001156039		myNEXUS, Inc. myNEXUS Management, Inc.	DE DE	NIA NIA	myNEXUS Management, Inc	Ownership	100.000	Anthem, Inc. Anthem, Inc.	N N	
	Anthem, Inc.		81-4603181		0001156039		myNEXUS NPHO of TEXAS	DE TX	NIA	MyNexus, Inc.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem. Inc.		85-0541810		0001156039		myNEXUS NY IPA. LLC	NY	NIA	MyNexus, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Health Core, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc	N	
							North Florida Behavioral Health Partners,								
0671 0671	Anthem, Inc. Anthem, Inc.		20-1847098 20-1336412		0001156039		Inc. Optimum Healthcare. Inc.	FL FL	NIA IA	Beacon Health Options, Inc AMERIGROUP Corporation	Ownership Ownership		Anthem, Inc.	N N	0113
0671	Anthem, Inc.		20-1336412 54-1826967		0001156039		OPTIONS Health Care, Inc.	FL DE		Beacon Health Options. Inc.	Ownership	100.000	Anthem, Inc Anthem, Inc	N	
0671	Anthem, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	DE	NIA	WellPoint California Services, Inc	Ownership		Anthem, Inc.	N	
	Anthem, Inc.		95-4386221		0001156039		Park Square I. Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership		Anthem, Inc.	N.	1
	Anthem, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA		WellPoint California Services, Inc	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL		Highland Acquisition Holdings, LLC	Ownership		Anthem. Inc.	N.	
0671	Anthem, Inc		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership		Anthem, Inc.	N.	
0671	Anthem, Inc		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL		Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc	N	
0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL		Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-2810478 33-1217936		0001156039		Pasteur Medical Management, LLC	FL FL		Highland Acquisition Holdings, LLC	Ownership Ownership	100.000	Anthem, Inc.	N N.	
	Anthem, Inc Anthem. Inc.		33-121/936 27-2651017		0001156039		Pasteur Medical Miami Gardens, LLC Pasteur Medical North Miami Beach, LLC	FL 		Highland Acquisition Holdings, LLC Highland Acquisition Holdings, LLC	Ownership Ownership	100.000	Anthem, Inc Anthem. Inc.	N N	
0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL		Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		66-0693134		0001156039		PHM Healthcare Solutions. Inc.	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Anthem, Inc.	N	1
0671	Anthem, Inc.		66-0864220		0001156039		PHM IntraHospital Physician Group, LLC	PR		PHM MultiSalud, LLC	Ownership.		Anthem, Inc.	N.	
. 0671	Anthem, Inc.		66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership		Anthem, Inc.	N	

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
											Туре	lf			
											of Control	Control			
											(Ownership.	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management.	ship		Filing	
		NAIC				if Publicly Traded	Names of	-			Attornev-in-Fact.			Re-	
			15	F . 1 1				ciliary	to			Provide			
Group	a b	Company	ID	Federal	0.114	(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)	*
	nthem, Inc.		66-0925853		0001156039		PHM Multidisciplinary Clinic Cabo Rojo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		66-0859950		0001156039		PHM MultiDisciplinary Clinic, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		66-0764408		0001156039		PHM Multidisciplinary Clinic Guayama LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		66-0949111		0001156039		PHM Multidisciplinary Clinic Maunabo LLC	PR		PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		66-0867882		0001156039		PHM MultiSalud, LLC	PR		Physician Group Practices, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership		Anthem, Inc.	N	
	nthem, Inc.		66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.	12178	66-0592131		0001156039		PMC Medicare Choice, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership Ownership	100.000	Anthem, Inc Anthem. Inc.	N N	
0671 A	nthem, Inc		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp	Ownership	100.000	Anthem, Inc.	N	
0671 A	nthem. Inc.	11011	84-0747736		0001156039		Rocky Mountain Hospital and Medical Service, Inc.	00	IA	ATH Helding Organization 11.0	Ownership	100.000	Anthem, Inc.	м	
			20-0473316					CO DE		ATH Holding Company, LLC	Ownership		Anthem, Inc.	NN.	
	nthem, Inc.	13726	20-04/3316		0001156039		SellCore, Inc. Simply Healthcare Plans, Inc.		NIA IA	Anthem, Inc. AMERIGROUP Corporation	Ownership	100.000 100.000	Anthem, Inc	N	
	nthem, Inc.	13/20	55-0712302		0001156039					AMERIGHOUP corporation Anthem Southeast, Inc	Ownership	100.000	Anthem, Inc.	NN	
	nthem, Inc nthem. Inc.		45-4071004		0001156039		Southeast Services, Inc.	VA IN	NIA	UNICARE Specialty Services, Inc.	Ownership.		Anthem, Inc.	N	
	nthem, Inc.		45-407 1004		0001156039		State Sponsored Services, Inc	IN		ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc.	CA		ATH Holding Company, LLC ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	inthem, Inc.				0001156039		TriaDD NY, LLC dba MyCompass	UA NY		Alliance Care Management, LLC	Ownership		Anthem, Inc.	N	
	nthem. Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
	nthem. Inc.		36-3899137		0001156039		UNICARE III inois Services. Inc.		NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N.	
	nthem. Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
	nthem. Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	NN.	
	in them Inc		77-0494551		0001156039		UNICARE Specialty Services. Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
	nthem. Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options. Inc.	Owner ship	100.000	Anthem, Inc.	N	
	nthem. Inc.		20-8819392		0001156039		ValueOptions of Kansas, Inc.	KS.		Beacon Health Options. Inc.	Owner ship.	100.000	Anthem, Inc.	N	
	nthem, Inc.	15448	46-2053405		0001156039		ValueOptions of New Jersey, Inc.	NJ	IA	Beacon Health Options. Inc.	Owner ship	100.000	Anthem, Inc.	N	
	nthem. Inc.		75-2749263		0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options. Inc.	Ownership.	100.000	Anthem. Inc.	N.	
	nthem. Inc.		82-3300542		0001156039		Valus, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
	nthem. Inc.		66-0865037		0001156039		VITA CARE, LLC	PR	NIA	MSO Holdings, LLC	Ownership.	100.000	Anthem. Inc.	N	
	nthem, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL		Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC			Delivery Network, LLC	Ownership.		Anthem, Inc.	N.	
	nthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership		Anthem, Inc.	N	
0671 A	nthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.		Anthem, Inc.	N	
0671 A	nthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership.	100.000	Anthem, Inc.	N	
0671 A	nthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership.		Anthem, Inc.	N	
0671 A	nthem, Inc		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
							WellPoint Information Technology Services,								
0671 A	nthem, Inc		45-2736438		0001156039		Inc	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
	nthem, Inc		47-2546820		0001156039		WellPoint Military Care Corporation	IN		Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc	N	
	nthem, Inc	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership		Anthem, Inc	N	0110
0671 A	nthem, Inc		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc	Ownership	100.000	Anthem, Inc	N	

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

Asterisk	Explanation
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 98% owned by ATH Holding Company, LLC. an Indiana limited liability company, and Amerigroup Corporation holds the remaining 2% interest.
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
0116	5% owned by an unaffiliated investor
0117	TriaDD NY, LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates.
0118	Blue Cross and Blue Shield of Kansas, Inc. and Blue Cross and Blue Shield of Kansas City (non affiliates), each own 5% of Amerigroup Kansas, Inc., with the remaining 90% owned by Anthem Partnership Holding Company, LLC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? ...

NO

Explanation:

- 1.
- Bar Code:
- 1. Medicare Part D Coverage Supplement [Document Identifier 365]



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 impairment 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

		1	2
		March Bat	Prior Year Ended
		Year to Date	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 test premand to mitme test and the mitme t		
9.	Total foreign exchange change in book value/recursed involution exchange accrued interest international internationa		
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	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,357,740	
2.	Cost of bonds and stocks acquired		2,400,000
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	(511,971)	(161,744)
5.	Total gain (loss) on disposals		0
6.	Deduct consideration for bonds and stocks disposed of		0
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		2,357,740
12.	Deduct total nonadmitted amounts		2,238,256
13.	Statement value at end of current period (Line 11 minus Line 12)	31,421,896	119,484

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)			5, 109, 495			5,113,581		
2. NAIC 2 (a)		0					0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0 .	0	0 .	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	34,923,269	25,505,310	34,947,323	113, 161	35,070,089	34,923,269	25,594,417	119,484
PREFERRED STOCK								
8. NAIC 1	0				0 .	0	0 .	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	34,923,269	25,505,310	34,947,323	113, 161	35,070,089	34,923,269	25,594,417	119,484

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

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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

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

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

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

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

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SCHEDULE D - PART 3

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

	-	-							
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
			Data						
CUSIP		_ ·	Date		Shares of		5.14	Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
464287-17-6 464287-45-7	ISHARES TIPS BOND ETF ETF		09/29/2021	WallachBeth	0.000 .0.000		0	0	1.A
464287-45-7	ISHARES BARGLAYS 1-3 YEAR THEA ISHARES BARCLAYS MBS BOND FUND		09/29/2021	WallachBeth	0.000		0		1.A 1 E
464288-58-8	ISHARES BARGLAYS MBS BOND FUND		09/29/2021	WallachBeth	0.000	1,500,125	U	U	1.1
464288-61-2	ISHARES INTERNEDIATE GOVERNM ETF			WallachBeth	0.000			0	1 F
464288-66-1	ISHARES BARCLAYS 3-7 YEAR			WallachBeth	0.000	1,500,577			1.A
464298-65-5	ISHARES FLOATING RATE BOND E EFT			WallachBeth		1,500,469		0	1.G
46434V-87-8	ISHARES ULTRA SHORT TERM BON ETF			WallachBeth	0.000	1,500,171	0	0	1.A
78464A-64-9	SPDR BLOOMBERG BARCLAYS AGGREG			WallachBeth	0.000			0	1.F
78468R-20-0	SPDR BBG BARC IG FLOATING RT ETF		09/29/2021	WallachBeth	0.000	1,499,978	0	0	1.G
78468R-66-3	SPDR BBG BARC 1 3 MONTH TBIL ETF		09/29/2021	WallachBeth	0.000	1,499,889	0	0	1.A
921937-79-3	VANGUARD LONG TERM BOND ETF ETF		09/29/2021	WallachBeth	0.000		0	0	1.G
921937-81-9	VANGUARD INTERMEDIATE TERM B ETF		09/29/2021	WallachBeth	0.000	1,501,017	0	0	1.G
921937-82-7	VANGUARD			WallachBeth	0.000		0	0	1.E
921937-83-5	VANGUARD ETF		09/29/2021	WallachBeth	0.000		0	0	1.F
92206C-77-1 922907-74-6	VANGUARD MORTGAGE-BACKED SEC ETF		09/29/2021	WallachBeth WallachBeth	0.000			0	1.A
	otal - Bonds - SVO Identified Funds			Wallachbein	0.000 .	25,505,310		U	XXX
							0	U	
	- Bonds - Part 3					25,505,310	0	0	XXX
	- Bonds - Part 5					XXX	XXX	XXX	XXX
8399999. Total						25,505,310	0	0	XXX
8999997. Total	- Preferred Stocks - Part 3					0	XXX	0	XXX
8999998. Total	- Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks					0	XXX	0	XXX
466410-24-1	JPM US AGG BOND ETF ETF		09/29/2021	WallachBeth				0	
9099999, Subt	otal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly	Traded			•	1,501,194	XXX	0	XXX
	AMH Health Plans of Maine, Inc.			Capital Contribution		2,000,000		-	
	otal - Common Stocks - Parent, Subsidiaries and Affiliates Other					2,000,000	XXX	0	XXX
	- Common Stocks - Part 3					3,501,194	XXX	۰ ۱	XXX
	- Common Stocks - Part 5					XXX	XXX	XXX	XXX
	- Common Stocks - Part 5				^				
			3,501,194	XXX	0	XXX			
	- Preferred and Common Stocks					3,501,194	XXX	0	XXX
9999999 - Tota	ls					29,006,504	XXX	0	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7		a	10			ok/Adjusted		18	19	20	21	22			
'	2	5	-	5	U	,	0	3	10	11		13	14	15	16		10	13	20	21	NAIC
										''	14	15		15							Desig-
																					nation.
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized		Temporary		Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion		13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	ISHARES IBOXX INV GRD CORP BON		09/29/2021	WallachBeth	0.000	3,658,480			0	0	11,376	0	11,376	0		0					2.A
	ISHARES INTERMEDIATE TERM CORP		09/29/2021	WallachBeth	0.000	8,535,613			0	0	2,091	0	2,091	0	8,432,930	0					2.B
	ISHARES SHORT TERM CORPORATE B		09/29/2021	WallachBeth WallachBeth	0.000	7,645,294		7,664,207	0	0	0	0	0	0	7,664,207	0	(18,913)	(18,913)			2.A
	JPMORGAN ULTRA-SHORT INCOME			WallachBeth	0.000 .0.000	5, 103,934 10, 182,865		5, 109, 495 	U	0		0		0		0	(5,562) 30,733	(5,562) 			1.G
	Subtotal - Bonds - SVO Identified Fund	ds				35, 126, 186	736.202	35,000,696	0	0	(53,373)		(53, 373)	0	34,947,323	0	178.862	178.862	266.866	XXX	XXX
8399997.	Total - Bonds - Part 4					35, 126, 186	736,202	35,000,696	0	0	(53,373)		(53, 373)	0	34,947,323	0	178,862	178,862	266,866	XXX	XXX
8399998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999.	Total - Bonds					35, 126, 186	736,202	35,000,696	0	0	(53,373)	0	(53, 373)	0	34,947,323	0	178,862	178,862	266,866	XXX	XXX
8999997.	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998.	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999.	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997.	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998.	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999.	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999.	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
			•																		
												-									
9999999	Totals		*			35, 126, 186	XXX	35,000,696	0	0	(53,373)	0	(53, 373)	0	34,947,323	0	178,862	178,862	266,866	XXX	XXX

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 $N\ O\ N\ E$

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH								
		Month	End Depository	Balances				
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
		Rate of		at Current	6	7	8	*
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
101 S. Tryon Street, 19th Floor, Charlotte, NC 28255								
Bank of America		0.000	0	0		(132,062)		XXX
JP Morgan Chase Floor, New York, NY 10004		0.000	0	0	42,350,751			XXX
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	xxx	xxx					i	xxx
0199999. Totals - Open Depositories	XXX	XXX	0	0	42,409,231	33,264,623	37,604,257	XXX
0299998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	xxx	xxx						xxx
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	42,409,231	33,264,623	37,604,257	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
								· · · · · · · · · · · · · · · · · · ·
	XXX	XXX	0	0	42,409,231	33,264,623	37,604,257	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

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