

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

AMH Health, LLC

NAI	C Group Code 0671 (Prior) NA	AIC Company Cod	e <u>16553</u> Employer'	s ID Number 83-243	35050	
Organized under the Laws of	Maine	,	State of Domicile or Port of	f Entry	ME	
Country of Domicile		United States of	America			
Licensed as business type:	H	ealth Maintenance	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 o	or Town, State, Country an	nd Zip Code)	
Main Administrative Office		4425 Corporation				
\	/irginia Beach, VA, US 23462	(Street and N	umber)	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	23462	
	(Street and Number or P.O. Box)		(City	or Town, State, Country an	nd Zip Code)	
Primary Location of Books and	Records	220 Virginia	Avenue			
	Indianandia IN LIC 40004	(Street and N	umber)	247 422 0000		
(City or	Indianapolis, IN, US 46204 Town, State, Country and Zip Code)		(317-432-6988 (Area Code) (Telephone N	umber)	
Internet Website Address	,	www.elevanceh		, , ,	,	
internet Website Address _		www.eievancen	eaitii.com			
Statutory Statement Contact	Leigh Barrett (Name)		1	317-432-698 (Area Code) (Telepho		
leiç	gh.barrett@elevancehealth.com	, _		317-488-6200	nie Number)	
	(E-mail Address)			(FAX Number)		
		OFFICE	RS			
President and Chairperson _	Albert Graton Swallow III		Treasurer	Vincent	Edward Scher	
Secretary _	Kathleen Susan Kiefer		Assistant Treasurer	Eric K	enneth Noble	
		OTHE	₹			
		RECTORS OR	TRUSTEES			
	ert Kenter#	Francis George	McGinty #		Braton Swallow III	
	Moore # M Smith #	arshall Robert Cha	amberlin M.D #	Mark Jo	oseph Schneider	
				-		
State of	Indiana					
County of	Marion 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 or respectively. Furthermore, the exact copy (except for formal)	ntity being duly sworn, each depose and say sets were the absolute property of the said de xhibits, schedules and explanations there d reporting entity as of the reporting period s' Annual Statement Instructions and Accountififferences in reporting not related to acc e scope of this attestation by the described on g differences due to electronic filing) of the	reporting entity, frincontained, annotated above, and cong Practices and Founting practices officers also include	ee and clear from any lier exed or referred to, is a full of its income and deductior frocedures manual except and procedures, accordin es the related correspond	ns or claims thereon, exce and true statement of all t as therefrom for the period to the extent that: (1) stat ig to the best of their inf ing electronic filing with the	ept as herein stated, he assets and liabilit ended, and have be le law may differ; or, formation, knowledge e NAIC, when requi	and that this ies and of the en completed (2) that state ge and belief, red, that is an
to the enclosed statement DocuSign	ned by:	Signed b	y:	,	DocuSigned by:	
		kathy	kiehr		Vincent \mathcal{E} .	Scher
	AB6114AB	(E05784B1		A85A33722D4143	E
Albert Graton Sw President		Kathleen Susa Secreta		Vin	cent Edward Scher Treasurer	
Landi	e me this _October 2024		a. Is this an original fili b. If no, 1. State the amendr 2. Date filed 3. Number of pages	ment number	Yes [X] No [1
Louanna Stiner Executive Admin Assistant 06/29/31	LOUANNA STINER Notary Public - Seal Marion County - State of Indiana					

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	80,537,422		80,537,422	77,207,411
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks	4,648,592		4,648,592	3,890,575
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5.	Cash (\$ 18,700,797), cash equivalents				
	(\$) and short-term				
	investments (\$	18.700.797		18,700,797	
6.	Contract loans (including \$ premium notes)			0	0
7.	Derivatives			0	0
8.	Other invested assets			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets				0
	Subtotals, cash and invested assets (Lines 1 to 11)			103,886,811	99,480,206
	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued	819,513		819,513	686,842
	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	132,014	89,720	42,294	24,787
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$8, 183,814)	8,954,846		8,954,846	5,414,090
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	4,882,867		4,882,867	5,711,846
18.1	Current federal and foreign income tax recoverable and interest thereon	465,757		465,757	465,757
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$0)				0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
23.	Receivables from parent, subsidiaries and affiliates				0
	Health care (\$2,759,730) and other amounts receivable			2,759,730	2,726,623
25.	Aggregate write-ins for other than invested assets	381, 138	381, 138	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and	100 057 000	0 445 444	121,811,818	11/ 510 151
07	Protected Cell Accounts (Lines 12 to 25)	123,957,229	2, 145,411	121,811,818	114,510,151
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	123,957,229	2,145,411		114,510,151
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
	Summary of remaining write-ins for Line 11 from overflow page				0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0		0	0
	Prepaid expenses	_		0	0
2502.	Tropula expenses				
2502. 2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	381,138	381,138	0	0
∠ეყყ.	rotais (Lines 2001 tillough 2003 plus 2098)(Line 20 above)	აი 1, 138	ან I , I აზ	Ü	U

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP	117 (2 / (112	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)			29,801,520	
2.	Accrued medical incentive pool and bonus amounts	1,288,922		1,288,922	1,852,895
3.	Unpaid claims adjustment expenses	537 , 158		537 , 158	729,627
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	4,557,120		4,557,120	14,265,925
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
	·	21,012		21,012	17,007
10.1				٥	0
	(including \$ on realized gains (losses))				
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	66,071		66,071	43,740
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	17,975,305		17,975,305	15,244,561
16.	Derivatives			0	0
17.	Payable for securities			0	0
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
20.	companies			0	0
	· ·				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	3,214,110		3,214,110	5,542,5/5
23.	Aggregate write-ins for other liabilities (including \$				
	current)	· ·			
24.	Total liabilities (Lines 1 to 23)			57,621,890	
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				104,002,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	(39,812,072)	(63,937,057)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$)	XXX	XXX		
	32.2shares preferred (value included in Line 27				
	\$	YYY	YYY		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.		XXX	XXX	121,811,818	114,510,151
34.	Total liabilities, capital and surplus (Lines 24 and 33)	***	***	121,011,010	114,510,151
	DETAILS OF WRITE-INS				
2301.	Escheat liabilities				114,619
2302.	Miscellaneous Medicare liabilities	·		,	98,529
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)	149,033	0	149,033	213, 148
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.					
3002.					
3002.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				
				0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	U	U

STATEMENT OF REVENUE AND EXPENSES

2. N 3. C 4. F 5. F 6. A 7. A 8. T 9. H 10. C	Member Months	xxx	2 Total 145, 161	To Date 3 Total155,107	December 31 4 Total 206,043
2. N 3. C 4. F 5. F 6. A 7. A 8. T 9. H 10. C	Net premium income (including \$	xxx	145,161		
2. N 3. C 4. F 5. F 6. A 7. A 8. T 9. H	Net premium income (including \$	xxx	,		
4. F 5. F 6. A 7. A 8. T • • • • • • • • • • • • • • • • • • •	Change in unearned premium reserves and reserve for rate credits		l l		
4. F 5. F 6. A 7. A 8. T • • • • • • • • • • • • • • • • • • •	ee-for-service (net of \$ medical expenses)		181,283,090	177,071,400	234,298,719
5. F 6. A 7. A 8. T H 9. H		XXX	1,802,048	(677,004)	(1,697,809)
6. A 7. A 8. T 9. H 10. C	Risk revenue	xxx			
7. A 8. T • • • • • • • • • • • • • • • • • • •		XXX			
8. T F 9. F 10. C	Aggregate write-ins for other health care related revenues	XXX	0	0	0
9. H 10. C	Aggregate write-ins for other non-health revenues				
9. H 10. C	Fotal revenues (Lines 2 to 7)	XXX	183,085,138	176,394,396	232,600,910
10. C	Hospital and Medical:				
	Hospital/medical benefits				
	Other professional services				
	Outside referrals				
	Emergency room and out-of-area				
	Prescription drugs				0,808,839
	ncentive pool, withhold adjustments and bonus amounts				
	Subtotal (Lines 9 to 15)				
	Less:		100,000,170	102,000,040	222, 340, 432
	Vet reinsurance recoveries		0		
	Fotal hospital and medical (Lines 16 minus 17)				
	Non-health claims (net)				
	Claims adjustment expenses, including \$				
	containment expenses		4,787,531	6,436,453	8,513,789
21.	General administrative expenses		11,734,331	15,426,572	23,045,691
22. lı	ncrease in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)		(7,942,343)	(5,599,149)	3,124,259
23. T	Fotal underwriting deductions (Lines 18 through 22)	0	163,665,689	178,317,219	257,230,171
24. N	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	19,419,449	(1,922,823)	(24,629,261)
25. N	Net investment income earned		4,042,545	3, 177, 116	4,437,217
26. N	Net realized capital gains (losses) less capital gains tax of				
	\$				
	Net investment gains (losses) (Lines 25 plus 26)	0	4,050,951	1,670,707	2,859,358
28. N	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$		(47, 004)	(40, 005)	(40,040)
00 /	(amount charged off \$				
	Aggregate write-ins for other income or expenses		30, 136	36,678	36,915
30. N	income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	23,509,307	(226,333)	(21,743,807)
31. F	Federal and foreign income taxes incurred	xxx		(889)	(888)
32. N	Net income (loss) (Lines 30 minus 31)	XXX	23,509,307	(225,444)	(21,742,919)
	DETAILS OF WRITE-INS				
0601		XXX			
0602		XXX			
0603		xxx			
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx	0	0	0
0699. T	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701		xxx			
0702		xxx			
0703		xxx			
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
	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	0	0
	Fotals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
	liscellaneous income (expense)		56,138	36,678	36,915
2902	(3)			,2	
2903					
-	Summary of remaining write-ins for Line 29 from overflow page		0	n	0
	Fotals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	56,138	36,678	36,915

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (Continue	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	40,064,943	38,884,238	
34.	Net income or (loss) from Line 32	23,509,307	(225,444)	(21,742,919
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	758,018	989,546	141, 197
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(142,340)	(6,516,277)	(1,217,573
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	24,000,000
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	24,124,985	(5,752,175)	1,180,705
49.	Capital and surplus end of reporting period (Line 33 plus 48)	64,189,928	33,132,063	40,064,943
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	177,771,684	202,913,884	238,050,477
2.	Net investment income	3,340,938	2,530,864	3,554,888
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	181,112,622	205,444,748	241,605,365
5.	Benefit and loss related payments	162,184,483	166,844,222	220,498,543
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	18,174,885	19,263,385	31,210,521
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)	0	(888)	(888)
10.	Total (Lines 5 through 9)	180,359,368	186, 106, 719	251,708,176
11.	Net cash from operations (Line 4 minus Line 10)	753,254	19,338,029	(10,102,811)
	· · · · ·			
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	51,609,450	49,232,675	57,862,205
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	2,451,416	2,451,416
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	51,609,450	51,684,091	60,313,621
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	54,358,969	76,019,983	85,076,125
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	92,495	92,495
	13.7 Total investments acquired (Lines 13.1 to 13.6)	54,358,969	76,112,478	85,168,620
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)	(2,749,519)	(24,428,387)	(24,854,999)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	24,000,000
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	2,314,842	14,637,203	7,309,698
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	2,314,842	14,637,203	31,309,698
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		318,577	9.546.845	(3.648.112)
	Cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).			
19	CASTI CASTI VANITAIVING MIN CITOL WITH HIVOUITUIN.			
19.	19.1 Beginning of year	18 382 220	22 030 332	22 030 332

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprel (Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	16,972	0	0	0	0	0	0	16,972	0	0	0	0	0	
2. First Quarter	16, 189		0	0	0	0	0	16, 189	0	0	0	0	0	
3. Second Quarter			0	0	0	0	0	16,048	0	0	0			
4. Third Quarter								15,964						
5. Current Year	0							·						
Current Year Member Months	145,161							145,161						
Total Member Ambulatory Encounters for Period:														
7 Physician	161,284							161,284						
8. Non-Physician	298,790							298,790						
9. Total	460,074	0	0	0	0	0	0	460,074	0	0	0	0	0	
10. Hospital Patient Days Incurred	20,260							20,260						
11. Number of Inpatient Admissions	2,715							2,715						
12. Health Premiums Written (a)	181,283,090							181,283,090						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	183,085,138							183,085,138						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	162 , 184 , 482							162, 184, 482						
18. Amount Incurred for Provision of Health Care Services	155,086,170							155,086,170						

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

Aging Analysis of Unpaid	l Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	13,564,332	345,383	21, 116	2,327	657	13,933,815
0499999 Subtotals	13,564,332		21,116		657	13,933,815
0599999 Unreported claims and other claim reserves	, , , , , , , , , , , , , , , , , , , ,		,	, , , , , , , , , , , , , , , , , , , ,		15,867,705
0699999 Total amounts withheld						., , .
0799999 Total claims unpaid						29,801,520
0899999 Accrued medical incentive pool and bonus amounts						1,288,922
addition from the street and a						.,200,022

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y	Claims Year to	Paid	Liab End of Curr		5	6
Line of Business	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
Comprehensive (hospital and medical) individual					0	0
Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	17,099,462	141,358,231	8,624,938	21, 176, 582	25,724,400	36,524,712
8 Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health						
13. Health subtotal (Lines 1 to 12)						
14. Health care receivables (a)	1,023,254	3,411,029			1,023,254	4,623,135
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					2,063,209	
17. Totals (Lines 13 - 14 + 15 + 16)	18,091,831	139,658,369	8,672,524	22,417,918	26,764,355	33,754,472

⁽a) Excludes \$0 loans or advances to providers not yet expensed.

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2023. 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 permitted by the Maine Bureau of Insurance ("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, 2024	December 31, 2023
Net Income					
(1) AMH Health, LLC. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 23,509,307	\$ (21,742,919)
(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	\$ 23,509,307	\$ (21,742,919)
Surplus					
(5) AMH Health, LLC. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 64,189,928	\$ 40,064,943
(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	\$ 64,189,928	\$ 40,064,943

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

No significant change.

C. Accounting Policies

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

- (6) 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) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the nine months ended September 30, 2024.
- (3) The Company did not recognize OTTI on its loan-backed securities at September 30, 2024.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
 - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ (6,637)
2.	12 Months or Longer	\$ (18,408)

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$ 705,615
2	12 Months or Longer	\$ 1 759 717

(5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at September 30, 2024.

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, 2024.

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, 2024.

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, 2024.

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, 2024.

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, 2024.

O. 5GI Securities

The Company has no 5GI Securities as of September 30, 2024.

P. Short Sales

The Company did not have any short sales at September 30, 2024.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at September 30, 2024.

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

The Company did not participate in a cash pool at September 30, 2024.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

A. - F.

No significant change.

G. - H.

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

No significant change.

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

A. - C.

No significant change.

D. Amounts Due to or from Related Parties

At September 30, 2024, the Company reported no amounts due from affiliates and \$17,975,305 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 ar	nd Oth	er Postret	irement 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.
	Н.	Post Employment Benefits and Compensated Absences
		Not applicable.
	I.	Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
		Not applicable.
13.	Ca	pital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
	No	significant change.
14.	Lia	abilities, Contingencies and Assessments
	No	significant change.
15.	Le	ases
	No	t applicable.
16.		Formation About Financial Instruments With Off-Balance Sheet Risk and Financial struments With Concentrations of Credit Risk
	No	t applicable.
17.	Sal	le, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
	A.	Transfers of Receivables Reported as Sales
		Not applicable.

B. Transfer and Servicing of Financial Assets

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

C. Wash Sales

- (1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- (2) At September 30, 2024, 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) There are no assets or liabilities measured at fair value as of September 30, 2024.
- (2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of September 30, 2024.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

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

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

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Practicable (Carrying Value)
Bonds	\$ 83,502,399	\$80,537,422	\$ —	\$ 83,502,399	\$ —	\$ —	\$ —

Not

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 12, 2024 for the statutory statement issued on November 13, 2024. There were no events occurring subsequent to September 30, 2024 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)?

(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 \$7,026,883 during 2024. This is approximately 20.4% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$34,484,099 as of December 31, 2023. 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 2024. 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

Liability carried for premium deficiency reserves	\$	2,647,448
2. Date of the most recent evaluation of this liability		September 30, 2024
3. Was anticipated investment income utilized in the calculation?	Yes	No X

31. Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the Domicile, as required by the Model Act?							Yes [] No [Х]
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?] No [Х]
2.2	If yes, date of change:						<u> </u>			
3.1	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?] No []
3.2	Have there been any substantial changes in the organizational chart sind	ce the prior qu	arter end?					Yes [] No [Х]
3.3	If the response to 3.2 is yes, provide a brief description of those changes									
3.4	Is the reporting entity publicly traded or a member of a publicly traded gra							Yes [X] No []
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code is	ssued by the S	EC for the entity/group.					0001	156039	
4.1	Has the reporting entity been a party to a merger or consolidation during	the period co	vered by this statement	?				Yes [] No [Х]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	f domicile (use	two letter state abbrev	iation) for a	ny entity	that has	3			
	1 Name of Entity		2 NAIC Company Code	State of	3 Domicile					
	Nume of Emily		TV TO Company Code	Otate of	Dominic					
5.	If the reporting entity is subject to a management agreement, including the in-fact, or similar agreement, have there been any significant changes realf yes, attach an explanation.	egarding the te	rms of the agreement of	or principals	involved	1?] No [X] N/A	A []
6.1	State as of what date the latest financial examination of the reporting en							12/3	31/2022	
6.2	State the as of date that the latest financial examination report became a date should be the date of the examined balance sheet and not the date									
6.3	State as of what date the latest financial examination report became avaithe reporting entity. This is the release date or completion date of the ex date).	camination rep	ort and not the date of t	he examina	tion (bal	ance sh	eet			
6.4	By what department or departments? State of Maine Bureau of Insurance									
6.5	Have all financial statement adjustments within the latest financial exam statement filed with Departments?						Yes [] No [] N/A	X [X]
6.6	Have all of the recommendations within the latest financial examination	report been co	omplied with?				Yes [] No [] N/A	A [X]
7.1	Has this reporting entity had any Certificates of Authority, licenses or reg revoked by any governmental entity during the reporting period?							Yes [] No [Х]
7.2	If yes, give full information:									
8.1								Yes [] No [Х]
8.2	If response to 8.1 is yes, please identify the name of the bank holding co									
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	ns?						Yes [] No [Х]
8.4	If response to 8.3 is yes, please provide below the names and location (regulatory services agency [i.e. the Federal Reserve Board (FRB), the O Insurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Co	mptroller of the Curren	cy (OCC), tl	ne Fedei	al Depo				
	1 Affiliate Name	Lo	2 ocation (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC		
								1		

GENERAL INTERROGATORIES

9.1	or persons performing sonal and professional ing entity;	Yes [X] No []	
	(c) Compliance with applicable governmental laws, rules and regulations;		
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and		
0.11	(e) Accountability for adherence to the code.		
9.11	If the response to 9.1 is No, please explain:		
0.0	Has the code of ethics for senior managers been amended?		Van F. V. 1. Na. F. 1
9.2 9.21	If the response to 9.2 is Yes, provide information related to amendment(s).		Yes [X] No []
0.21	1. Changes to lobbying section to clarify that the policies in the section apply to foreign government officials as well at the Gifts and Special Courtesies section to ensure language on the process for requesting an exception to the probavernment officials, 3. Changes to the Code of Conduct to strengthen and clarify the scope and guiding principles a grievance process, 4. Added provisions for the use of Generative Al and Large Language Models (LLMs) and expandance process, 4. Added provisions for the use of Generative Al and Large Language Models (LLMs) and expandance process, 4. Added provisions for the use of Generative Al and Large Language Models (LLMs) and expandance process.	ibition on gifts to for human rights and the ded to clarify that vendors	
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?)	Yes [] No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:		
	INVESTMENT		
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or other	nerwise made available for	
11.2	use by another person? (Exclude securities under securities lending agreements.)		Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		
13.	Amount of real estate and mortgages held in short-term investments:		
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes [X] No []
17.2	if yes, please complete the following.	1	2
		Prior Year-End Book/Adjusted	Current Quarter Book/Adjusted
14.21	Bonds	Carrying Value	Carrying Value \$0
	Preferred Stock		\$0
	Common Stock		\$4,648,592
	Short-Term Investments		\$0
	Mortgage Loans on Real Estate		\$0
	All Other		\$0
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		\$4,648,592
	Total Investment in Parent included in Lines 14.21 to 14.26 above		\$0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		Yes [] No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.] No [] N/A []
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement dat	e:	
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$0
	16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, P		
	16.2. Total payable for acquisition landing reported on the liability page.		

GENERAL INTERROGATORIES

17. 7.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	deposit boxes, with a qualified bar Functions, Custo	Special Deposits, real estate, ere all stocks, bonds and othe k or trust company in accordadial or Safekeeping Agreemer requirements of the NAIC Final	er securities, own ance with Section nts of the NAIC Fi	ed throughout t 1, III - General nancial Conditi	the current year Examination C on Examiners F dbook, complete	held pursuant to a onsiderations, F. landbook?	Yes	[X]	No [.]
		1 Name of Custodian(s)				2 Custodian Address					
	Name of Custodian(s) JP Morgan Chase Bank, N.A		383 Madison	Ave, New York	, NY 10179						
7.2	For all agreements tha location and a complet		ith the requirements of the NA	AIC Financial Con	dition Examine	rs Handbook, p	rovide the name,				
	1 Name(s	s)	2 Location(s)		(3 Complete Expla	nation(s)				
	Have there been any c If yes, give full informa		S .	nanges, in the custodian(s) identified in 17.1 during the current quarter?		er?	Yes	[]	No [Х]	
	1 Old Custo	dian	2 New Custodian	Date	3 e of Change		4 Reason				
7.5	make investment decis	sions on behalf of	vestment advisors, investmen the reporting entity. For asset ment accounts"; "handle se	s that are manage ecurities"]	ed internally by						
		Name of Firm		Affilia	ation						
	Income Research & Mar Loomis, Sayles & Com	nagement pany, LP		U U							
	17.5097 For those firm	ns/individuals liste	d in the table for Question 17.4 more than 10% of the reporting	5, do any firms/in	dividuals unaffi	liated with the re	eporting entity (i.e.	Yes	[X]	No [į.
			I with the reporting entity (i.e. of taggregate to more than 50%)					Yes	[X]	No [
7.6	For those firms or individual table below.	viduals listed in th	e table for 17.5 with an affiliati	on code of "A" (a	ffiliated) or "U"	(unaffiliated), pr	rovide the information for t	he			
	1 Central Registration		2			3	4		Mana Agre	5 stment gemer ement	nt t
	Depository Number	Income Research	Name of Firm or Individual Management			Identifier (LEI)	Registered With Securities Exchange Commission) Filed	
	105377	Loomis, Sayles &	Company, LP		JIZPN2RX3UMN0	OYIDI313	Securities Exchange Commission		N0		
8.1 8.2			urposes and Procedures Manu				•				
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to permovailable. r is current on all an actual expects	eporting entity is certifying the nit a full credit analysis of the contracted interest and principation of ultimate payment of al 5GI securities?	security does not payments. Il contracted intere	exist or an NA	IC CRP credit ra	ating for an FE or PL	Yes	[]	No [X
20.	a. The security was b. The reporting en c. The NAIC Desig on a current priv d. The reporting en	s purchased prior utity is holding cap nation was derive ate letter rating ho utity is not permitte	reporting entity is certifying the to January 1, 2018. ital commensurate with the N/d from the credit rating assigned by the insurer and available to share this credit rating of PLGI securities?	AIC Designation red by an NAIC Ceefor examination the PL security w	eported for the RP in its legal of by state insura vith the SVO.	security. capacity as a NF ince regulators.	RSRO which is shown	Yes	[]	No [X
21.	FE fund: a. The shares were b. The reporting en	e purchased prior utity is holding cap	registered private fund, the repto January 1, 2019. ital commensurate with the Nating(s) with annual surveillance	AIC Designation r	eported for the	security.	·				
	January 1, 2019 d. The fund only or e. The current repo in its legal capac	predominantly ho orted NAIC Desigr city as an NRSRO	olds bonds in its portfolio. Iation was derived from the pu	ublic credit rating(s) with annual s		·				
			Schedule BA non-registered p			he above criteri	a?	Yes	[]	No [Х

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:

	1.1 A&H loss percent	81.9 %
	1.2 A&H cost containment percent	1.6 %
	1.3 A&H expense percent excluding cost containment expenses	7.5 %
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

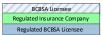
Showing All New Reinsurance Treaties - Current Year to Date 1 2 3 4 5 6 7 8 9 10									
1	2	3					8	9 Certified	10 Effective Date of
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Reinsurer Rating (1 through 6)	Certified Reinsurer Rating
				,					
					·····				
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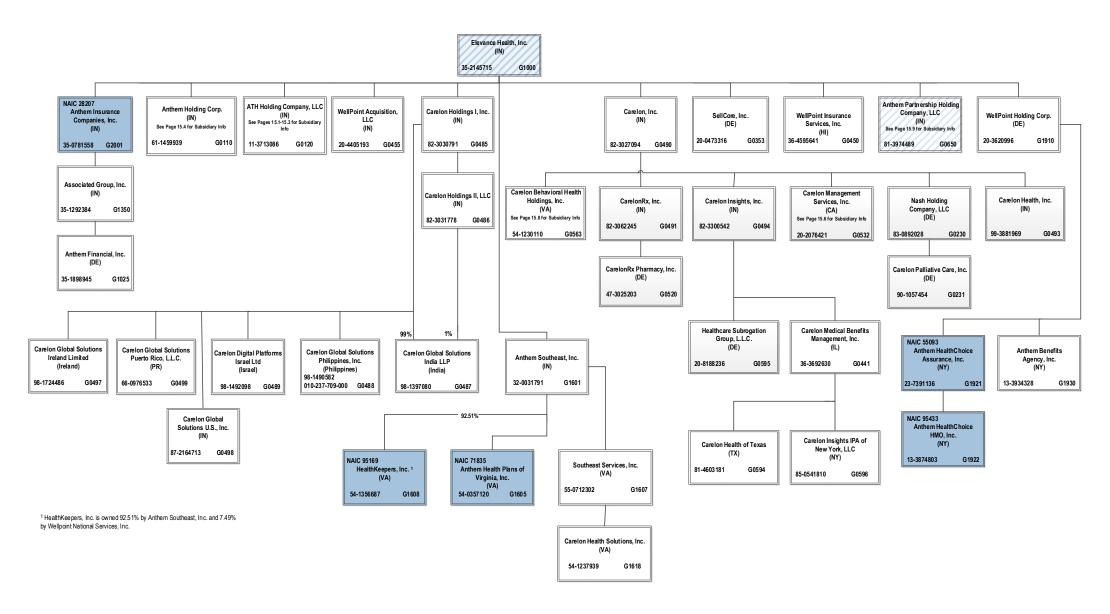
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

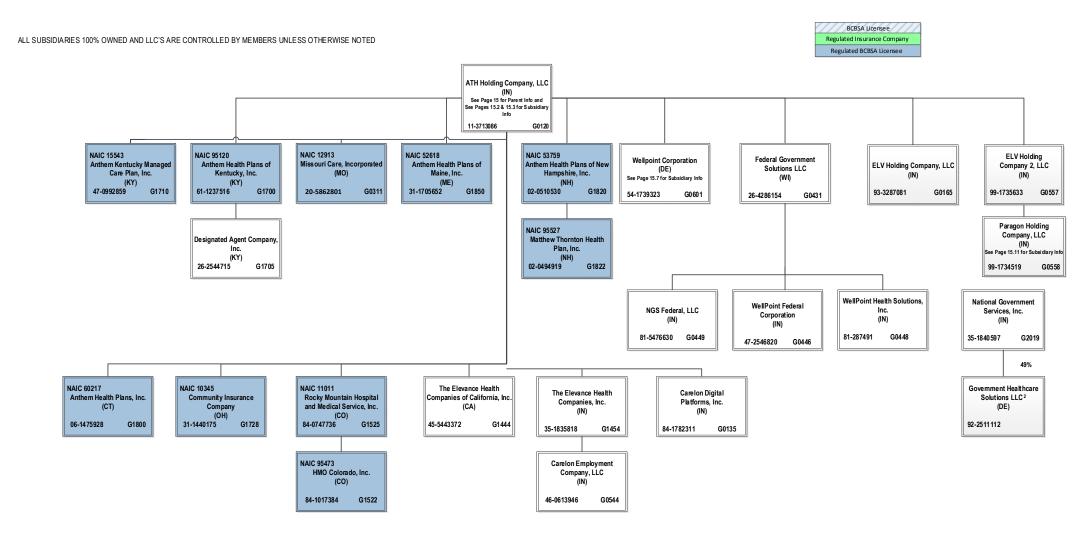
		1					rect Business C	nly			
		Active Status	2 Accident and Health	3 Medicare	4 Medicaid	5 CHIP Title	6 Federal Employees Health Benefits Program	7 Life and Annuity Premiums & Other	8 Property/ Casualty	9 Total Columns 2	10 Deposit-Type
	States, etc.	(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
1.	Alabama AL	N								0	
2.	Alaska AK	N								0	
3.	Arizona AZ	N								0	
4. 5.	Arkansas AR California CA	N								0	
5. 6.	California CA Colorado CO	N								0	
7.	Connecticut CT	N								0	
8.	Delaware DE	N								0	
9.	District of Columbia DC	N								0	
10.	Florida FL	N								0	
11.	Georgia GA	N								0	
12.	Hawaii HI	N								0	
13.	Idaho ID	N								0	
14.	Illinois IL	N								0	
15.	Indiana IN	N								0	
16.	lowa IA	N								0	
17.	Kansas KS	N								0	
18.	Kentucky KY	N								0	
19.	Louisiana LA	N								0	
20.	Maine ME	L		181,283,090						181,283,090	
21.	Maryland MD	N								0	
22.	Massachusetts MA	N								0	
23.	Michigan MI	N								0	
24.	Minnesota MN	N								0	
25.	Mississippi MS	N								0	
26.	Missouri MO	N								0	
27.	Montana MT	N								0	
28.	Nebraska NE	N								0	
29.	Nevada NV	N								0	
30.	New Hampshire NH	N								0	
31.	New Jersey NJ	N								0	
32.	New Mexico NM	N								0	
33.	New York NY	N								0	
34.	North Carolina NC	N								0	
35.	North Dakota ND	N								0	
36.	Ohio OH	N								0	
37.	Oklahoma OK	N								0	
38.	Oregon OR	N								0	
39.	Pennsylvania PA	N								0	
40.	Rhode Island RI	N								0	
41.	South Carolina SC	N								0	
42.	South Dakota SD	N								0	
43.	Tennessee TN	N								0	
44.	Texas TX	N								0	
45.	Utah UT	N								0	
46.	Vermont VT	N								0	
47.	Virginia VA	N								0	
48.	Washington WA	N								0	
49.	West Virginia WV	N								0	
50.	Wisconsin WI	N								0	
51.	Wyoming WY	N								0	
52.	American Samoa AS	N								0	
53.	Guam GU	N								0	
54.	Puerto Rico PR	N								0	
55.	U.S. Virgin Islands VI	N								0	
56.	Northern Mariana	A.I								_	
EZ	Islands MP	N								0	
57.	Canada CAN	N								0	
58.	Aggregate Other Aliens OT	xxx	0	0	0	0	0	0	0	0	
59.	Subtotal	XXX	0	181,283,090	0	0	0	0	0	181,283,090	
60.	Reporting Entity Contributions for Employee			,,,							
64	Benefit Plans	XXX		101 000 000						0	
61.	Totals (Direct Business)	XXX	0	181,283,090	0	0	0	0	0	181,283,090	(
58001.	DETAILS OF WRITE-INS	1001									
58001. 58002.		XXX									
		XXX					·····				
	Summary of remaining	XXX									
JJJ30.	write-ins for Line 58 from										
	overflow page	XXX	0	0	0	0	0	0	0	0	
58999.	Totals (Lines 58001 through										
	58003 plus 58998)(Line 58		_	_] .	-	_		
	above)	XXX	0	0	0	0	0	0	0	0	0

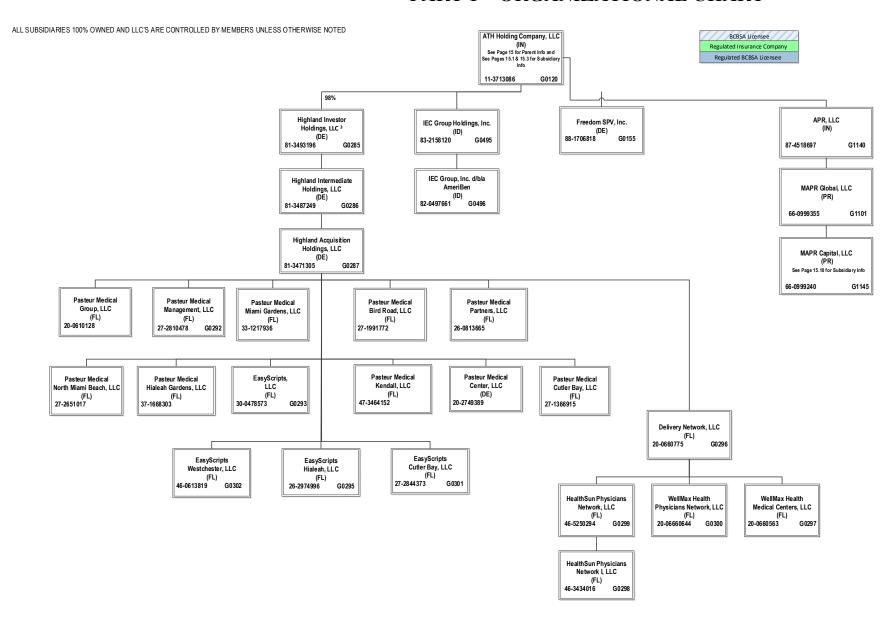
a) Active Status Counts:	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1	4. Q - Qualified - Qualified or accredited reinsurer0
2. R - Registered - Non-domiciled RRGs	5. N - None of the above - Not allowed to write business in the state 56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.	

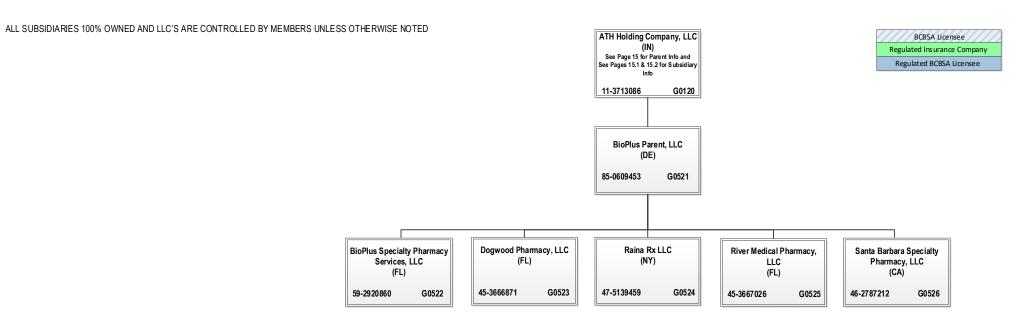
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

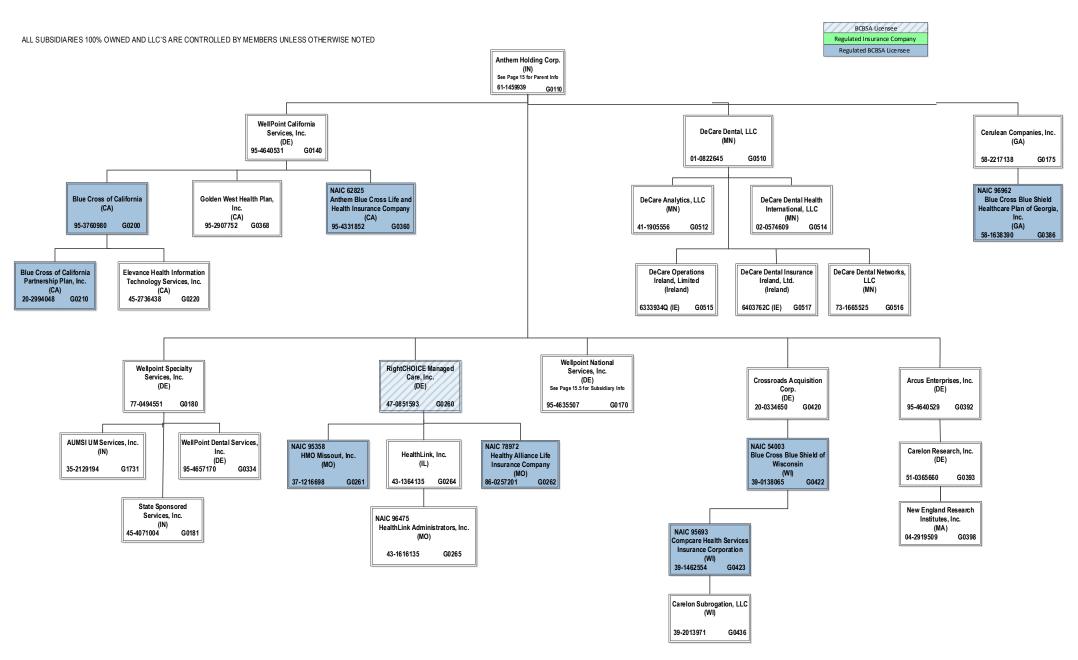


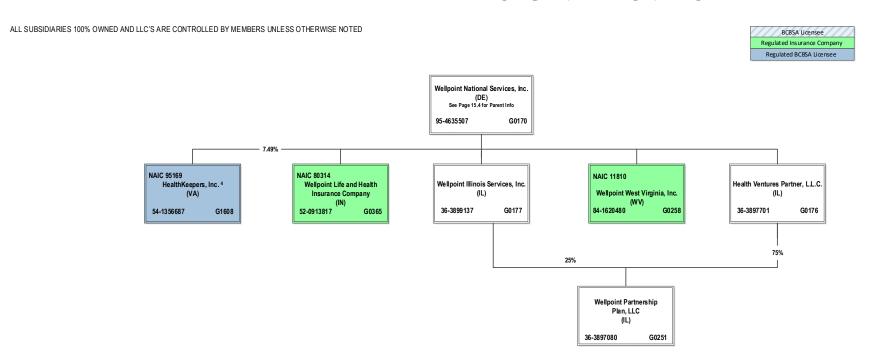












15.6

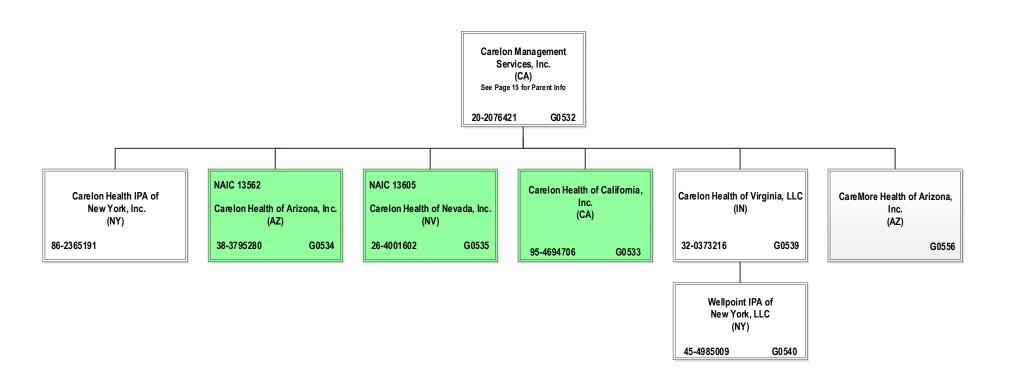
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

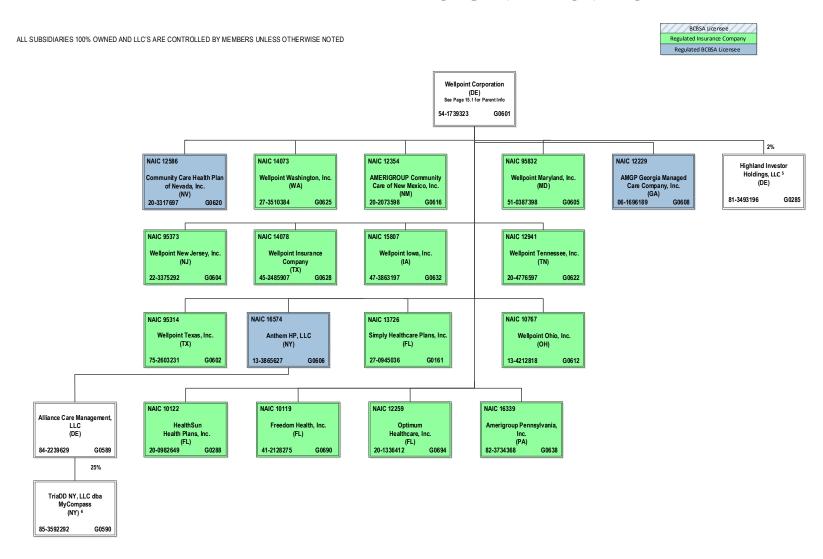
BCBSA Licensee

Regulated Insurance Company

Regulated BCBSA Licensee

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





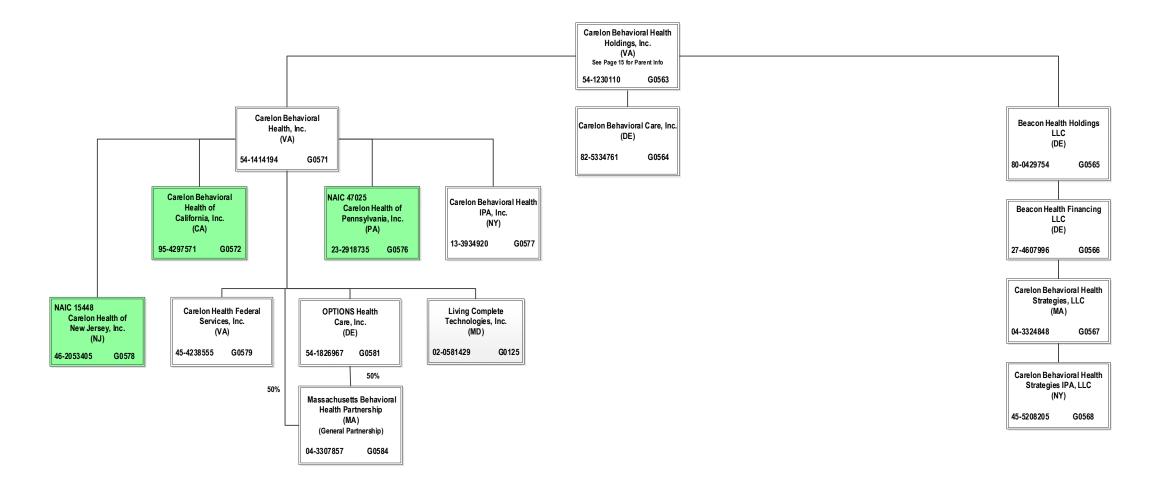
⁵ Wellpoint Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

15.

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

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



30-0326654

G8478

BCBSA Licensee

Regulated Insurance Company Regulated BCBSA Licensee ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED Anthem Partnership Holding Company, LLC 81-3974489 90% 49% 75% 50% NAIC 16345 NAIC 14276 NAIC 17519 NAIC 14064 AIC 16298 NAIC 16168 NAIC 16145 Wellpoint South Community Care Health Plan of munity Care Health Plan o Wellpoint Delaware, Inc. APC PASSE, LLC Amerigroup Mississippi, Inc. CCHAILC® Carolina Inc. Louisiana, Inc.7 (DE) Kansas, Inc. 14 (SC) (DC) 81-4626605 G0660 82-1853423 26-4674149 82-1800037 G0670 45-3358287 G0631 81-4131800 G0655 82-3062789 92-3489706 95% 50% 50% NAIC 15951 GR Health Solutions, LLC 11 NAIC 16553 Momentum Health Community Care Health Plan of (PA) AMH Health, LLC 9 Partners, LLC 10 Nebraska, Inc. 12 (NC) 84-4672692 G8477 47-5456872 G0310 83-2435050 G0652 82-4684953 NAIC 16774 NAIC 12812 AMH Health Plans of Maine Inc (PA)

7 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 dib/a Blue Cross and Blue Shield of Louisiana (non-affiliate) 84-4181695

G0653

⁸ 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)

⁹ AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

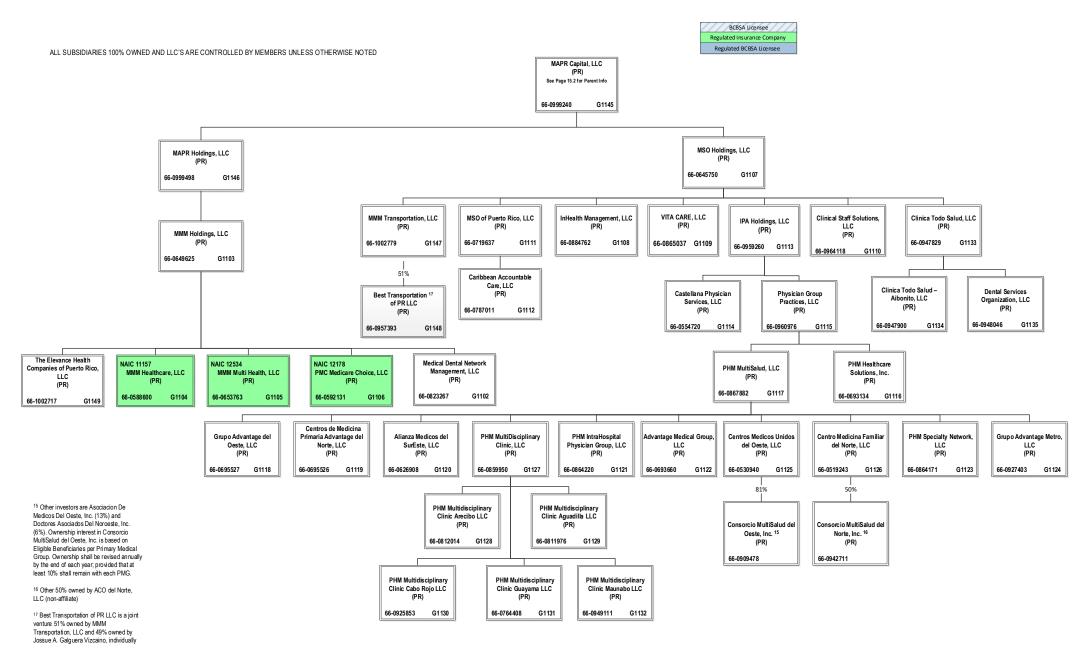
Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

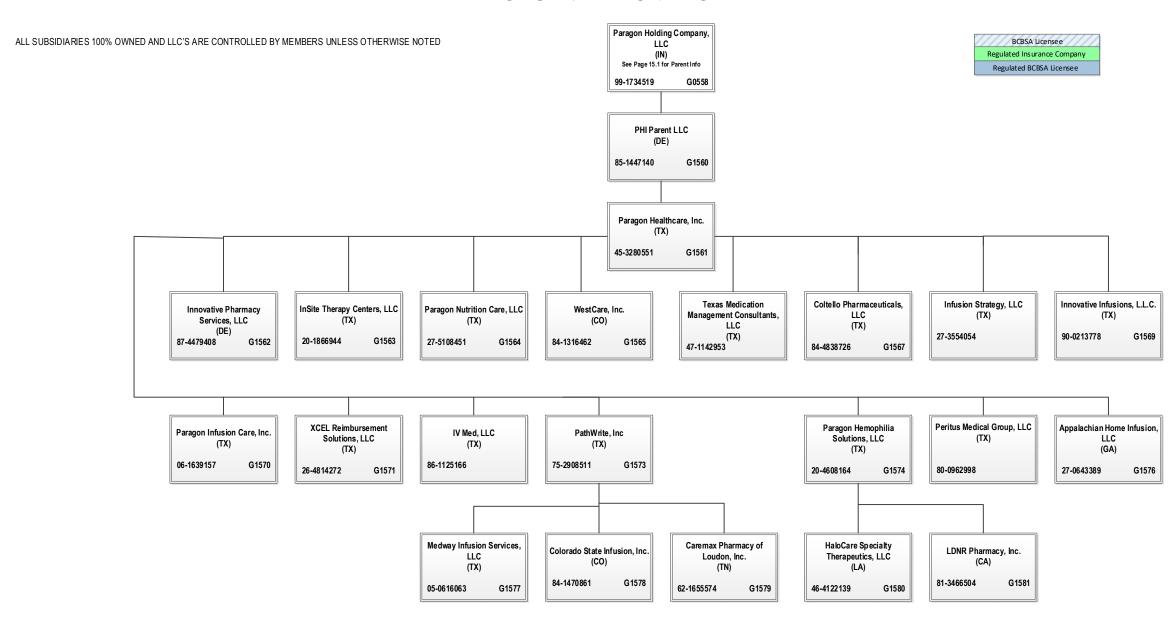
¹¹ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (nonaffiliate)

¹² 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).

¹³ 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).

¹⁴ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).





SCHEDULE Y

		15 16 Is an SCA Filing Required? Yes/No) *
Type of Control (Ownership, is Board, Ownership, Ship NAIC Company ID Federal Code Group Name Code Number RSSD CIK International) Office International Code Internat	Ultimate Controlling Entity(ies)/Person(s) (rance Health, Inc.	Is an SCA Filing Re- quired? Yes/No) *
Name of Securities Name of Securities Exchange Securities Exchange Securities Secu	Entity(ies)/Person(s) (vance Health, Inc	SCA Filing Re- quired? Yes/No) *
Name of Securities Exchange if Publicly Traded (U.S. or Parent, Subsidiaries Code Group Name Code Number RSSD CIK International) Name of Securities Exchange if Publicly Traded (U.S. or Parent, Subsidiaries tion Elevance Health, Inc	Entity(ies)/Person(s) (vance Health, Inc	SCA Filing Re- quired? Yes/No) *
NAIC Group Code Group Name Code Number RSSD CIK International) Name of Securities Exchange if Publicly Traded (U.S. or Parent, Subsidiaries Code International) Or Affiliates Ition Phil Mult i Salud, LLC Ownership Code International Ownership Code	Entity(ies)/Person(s) (vance Health, Inc	SCA Filing Re- quired? Yes/No) *
Range if Publicly Traded Names of Code Group Name Code Number RSSD CIK International) Or Affiliates Code Signature (Name of Elevance Health, Inc. 66-0693660	Entity(ies)/Person(s) (vance Health, Inc	Filing Re- quired? Yes/No) *
NAIC Group Code Group Name NAIC Company ID Federal (U.S. or Parent, Subsidiaries Code Number RSSD CIK International) NAIC Company ID Federal (U.S. or Parent, Subsidiaries Code Number RSSD CIK International) NAME Code Group Name (U.S. or Parent, Subsidiaries Code Number RSSD CIK International) NAME Code Group Name (U.S. or Parent, Subsidiaries Code Number RSSD CIK International) NAME Number RSSD CIK International) NAME CODE Number RSSD CIK INTERNATIONAL I	Entity(ies)/Person(s) (vance Health, Inc	Re- quired? Yes/No) *
Group Code Group Name Code Number RSSD CIK International) Or Affiliates Loca- Reporting Directly Controlled by Influence, Percentage (Name of Entity/Person) Other) Code Number RSSD CIK International) Or Affiliates International Ownership	Entity(ies)/Person(s) (vance Health, Inc	quired? Yes/No) * N0
Code Group Name Code Number RSSD CIK International) Or Affiliates tion Entity (Name of Entity/Person) Other) tage .0671 Elevance Health, Inc. 66-0693660	Entity(ies)/Person(s) (vance Health, Inc	Yes/No) *
. 0671 Elevance Health, Inc	vance Health, Incvance Health, Inc	NO
1 - Out 1 - Let value it carrit, inc	vance Health, Inc.	
0671 Elevance Health Inc.		Nr)
	and nountin, mo	NO
AMERIGROUP Community Care of New Mexico, Inc.		
	vance Health, Inc.	NO
	vance Health, Inc.	NO
	/ance Health, Inc.	NO 0104
	/ance Health, Inc.	NO
Anthem Blue Cross Life and Health Insurance		
	vance Health, Inc	NO
	vance Health, Inc	NO 0100
	vance Health, Inc	NO
	vance Health, Inc	NO
	/ance Health, Inc	NO
	vance Health, Inc	NO
	/ance Health, Inc	NO 0111
	/ance Health, Inc	N0
	/ance Health, Inc	NO
	/ance Health, Inc	NO
	vance Health, Inc	NO
	/ance Health, Inc	NO
	vance Health, Inc	NO
	/ance Health, Inc	NO
	/ance Health, Inc	NO
Blue Cross Blue Shield Healthcare Plan of Georgia Inc. GA. IA. Cerulean Companies Inc. Ownership. 100,000 Elevan	vance Health. Inc.	NO
	/ance Health, Inc	NO
	/ance Health, Inc	NO 0100
. 007 Elevance hearth, inc. 90-3700990 UUT150039 Blue Cross of California Partnership Plan. University Plan.	valice nearth, the	140
	vance Health. Inc.	NO 0100
	vance Health, Inc.	NO
	vance Health, Inc.	NO
Carelon Behavioral Health of California, Inc.		
	/ance Health, Inc	NO 0100

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health, Inc.		54-1230110		0001156039		Carelon Behavioral Health Holdings, Inc	VA	NIA	Carelon, Inc.	Ownership.		Elevance Health, Inc.	NO	J
	,						Carelon Behavioral Health Strategies IPA, LLC	;					,		
. 0671	Elevance Health, Inc		45-5208205		0001156039		-	NY	NI A	Carelon Behavioral Health Strategies, LLC	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		04-3324848		0001156039		Carelon Behavioral Health Strategies, LLC	MA	NI A	Beacon Health Financing LLC	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		54-1414194		0001156039		Carelon Behavioral Health, Inc.	VA	NI A	Carelon Behavioral Health Holdings, Inc	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		98-1492098		0001156039		Carelon Digital Platforms Israel Ltd	ISR	NI A	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		84-1782311		0001156039		Carelon Digital Platforms, Inc	IN	NI A	ATH Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		46-0613946		0001156039		Carelon Employment Company, LLC	IN	NI A	The Elevance Health Companies, Inc	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		98-1397080		0001156039		Carelon Global Solutions India LLP	IN	NI A	Carelon Holdings I, Inc.	Ownership	99.000	. Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		98-1397080		0001156039		Carelon Global Solutions India LLP	IN	NI A	Carelon Holdings II, LLC	Ownership	1.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039		Carelon Global Solutions Ireland Limited	IRL	NI A	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		98-1490582		0001156039		Carelon Global Solutions Philippines, Inc	PHL	NI A	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	
	·						Carelon Global Solutions Puerto Rico, L.L.C.			, i			•		
. 0671	Elevance Health, Inc.		66-0976533		0001156039			PR	NI A	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		87-2164713		0001156039		Carelon Global Solutions U.S., Inc.	IN	NI A	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		45-4238555		0001156039		Carelon Health Federal Services, Inc	VA	NI A	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039		Carelon Health, Inc.	IN	NI A	Carelon, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		86-2365191		0001156039		Carelon Health IPA of New York, Inc	NY	NI A	Carelon Management Services, Inc	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	95-4694706		0001156039		Carelon Health of California, Inc.	CA	IA	Carelon Management Services, Inc.	Ownership		Elevance Health, Inc.	NO	0100
. 0671	Elevance Health, Inc.	15448	46-2053405		0001156039		Carelon Health of New Jersey, Inc	NJ	I A	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	47025	23-2918735		0001156039		Carelon Health of Pennsylvania, Inc.	PA	IA	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO])
. 0671	Elevance Health, Inc.		81-4603181		0001156039		Carelon Health of Texas	TX	NI A	Carelon Medical Benefits Management, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		32-0373216		0001156039		Carelon Health of Virginia, LLC	IN	NIA	Carelon Management Services, Inc.	Ownership		Elevance Health, Inc.	NO	J ,
. 0671	Elevance Health, Inc.	13562	38-3795280		0001156039		Carelon Health of Arizona, Inc.	AZ	IA	Carelon Management Services, Inc.	Ownership		Elevance Health, Inc.	NO]
. 0671	Elevance Health, Inc.	13605	26-4001602		0001156039		Carelon Health of Nevada. Inc.	NV	IA	Carelon Management Services, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		54-1237939		0001156039		Carelon Health Solutions, Inc.	VA	NIA	Southeast Services, Inc.	Ownership		Elevance Health, Inc.	NO	J ,
. 0671	Elevance Health, Inc.		82-3030791		0001156039		Carelon Holdings I. Inc.	IN	NI A	Elevance Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		82-3031178		0001156039		Carelon Holdings II. LLC	IN	NI A	Carelon Holdings I. Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		82-3027094		0001156039		Carelon, Inc.	IN	NIA	Elevance Health, Inc.	Ownership		Elevance Health Inc.	NO]
. 0671	Elevance Health, Inc.		85-0541810		0001156039		Carelon Insights IPA of New York, LLC	NY	NI A	Carelon Medical Benefits Management, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		82-3300542		0001156039		Carelon Insights. Inc.	IN	NI A	Carelon, Inc.	Ownership.		Elevance Health, Inc.	NO]
. 0671	Elevance Health, Inc.		20-2076421		0001156039		Carelon Management Services, Inc.	CA	NIA	Carelon, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		36-3692630		0001156039		Carelon Medical Benefits Management. Inc	IL	NIA	Carelon Insights. Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		90-1057454		0001156039		Carelon Palliative Care, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership.		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		51-0365660		0001156039		Carelon Research. Inc.	DE	NI A	Arcus Enterprises, Inc.	Ownership		Elevance Health, Inc.	NO	
	Liovanoc nouven, mo:		01 0000000				our order recourt on, mor			Compcare Health Services Insurance	Carrier Griff		Erovanoc nourtin, mo:		
. 0671	Elevance Health, Inc	l	39-2013971		0001156039		Carelon Subrogation, LLC	WI	NI A	Corporation	Ownership		Elevance Health, Inc.	NO	!
. 0671	Elevance Health, Inc.		47-3025203		0001156039		CarelonRx Pharmacy, Inc.	DE	NI A	CarelonRx, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		82-3062245		0001156039		CarelonRx. Inc.	IN	NI A	Carelon Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		62-1655574		0001156039		Caremax Pharmacy of Loudon, Inc.	TN	NIA	PathWrite. Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		92-0997812		0001156039		Caremore Health of Arizona. Inc.	AZ	NI A	Carelon Management Services, Inc.	Ownership		Elevance Health, Inc.	NO	J ,
. 0671	Elevance Health, Inc.		66-0787011	l	0001156039		Caribbean Accountable Care, LLC	PR	NI A	MSO of Puerto Rico. LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0554720		0001156039		Castellana Physician Services, LLC	PR	NI A	IPA Holdings, LLC	Ownership.		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16345	82-1853423		0001156039		CCHA. LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership.		Elevance Health, Inc.	NO	0101
	Elevation flows till, files						Centros de Medicina Primaria Advantage del	00		Tatalon 1 at the only herding company, LLO					
. 0671	Elevance Health, Inc.		66-0695526		0001156039		Norte, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership		Elevance Health, Inc.	NO	.
. 0671	Elevance Health, Inc.		66-0519243	l	0001156039		Centros Medicina Familiar del Norte, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership		Elevance Health, Inc.	NO	
	Elevance Health, Inc.	l	58-2217138		0001156039		Cerulean Companies. Inc.	GA	NIA	Anthem Holding Corp.	Ownership		Elevance Health, Inc.	NO	,
											4				

	PART TA - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	*
. 0671	Elevance Health, Inc.		66-0947829		0001156039		Clinica Todo Salud, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0947900		0001156039		Clinica Todo Salud-Aibonito, LLC	PR	NIA	Clinica Todo Salud. LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0964118		0001156039		Clinical Staff Solutions, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health Inc.		84-1470861		0001156039		Colorado State Infusion, Inc.	CO	NIA	PathWrite, Inc.	Ownership	. 100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		84-4838726		0001156039		Coltello Pharmaceuticals, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	14276	45-3358287		0001156039		Community Care Health Plan of Kansas. Inc	KS	I A	Anthem Partnership Holding Company, LLC	Ownership	90.000	. Elevance Health, Inc.	NO	0110
	,						Community Care Health Plan of Louisiana, Inc			3 , , , ,			,		
. 0671	Elevance Health, Inc	14064	26-4674149		0001156039			LA	I A	Anthem Partnership Holding Company, LLC	Ownership	75.000	. Elevance Health, Inc	NO	0103
. 0671	Elevance Health, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	95.000	. Elevance Health, Inc	NO	0108
. 0671	Elevance Health, Inc	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	I A	Wellpoint Corporation	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.	10345	31-1440175		0001156039		Community Insurance Company	0H	IA	ATH Holding Company, LLC	Ownership	100.000	. Elevance Health, Inc.	NO	
							Compcare Health Services Insurance								
. 0671	Elevance Health, Inc.	95693	39-1462554		0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		66-0942711		0001156039		Consorcio MultiSalud del Norte, Inc	PR	NIA	Centros Medicina Familiar del Norte, LLC .	Ownership	50.000	. Elevance Health, Inc	NO	0107
. 0671	Elevance Health, Inc.		66-0909478		0001156039		Consorcio MultiSalud del Oeste, Inc	PR	NIA	Centros Medicos Unidos del Oeste, LLC	Ownership	81.000	. Elevance Health, Inc	NO	0102
. 0671	Elevance Health, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp	DE	NI A	Anthem Holding Corp	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NI A	DeCare Dental, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0948046		0001156039		Dental Services Organization, LLC	PR	NIA	Clinica Todo Salud, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		26-2544715		0001156039		Designated Agent Company, Inc	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		45-3666871		0001156039		Dogwood Pharmacy, LLC	FL	NIA	BioPlus Parent, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership	100.000	. Elevance Health, Inc	NO	
2074			45 0700400				Elevance Health Information Technology					400 000		NO	
. 0671	Elevance Health, Inc.		45-2736438		0001156039	New Yearly Odersty Freehouses	Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Elevance Health, Inc.	IN	UIP				. Elevance Health. Inc.	NO	
. 0671	Elevance Health Inc.		99-1735633		0001156039	(MIOL)	ELV Holding Company 2, LLC	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health Inc.	NO	
. 0671	Elevance Health Inc.		99-1/35633		0001156039		ELV Holding Company, LLC	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	10119	41-2128275		0001156039		Freedom Health Inc.	FL	I A	Wellpoint Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	10119	41-2120275		0001156039		Freedom SPV. Inc.	PE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		95-2907752		0001156039		Golden West Health Plan. Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		90-2907702		0001156039		Government Healthcare Solutions LLC	DE	NIA	National Government Services, Inc.	Ownership	49.000	Elevance Health, Inc.	NO	0112
. 0671	Elevance Health, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	0106
. 0671	Elevance Health, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	Ownership	100.000	Elevance Health, Inc.	NO	0 100
. 0671	Elevance Health Inc.	12012	66-0695527		0001156039		Grupo Advantage del Oeste, LLC	PR	NIA	PHM MultiSalud LLC	Ownership.	100.000	Elevance Health Inc.	NO	1
. 0671	Elevance Health Inc.		66-0927403		0001156039		Grupo Advantage Metro. LLC	PR	NIA	PHM MultiSalud. LLC	Ownership.	100.000	Elevance Health Inc.	NO	
. 0671	Elevance Health, Inc.		46-4122139		0001156039		HaloCare Specialty Therapeutics, LLC	LA	NIA	Paragon Hemophilia Solutions, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	Wellpoint National Services. Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		20-8188236		0001156039		Healthcare Subrogation Group, LLC	DE	NIA	Carelon Insights, Inc.	Ownership.	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers. Inc.	VA	IA	Anthem Southeast Inc.	Ownership.	92.510	Elevance Health, Inc.	NO	1
. 00/1	LIOTATIO TICATUI, 1110	50105	UT-100000/		&600011000			v/\	IM	וחודנווטווו טטענווכמסנ, וווט	Umilior 9111 Umil	UI U. 25	. LIOVALIDE HEATTH, HID	IW	

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											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	auired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
. 0671	Elevance Health, Inc.	95169	54-1356687		0001156039	international)	HealthKeepers. Inc.	VA	IA	Wellpoint National Services, Inc.	Ownership	7.490	Elevance Health, Inc.	NO	+
. 0671	Elevance Health, Inc.		43-1616135		0001156039		HealthLink Administrators. Inc.	MO	NIA	HealthLink. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	1
. 0671	Elevance Health, Inc.		43-1364135		0001156039		HealthLink Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans. Inc.	FL	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	1
. 0671	Elevance Health, Inc.	10122	46-3434016		0001156039		HealthSun Physicians Network I. LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		81-3471305		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		81-3487249		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership.		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	98.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	Wellpoint Corporation	Ownership	2.000	Elevance Health, Inc.	NO	
. 00/1	Lievance neartii, inc.		01-0430130		0001130039		Iniginalia investor norumgs, EEC	DL	NIA	Rocky Mountain Hospital and Medical	Owner Sirrp	2.000	Lievance neartii, inc.	١٧٥	
. 0671	Elevance Health, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	co	IA	Service. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	.
. 0671	Elevance Health, Inc.	95358	37-1216698		0001156039		HMO Missouri. Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		83-2158120		0001156039		IEC Group Holdings. Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership		Elevance Health, Inc.	NO] /
. 0671	Elevance Health, Inc.		27-3554054		0001156039		Infusion Strategy, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO]
. 0671	Elevance Health, Inc.	l	66-0884762		0001156039		InHealth Management, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		90-0213778		0001156039		Innovative Infusions, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		87-4479408		0001156039		Innovative Pharmacy Services, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership		Elevance Health, Inc.	NO]
. 0671	Elevance Health, Inc.		20-1866944		0001156039		InSite Therapy Centers, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO]
. 0671	Elevance Health, Inc.		66-0959260		0001156039		IPA Holdings, LLC	PR	NIA	MSO Holdings. LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	86-1125166		0001156039		IV Med. LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership		Elevance Health, Inc	NO	1
. 0671	Elevance Health, Inc.		81-3466504		0001156039		LDNR Pharmacy, Inc.	CA	NI A	Paragon Hemophilia Solutions, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		66-0999240		0001156039		MAPR Capital, LLC	PR	NIA	MAPR Global, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0999355		0001156039		MAPR Global, LLC	PR	NIA	APR, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0999498		0001156039		MAPR Holdings, LLC	PR	NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Carelon Behavioral Health, Inc	Ownership	50.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc	Ownership	50.000	Elevance Health, Inc	NO	!
										Anthem Health Plans of New Hampshire, Inc.					
. 0671	Elevance Health, Inc	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc	NH	IA		Ownership		Elevance Health, Inc	NO	.
. 0671	Elevance Health, Inc		66-0823267		0001156039		Medical Dental Network Management, LLC	PR	NIA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		05-0616063		0001156039		Medway Infusion Services, LLC	TX	NIA	PathWrite, Inc.	Ownership	100.000	Elevance Health, Inc	NO	.
. 0671	Elevance Health, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	N0	.
. 0671	Elevance Health, Inc.	11157	66-0588600		0001156039		MMM Healthcare, LLC	PR	IA	MMM Holdings, LLC	Ownership		Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc		66-0649625		0001156039		MMM Holdings, LLC	PR	NIA	MAPR Holdings, LLC	Ownership	100.000	Elevance Health, Inc	NO	. !
. 0671	Elevance Health, Inc	12534	66-0653763		0001156039		MMM Multi Health, LLC	PR	I A	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		66-1002779		0001156039		MMM Transportation, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership		Elevance Health, Inc	NO	0105
. 0671	Elevance Health, Inc.		66-0645750		0001156039		MSO Holdings, LLC	PR	NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Carelon Research, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	N0	
. 0671	Elevance Health, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	Wellpoint Corporation	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		54-1826967		0001156039		OPTIONS Health Care, Inc.	DE	NIA	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		45-3280551		0001156039		Paragon Healthcare, Inc.	TX	NIA	PHI Parent LLC	Ownership	100.000	Elevance Health, Inc.	NO	

	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		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health, Inc		20-4608164		0001156039		Paragon Hemophilia Solutions, Inc	TX	NIA	Paragon Healthcare, Inc.	Ownership		Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc		99-1734519		0001156039		Paragon Holding Company, LLC	IN	NIA	ELV Holding Company 2, LLC	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		06-1639157		0001156039		Paragon Infusion Care, Inc	TX	NI A	Paragon Healthcare, Inc	Ownership		Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc.		27-5108451		0001156039		Paragon Nutrition Care LLC	TX	NI A	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	N0	
. 0671	Elevance Health, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		75-2908511		0001156039		PathWrite, Inc.	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		80-0962998		0001156039		Peritus Medical Group, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		85-1447140		0001156039		PHI Parent LLC	DE	NIA	Paragon Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0693134 66-0864220		0001156039		PHM Healthcare Solutions, Inc.	PR	NIA	Physician Group Practices, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039		PHM IntraHospital Physician Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership		Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC .	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc Elevance Health. Inc		66-0812014 66-0925853		0001156039 0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0764408		0001156039		PHM Multidisciplinary Clinic Cabo Rojo LLC .	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0949111		0001156039		PHM Multidisciplinary Clinic Guayama LLC PHM Multidisciplinary Clinic Maunabo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC PHM MultiDisciplinary Clinic, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671			66-0859950		0001156039		, ,	PR	NIA	PHM MultiSalud, LLC	Ownership			NO	
. 0671	Elevance Health, Inc Elevance Health. Inc		66-0867882		0001156039		PHM MultiDisciplinary Clinic, LLCPHM MultiSalud, LLC	PR	NIA	Physician Group Practices, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings. LLC	Owner Ship		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0592131		0001156039		PMC Medicare Choice, LLC	PR	1A	MVM Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	121/0	47-5139459		0001156039		Raina Rx LLC	NY	NIA	BioPlus Parent. LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		45-3667026		0001156039	•••••	River Medical Pharmacy. LLC	FL	NIA	BioPlus Parent LLC	Ownership		Elevance Health, Inc.	NO	
. 00/1	LIOTANOO HOATEN, INO.		10 000/020				Rocky Mountain Hospital and Medical Service,			DIGITAG FAIGHT, LLV	omioi onip		LIOTANOC NOCITIN, INC.	140	
. 0671	Elevance Health, Inc.	11011	84-0747736		0001156039		Inc.	co	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		46-2787212		0001156039		Santa Barbara Specialty Pharmacy, LLC	CA	NIA	BioPlus Parent, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	Wellpoint Corporation	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		45-4071004		0001156039		State Sponsored Services, Inc	IN	NIA	Wellpoint Specialty Services, Inc	Ownership		Elevance Health, Inc	NO	
							Texas Medication Management Consultants, LLC								1
. 0671	Elevance Health, Inc		47-1142953		0001156039			TX	NIA	Paragon Healthcare, Inc	Ownership	100.000	Elevance Health, Inc	NO	
							The Elevance Health Companies of California,								1
. 0671	Elevance Health, Inc		45-5443372		0001156039		Inc	CA	NIA	ATH Holding Company, LLC	Ownership		Elevance Health, Inc	NO	
0674	Elevance Health, Inc.		66-1002717		0001156039		The Elevance Health Companies of Puerto Rico,	PR	NIA	MMM Holdings. LLC	Ownership	100.000	Elevance Health Inc.	NO	
. 0671	Elevance Health, Inc.		35-1835818		0001156039		The Elevance Health Companies, Inc.	PR	NIA	ATH Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039			IN	NIA	Alliance Care Management, LLC	Carrier Company		Elevance Health, Inc.	NO	0109
. 06/1	Elevance Health, Inc.		66-0865037		0001156039		TriaDD NY, LLC dba MyCompass	NY	NIA	MSO Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		20-0660563		0001156039		WellMax Health Medical Centers. LLC	rñ	NIA	Delivery Network, LLC	Ownership		Elevance Health, Inc.	NO	
. 00/1	Elevance mealth, inc		∠U-U00U5b3		0001106039		wellwax mealth wedical Centers, LLC	rL	NIA	Delivery Network, LLC	Uwnersnip		revance meaiin, inc	NU	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1											Type	If			
1											of Control	Control			
1											(Ownership,	is		Is an	
1						Name of Securities			Relation-		Board.	Owner-		SCA	
1						Exchange		Domi-	ship		Management.	ship		Filina	
1		NAIC				if Publicly Traded	Names of	ciliarv	to		Attorney-in-Fact.	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	Elevance Health, Inc.		20-0660644	1.002	0001156039		WellMax Health Physicians Network, LLC	FL	,	Delivery Network, LLC	Ownership	100.000	Elevance Health Inc.	NO	
	Elevance Health, Inc.		20-4405193		0001156039	•••••	WellPoint Acquisition, LLC	IN		,,	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		95-4640531		0001156039	•••••	WellPoint California Services. Inc.	DE	NI A	2.014.00 .04.0.,	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		54-1739323		0001156039		Wellpoint Corporation	DE	NI A		Ownership	. 100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		82-1800037		0001156039		Wellpoint Delaware. Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		95-4657170		0001156039		WellPoint Dental Services. Inc.	DE	NIA		Ownership		Elevance Health, Inc.		
			81-4131800		0001156039		Wellpoint District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC			Elevance Health, Inc.		
	Elevance Health, Inc.		47-2546820		0001156039		Wellpoint Ederal Corporation	IN	NI A	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
1	Elevance Health, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NI A	Federal Government Solutions, LLC	Ownership	. 100.000	Elevance Health, Inc.		
. 0671 . 0671			20-3620996		0001156039		WellPoint Health Solutions, Inc	DE			Ownership	100.000	Elevance Health, Inc.		
			36-3899137		0001156039						Ownership	100.000		NO	
	Elevance Health, Inc.		36-3899137 45-2485907		0001156039		Wellpoint Illinois Services, Inc.	IL	NI A		Ownership		Elevance Health, Inc.		
							Wellpoint Insurance Company		IA				Elevance Health, Inc.		
1	Elevance Health, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI			Ownership	100.000	Elevance Health, Inc.		
			47-3863197		0001156039		Wellpoint lowa, Inc.	IA	IA	non-point ou-polation in-	Ownership	100.000	Elevance Health, Inc.		
	Elevance Health, Inc.		45-4985009		0001156039		Wellpoint IPA of New York, LLC	NY	NI A	Carelon Health of Virginia, LLC	Ownership	100.000	Elevance Health, Inc		
	Elevance Health, Inc		52-0913817		0001156039		Wellpoint Life and Health Insurance Company	IN	IA		Ownership	100.000	Elevance Health, Inc		
	Elevance Health, Inc		51-0387398		0001156039		Wellpoint Maryland, Inc	MD	IA	The state of the s	Ownership	100.000	Elevance Health, Inc		
	Elevance Health, Inc		95-4635507		0001156039		Wellpoint National Services, Inc	DE	NI A	and the same of th	Ownership		Elevance Health, Inc		
	Elevance Health, Inc		22-3375292		0001156039		Wellpoint New Jersey, Inc	NJ	IA	The state of the s	Ownership	100.000	Elevance Health, Inc		
			13-4212818		0001156039		Wellpoint Ohio, Inc	0H	IA	The state of the s	Ownership	100.000	Elevance Health, Inc		
	Elevance Health, Inc		36-3897080		0001156039		Wellpoint Partnership Plan, LLC	IL	NI A		Ownership	75.000	Elevance Health, Inc		
	Elevance Health, Inc		36-3897080		0001156039		Wellpoint Partnership Plan, LLC	IL	NI A	Wellpoint Illinois Services, Inc	Ownership	25.000	Elevance Health, Inc		
	Elevance Health, Inc		92-3489706		0001156039		Wellpoint South Carolina, Inc	SC	NI A	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc		
	Elevance Health, Inc		77-0494551		0001156039		Wellpoint Specialty Services, Inc	DE	NI A	Anthem Holding Corp	Ownership	100.000	Elevance Health, Inc		
. 0671	Elevance Health, Inc		20-4776597		0001156039		Wellpoint Tennessee, Inc	TN	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc		
. 0671	Elevance Health, Inc	95314	75-2603231		0001156039		Wellpoint Texas, Inc.	TX	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	14073	27-3510384		0001156039		Wellpoint Washington, Inc.	WA	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.	11810	84-1620480		0001156039		Wellpoint West Virginia, Inc.	WV	IA	Wellpoint National Services, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		84-1316462		0001156039		WestCare, Inc.	co	NI A	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		26-4814272		0001156039		XCEL Reimbursement Solutions, LLC	TX	NI A		Ownership		Elevance Health, Inc.	N0	l
1,	,			l				l		• ,				1	l

Asterisk	Explanation
	Insurer is deemed to be an insurance affiliate in column 10. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health or the California Department of Managed Health Care.
0101	CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC, a non-affiliate.
0102	. Owned 81% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 6% by Doctores Asociados del Noroeste, Inc. (a non-affiliate).
0103	Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (a non-affiliate).
	AMM Health, LLC is a joint venture 64% owned by Anthem Partnership Holding Company, LLC and 36% by MaineHealth, a non-affiliate.
0105	Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina, a non-affiliate.
0106	GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC, a non-affiliate.
	. Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity.
0108	Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, a non-affiliate.
	TriaDD NY , LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates.
0110	Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (a non-affiliate), and 5% owned by Blue Cross and Blue Shield of Kansas City, a non-affiliate.
0111	APC Passe, LLC is 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by the Arkansas Provider Coalition, LLC, which is not affiliated with Anthem, Inc.
0112	Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
1.	Explanation:	
١.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE AMH Health, LLC **OVERFLOW PAGE FOR WRITE-INS**

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans		
		1	2
			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 the est plant and military dees		
9.	Total foreign exchange change in book value/receased invessment excess decrues attended in the control of the c		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	81,097,986	54,936,378
2.	Cost of bonds and stocks acquired	54,358,969	85,076,125
3.	Accrual of discount		
4.	Unrealized valuation increase/(decrease)	758,017	141, 197
5.	Total gain (loss) on disposals	8,406	(1,577,859)
6.	Deduct consideration for bonds and stocks disposed of	51,609,450	57,862,579
7.	Deduct amortization of premium	23,642	350,277
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	374
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	85, 186, 014	81,097,986
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	85, 186, 014	81,097,986

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

Dui	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
	Beginning	During	During	During	End of	End of	Énd of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	44,981,410	4,645,554	5,223,896	1,207,231	47,535,782	44,981,410	45,610,299	47,117,416
2. NAIC 2 (a)	33,873,131	4,159,726	, - , -	(, , , ,	30,546,932	33,873,131	34,406,023	29,591,205
3. NAIC 3 (a)	378,352	139,973	0	2,775	501,859	378,352	521,100	498,790
4. NAIC 4 (a)	0	0	0	0	0	0	0	
5. NAIC 5 (a)	0	0	0	0	0	0	0	
6. NAIC 6 (a)	0	0	0	0	0	0	0	
7. Total Bonds	79,232,893	8,945,253	7,790,464	149,740	78,584,573	79,232,893	80,537,422	77,207,411
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3		0	0	0	0	0		0
11. NAIC 4		0	0	0	0	0		0
12. NAIC 5		0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	79.232.893	8.945.253	7.790.464	149.740	78,584,573	79.232.893	80,537,422	77,207,411

(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

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

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

NONE

SCHEDULE D - PART 3

			Show All I	ong-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-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
83162C-X7-3 SMALL BUSINESS ADMINIS	TRATION SERIES SBAP 2024-25G 4.890% 07/01/49		07/11/2024	Various		404.000	404.000	0	1.A
91282C-JX-0 US TREASURY N B 4.00	0% 01/31/31	1	09/10/2024	HSBC					1.A
	0% 02/15/34		07/31/2024	Various		370,066	373.000	6.861	1.A
91282C-LF-6 US TREASURY N B 3.87	5% 08/15/34		09/23/2024	Various			235.000		1.A
01099999999. Subtotal - Bonds - U	J.S. Governments					1,091,109	1.090.000	8.207	XXX
64966S-GY-6 NEW YORK NY SERIES C-1		1	08/22/2024	Loop Capital Markets			225.000		1.0 FE
	J.S. Political Subdivisions of States, Territories and Pos	sessions				255.643	225,000	0	
	STUDENT SERIES 1A 5.000% 04/01/31		08/08/2024	RBC			375.000		1.0 FE
	GAS REVE SERIES D 5.000% 02/01/40		08/29/2024	J P Morgan		322.956	285.000		1.D FE
09099999999999999999999999999999999999				. y		723,512	660,000	0	
	IES 2023-C7 CLASS A5 6.160% 12/15/56	1	07/23/2024	BMO Capital Markets		348,258	325,000		1.A
	NC 6.050% 09/15/33		08/12/2024	Tax Free Exchange		256 . 151	257.000		2.A FE
	C 5.330% 07/23/35		09/10/2024	Various			857.000		1.F FE
	/31		08/07/2024	Wells Fargo		198,635	195.000		2.C FE
	SERIES 2024-SFR1 CLASS A 144A 4.000% 09/17/29		08/16/2024	Deutsche Bank		278,265		* * *	1.A FE
	ST SERIES 2024-9 CLASS A6A 144A 5.000% 02/25/55		09/17/2024	J P Morgan			433.000	1 744	
	CIAL SERIES 2024-0MNI CLASS A 144A 5.797% 10/05/39		09/16/2024	J P Morgan		214.808	209.000	774	1.A FE
	5.766% 04/22/35		09/04/2024	Piper Jeffries & Co		190.827		3.792	
	% 04/21/34		09/04/2024	Goldman Sachs & Co		102,624	100.000	1.954	
	ERIES WI 5.350% 03/15/34		09/06/2024	Tax Free Exchange		189,426	190,000		2.A FE
	5.401% 07/23/35		07/18/2024	PNC Capital Market		205,000	205.000		1.G FE
	AR SERIES 144A 5.750% 01/15/30		09/09/2024	Bank of America		198,684	199,000		2.0 FE
835495-AS-1 SONOCO PRODUCTS CO 5.			09/17/2024	Various			437,000		2.C FE
8426EP-AH-1 SOUTHERN CO GAS CAPITAL			09/03/2024	Citigroup		372.710	374.000	0	2.A FE
864300-AJ-7 SUBWAY FUNDING LLC SER	IES 2024-3A CLASS A211 144A 5.566% 07/30/54	1	09/06/2024	Baring Securities Inc		375.000	375.000	0	2.B FE
891906-AF-6 TOTAL SYSTEM SERVICES	IN 4.450% 06/01/28		09/25/2024	Various		187.971	188,000	2.652	2.C FE
928668-AU-6 VOLKSWAGEN GROUP AMERI	CA SERIES 144A 4.750% 11/13/28		07/17/2024	Various		593,448	600,000		1.G FE
96337R-AB-8 WHISTLER PIPELINE LLC	SERIES 144A 5.700% 09/30/31		07/24/2024	J P Morgan		138,962	139,000	0	2.C FE
00131L-AR-6 AIA GROUP LTD SERIES 1	44A 4.950% 03/30/35	D	09/23/2024	State Street		210,726	211,000		1.G FE
00774M-AX-3 AERCAP IRELAND CAP GLOI		D	09/10/2024	Morgan Stanley			321,000		2.A FE
034863-BE-9 ANGLO AMERICAN CAPITAL 03837A-AA-8 APTIV PLC GLOBAL FIN	SERIES 144A 5.750% 04/05/34	D	09/10/2024	JANE STREET EXECUTION SERVICES				9,095	2.B FE
	4.650% 09/13/29	D	09/09/2024	J P Morgan		251,811	252,000	 n	3.A FE
	ndustrial and Miscellaneous (Unaffiliated)	1		y		6,874,988	6.840.000	48.982	XXX
2509999997. Total - Bonds - Part						8,945,252	8,815,000	57.189	XXX
2509999998. Total - Bonds - Part						XXX	XXX	XXX	XXX
25099999999. Total - Bonds	<u> </u>					8.945.252	8.815.000	57.189	XXX
4509999997. Total - Preferred Sto	ocks - Part 3					0,040,202	XXX	37, 109 N	XXX
4509999998. Total - Preferred Sto						XXX	XXX	XXX	XXX
450999999999999999999999999999999999999						^^^	XXX	^^^	XXX
5989999997. Total - Common Sto						U n	XXX	0	XXX
5989999998. Total - Common Sto						XXX	XXX	XXX	XXX
5989999999. Total - Common Sto						^^^	XXX	^^^	XXX
59999999999999999999999999999999999999						0	XXX	0	XXX
	u Common Stocks					0.045.050		V .	
6009999999 - Totals						8,945,252	XXX	57, 189	XXX

SCHEDULE D - PART 4

					Show All Lo	ng-Term Bo	onds and Stoo	ck Sold, Red	leemed or C	Otherwise I	Disposed o	of During tl	he Current Quarter							
1	2	3	4	5	6	7	8	9	10	Cl	nange In Boo	ok/Adjusted	Carrying Value	16	17	18	19	20	21	22
										11	12	13	14 15							NAIC
																				Desig-
																				nation,
																				NAIC
													Total Total							Desig-
												Current	Change in Foreign					Bond		nation
												Year's	Book/ Exchange					Interest/		Modifier
									Prior Year		Current	Other Than	, ,	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized		Temporary	Carrying Book	Carrying	Exchange			Dividends	Con-	SVO
CUSIP		l_			Number of				Adjusted	Valuation	(Amor-	Impairment	Value /Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-	D	For-	- 1	Name	Shares of	Consid-	D	Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 - Carrying	Disposal	(Loss) on	, ,	(Loss) on	During	Maturity	strative
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13) Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
83162C-S7-9	SMALL BUSINESS ADMINISTRATION SMALL BUSINESS ADMINISTRATION 5.168% 03/10/33		. 09/01/2024 .	Paydown		3,527	3,527	3,527		0	0	0	0 0		0	0	٥	183	. 03/10/2033 .	1 A
001020 07 3	SMALL BUSINESS ADMINISTRATION 5.150%		. 03/01/2024 .	ayuomii		, 521												100	. 00/ 10/ 2000 .	
83162C-U3-5	08/01/48		. 08/01/2024 .	Paydown		17,044	17,044	17,044	17,044	0	0	0	0	17,044	0	0	0	841	. 08/01/2048	. 1.A
	SMALL BUSINESS ADMINISTRATION 5.410%		00 (0.: :===													_			00 (04 :== ::	
83162C-U6-8	09/01/48SMALL BUSINESS ADMINISTRATION 4.970%		. 09/01/2024 .	Paydown		7,841	7,841	7,841	7,841	J0	0	0	0 0	7,841	J0	0	0	414	. 09/01/2048	. 1.A
83162C-W5-8	03/01/49		. 09/01/2024 .	Pavdown		6,130	6, 130	6,130	n	n	0	0	00	6. 130	0			142	. 03/01/2049 .	. 1.A
912810-TT-5	US TREASURY N B 4.125% 08/15/53		. 09/10/2024 .	Various		1.290.173	1,272,000	1,256,001	n		226			1,256,227		33.946	33,946	55,802	. 08/15/2053 .	. 1.A
91282C-JX-0	US TREASURY N B 4.000% 01/31/31		. 09/23/2024 .	Mitsubishi Securities .		79,737	78,000	80 , 191	0	0	(11)	0			0	(443)	(443)	466	01/31/2031	. 1.A
	US TREASURY N B 4.000% 02/15/34		. 08/29/2024 .	Various		874,787	870,000	855, 149	0	0		0		855,401	0	19,386	19,386	17,721	. 02/15/2034 .	. 1.A
01099999	99. Subtotal - Bonds - U.S. Governme	nts				2,279,239	2,254,542	2,225,883	28,412	0	467	0	467 0	2,226,350	0	52,889	52,889	75,569	XXX	XXX
	FREDDIE MAC SCRT SERIES 2022-1 CLASS MAU																			
	3.250% 11/25/61		. 09/25/2024 .	Paydown		1,898	1,898	1,769	1,778	0	120	0	1200	1,898	0	0	0	41	. 11/25/2061	. 1.A
	99. Subtotal - Bonds - U.S. Special Re	evenue				1,898	1,898	1,769	1,778	0	120	0	120 0	1,898	0	0	0	41	XXX	XXX
	BAIN CAPITAL SPECIALTY F 2.950% 03/10/26 .		. 07/22/2024 .	Various		213,355	225,000	200,699	206,929	0	4,330	0	4,3300	211,260	0	2,096	2,096	5,733	. 03/10/2026	. 2.C FE
09259E-AB-4	BLACKROCK TCP CAP CORP 2.850% 02/09/26		. 07/11/2024 .	SUMRIDGE PARTNERS LLC		75,821	80,000	72,422	73,650	0	1,515	0	0	75, 165	0	656	656	2,109	. 02/09/2026 .	. 2.C FE
12511E-AC-0	CCG RECEIVABLES TRUST SERIES 2021-2 CLASS A2		. 09/14/2024 .	Pavdown		23.210	23.210	22,309		0	612	0	6120	23.210	0	0	0	84	. 03/14/2029 .	. 1.A FE
1231112 70 0	COMM MORTGAGE TRUST SERIES 2014-LC17 CLASS A5		. 03/ 14/ 2024 .	ayuomii		20,210	20,210	22,003			012			20,210					. 00/ 14/ 2020 .	
12592M-BK-5	3.917% 10/10/47		. 09/01/2024 .	Paydown		150,000	150,000	148,482	149,367	0	633	0	6330	150,000	0	0	0	4, 190	. 10/10/2047	. 1.A
				Redemption 100.0000																
126650-BP-4	CVS/CAREMARK CORP 6.036% 12/10/28		. 09/10/2024 .	D 1 11 100 0000		8,802	8,802		8,952	0	(15)	0	0	8,937	0	(135)	(135)	354	. 12/10/2028	. 2.B FE
4000E0 DO 0	01/0 (01 DENADIC 00DD 0 040% 04 (40 (00		00 (40 (0004	Redemption 100.0000		0.704	0.704	0.000	0.004		(40)		(40)	0.054		(447)	(447)	407	04 /40 /0000	0 D FF
126650-BQ-2	CVS/CAREMARK CORP 6.943% 01/10/30		. 09/10/2024 .	Redemption 100.0000		2,734	2,734	2,890	2,864		(12)	0	0	2,851	0	(117)	(117)	127	. 01/10/2030	. 2.B FE
126650-BV-1	01/10/33		. 09/10/2024 .	100.0000		2,459	2,459	2,495	2,491	0	(2)	0	(2) 0	2 .490	0	(31)	(31)	95	. 01/10/2033	2 B
	CITIGROUP COMMERCIAL MORTGAG SERIES 2015-GC27		. 507 107 202								(2)		(2)	2, 100						
17323C-AD-9	CLASS A4 2.878% 02/10/48		. 09/01/2024 .	Paydown		183,471	183,471	176,755	179,876	0	3,595	0	3,5950	183,471	0	0	0	3,706	. 02/10/2048	. 1.A
17323C-AE-7	CITIGROUP COMMERCIAL MORTGAG SERIES 2015-GC27 CLASS A5 3.137% 02/10/48		. 09/01/2024 .	Pavdown		148 . 130	148 . 130	142,384	144.885	^	3.245	^	3.2450	148 . 130	_		0	3,485	. 02/10/2048	1 /
1/323U-AE-/	COREBRIDGE FINANCIAL INC SERIES 144A 6.050%		. 09/01/2024 .	rayuuwii		148, 130	148, 130	142, 384	144,885	l	3,245	0	U	148 , 130	l	0	u	3,480	. 02/10/2048 .	. I.A
21871X-AQ-2	09/15/33		. 08/12/2024 .	Tax Free Exchange		256, 151	257,000	256,088	256, 108	0	43	0	430	256, 151	0	0	0	14,296	. 09/15/2033 .	. 2.A FE
	DLLAA LLC SERIES 2021-1A CLASS A3 144A																			
23291Y-AC-9	0.670% 04/17/26		. 09/17/2024 .	Paydown		15,078	15,078	14, 184	14,706	0	371	0	0	15,078	0	0	0	67	. 04/17/2026	. 1.A FE
233046-AN-1	DB MASTER FINANCE LLC SERIES 2021-1A CLASS A2I 144A 2.045% 11/20/51		. 08/20/2024 .	Pavdown		550	550	489	498	0	52	0	52 0	550	0	0	0	ρ	. 11/20/2051 .	. 2.B FE
200040 AN I	DB MASTER FINANCE LLC SERIES 2021-1A CLASS		. 00/20/2024 .	i ayuumi					430										. 11/20/2001	. 2.0 12
233046-AQ-4	A211 144A 2.493% 11/20/51		. 08/20/2024 .	Paydown		760	760	648	666	0	94	0	940	760	0	0	0	14	. 11/20/2051 .	. 2.B FE
254687-FQ-4	WALT DISNEY COMPANY THE 3.800% 03/22/30		. 09/10/2024 .	Morgan Stanley		78,962	80,000	76,722	77,221	0	273	0		77,494	0	1,468	1,468	2,947	. 03/22/2030 .	. 1.G FE
00707 44 0	FIRSTKEY HOMES 2020 SFR1 TRUST SERIES 2020-		00 (04 (0004	D 4		4.040	4 040	0.004	0.040		000		000	4 040				00	40 /40 /0007	4 4 55
33767J-AA-0	SFR2 CLASS A 144A 1.266% 10/19/37 FIRSTKEY HOMES 2021 SFR3 TR SERIES 2021-SFR3		. 09/01/2024 .	Paydown		4,242	4,242	3,824	3,916	l0	326	0		4,242	l	0	0	36	. 10/19/2037	. 1.A FE
33768J-AA-9	CLASS A 144A 2.135% 12/17/38		. 09/01/2024 .	Paydown		791	791	717	739	0	52	0		791	0	0	0	11	. 12/17/2038 .	. 1.A FE
37940X-AP-7	GLOBAL PAYMENTS INC 4.950% 08/15/27		. 09/25/2024 .	Various		181,582	178,000	174,022	174,730	0	610	0		175,341	0	6,241	6,241	9,793	. 08/15/2027	. 2.C FE
38141G-ZR-8	GOLDMAN SACHS GROUP INC 3.615% 03/15/28		. 09/10/2024 .	TRUIST SECURITIES		673,081	685,000	641,182	647,565	0	5,639	0	5,6390	653,204	0	19,877	19,877	24,488	. 03/15/2028 .	. 1.F FE
38173M-AB-8	GOLUB CAPITAL BDC 2.500% 08/24/26		. 07/15/2024 .	Various		213,515	230,000	200 , 135	206,750	0	4,415	0	4,4150	211, 164	0	2,350	2,350	5, 131	. 08/24/2026 .	
	HOME PARTNERS OF AMERICA TRUST SERIES 2022-1											_			_					l
43730N-AA-4	CLASS A 144A 3.930% 04/17/39		. 09/01/2024 .	Paydown		33, 192	33, 192	31,773	32,072	0	1, 119	0		33, 192	0	0	0	866	. 04/17/2039 .	. 1.A FE
46643T-R.I-0	JPMBB COMMERCIAL MORTGAGE S SERIES 2014-C26 CLASS A4 3.494% 01/15/48		. 09/01/2024 .	Pavdown		4.514	4.514	4.316	4.391	n	123	n		4.514	n	n		118	. 01/15/2048	. 1.A .

SCHEDULE D - PART 4

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

					Show All Lor	ng-Term Bo	mus and Stot	ik Solu, Red	leemed or C	unerwise	Disposed (ט טווווטט וט וט	ie Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Cl	nange In Boo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in						Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized		Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-				Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying			Impairment		/Adjusted	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign	Disposai	of Purchaser	Stock	eration	Par Value	Cost	Value	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposai	Disposal	Disposal	Disposal	Year	Date	Symbol
	·	eigii			SIUCK					(Decrease)	Accretion	nized	13)	Value		Disposai					
4664/P-CJ-3	JPMORGAN CHASE & CO 2.069% 06/01/29 JP MORGAN MORTGAGE TRUST SERIES 2023-4 CLASS		. 09/04/2024 .	Deutsche Bank		193,225	210,000	176,795	180,522	0	3,270	0	3,270	0	183,792	0	9,433	9,433	3,307	. 06/01/2029 .	. 1.E FE
46656Q-AE-2	1A4A 144A 5.500% 11/25/53		. 09/01/2024 .	Pavdown		9,752	9,752	9,607		٠,	131	0	131	0	9.752	0	0	0	359	. 11/25/2053 .	. 1.A
40000Q-AL-2	JP MORGAN MORTGAGE TRUST SERIES 2024-3 CLASS		. 09/01/2024 .	rayuuwii							101									. 11/23/2033 .	1
46657Q-AP-6	A6 144A 3.000% 05/25/54		. 09/01/2024 .	Paydown		13,028	13,028	11,785	0	0		0		0	13,028	0	0	0	163	. 05/25/2054 .	. 1.A FE
	JP MORGAN MORTGAGE TRUST SERIES 2024-4 CLASS			·			·	·								1					
	A4A 144A 6.000% 10/25/54		. 09/01/2024 .	Paydown		21,900	21,900	21,724	0	0	175	0	175	0	21,900	0	0	0	438	. 10/25/2054 .	
49803X-AE-3	KITE REALTY GROUP LP 5.500% 03/01/34		. 07/31/2024 .	Barclays		126,963	127,000	125,311	0	0	78	0	78	0	125,389	0	1,574	1,574	3,764	. 03/01/2034 .	. 2.B FE
5044=11 1- 1	KUBOTA CREDIT OWNER TRUST SERIES 2023-1A		00/45/222	[_ ,										1						00/47/	
50117K-AB-6	CLASS A2 144A 5.400% 02/17/26		. 09/15/2024 .	Paydown	······	68,538	68,538	68,536	68,533	J0	4	0	4	0	68,538	0	0	0	2,477	. 02/17/2026 .	. 1.A FE
53079E-BG-8	LIBERTY MUTUAL SERIES 144A 4.309% 02/01/29		. 07/01/2024 .	Vi		52.482	54.000	E0 000	52.310		140		140				04	04	0.000	00/04/0000	0.0.55
530/9E-BG-8	MMAF EQUIPMENT FINANCE LLC SERIES 2021-A		. 07/01/2024 .	Various		32,482		52,086	52,310		148		148				24	24	2,269	. 02/01/2029 .	2.B FE
55317J-AC-4	CLASS A3 144A 0.560% 06/13/28		. 09/13/2024 .	Pavdown		12.616	12.616	11,864		٥ .	388	0	388	0	12.616	0	0	0	47	. 06/13/2028 .	. 1.A FE
	MORGAN STANLEY 1.593% 05/04/27		. 09/04/2024 .	Barclays		104,808	110,000	98,001	101,170	0	1.694	0	1.694	0	102,864	0	1 944	1.944		. 05/04/2027 .	
	NAVIENT STUDENT LOAN TRUST SERIES 2020-GA		. 00/04/2024 .	barorayo											102,004					. 00/04/2027 .	1.2 12
63941U-AA-1	CLASS A 144A 1.170% 09/16/69		. 09/15/2024 .	Paydown		4,632	4,632	4 , 132	4,234	0	398	0	398	0	4,632	0	0	0	36	. 09/16/2069 .	. 1.A FE
	NAVIENT STUDENT LOAN TRUST SERIES 2021-BA																				
63942L-AA-0	CLASS A 144A 0.940% 07/15/69		. 09/15/2024 .	Paydown		5,382	5,382	4,667	4,783	0	599	0	599	0	5,382	0	0	0	34	. 07/15/2069 .	. 1.A FE
CE1COL AD 4	NEWMONT NEWCREST FIN SERIES 144A 5.350%		00/00/0004	T F Fb		100 400	100,000	100 100	0		00		00		189.426			0	E 107	00/45/0004	0 4 55
65163L-AP-4	03/15/34		. 09/06/2024 .	Tax Free Exchange		189,426	190,000	189,400	0		20		20		189,420			0	5, 167	. 03/15/2034 .	2.A FE
67181D-AA-9	CLASS A1 144A 1.850% 11/20/50		. 09/20/2024 .	Paydown		399	399	358	373	0	25	0	25	0	399	0	0	0	4	. 11/20/2050 .	. 1.A FE
	OWL ROCK TECHNOLOGY FINA SERIES 144A 3.750%			.,																	
691205-AE-8	06/17/26		. 07/11/2024 .	Smith Barney		145,650	155,000	138 , 174	142,063	0	2,594	0	2,594	0	144,657	0	993	993	3,310	. 06/17/2026 .	. 2.C FE
7400411 14 0	PROGRESS RESIDENTIAL TRUST SERIES 2022-SFR3		00 (04 (0004			4 400	4 400	4 070	4 407						4 400					04/47/0000	
74331U-AA-6	CLASS A 144A 3.200% 04/17/39PROGRESS RESIDENTIAL TRUST SERIES 2022-SFR7		. 09/01/2024 .	Paydown		1, 168	1,168	1,079	1, 107	0	61	0	61	0	1,168	0	0	0	24	. 04/17/2039 .	. 1.A FE
74333C-AA-4	CLASS A 144A 4.750% 10/27/39		. 08/17/2024 .	Pavdown		262	262	259	260	٥	2	0	2	0	262	0	0	0	Q	. 10/27/2039 .	. 1.A FE
740000 AA 4	SERVPRO MASTER ISSUER LLC SERIES 2021-1A		. 00/11/2024 .	i ayuumi			202	200	200				2		202					. 10/21/2003 .	1.A IL
817743-AE-7	CLASS A2 144A 2.394% 04/25/51		. 07/25/2024 .	Paydown		388	388 .	314	329	0	58	0	58	0	388	0	0	0	7	. 04/25/2051 .	. 2.C FE
83012A-AC-3	SIXTH STREET SPECIALTY 6.125% 03/01/29		. 09/09/2024 .	Various		111,374	108,000	107,783	0	0	37	0	37	0	107,820	0	3,554	3,554	4,300	. 03/01/2029 .	. 2.C FE
	SOCIAL PROFESSIONAL LOAN PROGR SERIES 2020-C			[
83390U-AF-4	CLASS AFX 144A 1.950% 02/15/46		. 09/15/2024 .	Paydown		4,836	4,836	4,311	4,393	0	443	0	443	0	4,836	0	0	0	63	. 02/15/2046 .	. 1.A FE
83405N-AA-4	SOCIAL PROFESSIONAL LOAN PROG SERIES 2021-B CLASS AFX 144A 1.140% 02/15/47		. 09/15/2024 .	Pavdown		3.870	3.870	3.373	3.425		445	0	445	0	3.870	_	0		29	. 02/15/2047 .	. 1.A FE
834U3N-AA-4	SOCIAL PROFESSIONAL LOAN PROGR SERIES 2020-A		. 09/15/2024 .	Paydown		3,870	3,8/0	3,3/3	3,420		440		440		3,8/0			0	29	. 02/15/204/ .	1.A FE
83406T-AB-8	CLASS A2FX 144A 2.540% 05/15/46		. 09/15/2024 .	Pavdown		5,482	5,482	5 , 144	5,211	0	272	0	272	0	5,482	0	0	0	93	. 05/15/2046 .	. 1.A FE
	STORE MASTER FUNDING LLC SERIES 2018-1A CLASS			,				*, * *, * * *, * * *, * * *, * * * * *													
86212V-AE-4	A2 144A 4.290% 10/20/48		. 09/20/2024 .	Paydown		250	250 .	242	244	0	6	0	6	0	250	0	0	0	7	. 10/20/2048 .	. 1.A FE
872652-AA-0	TPG OPERATING GROUP II 5.875% 03/05/34		. 09/23/2024 .	Various		270, 118	253,000	252,755	0	0	10	0	10	0	252,765	0	17,353	17,353	8,216	. 03/05/2034 .	. 2.A FE
1	TRICON AMERICAN HOMES SERIES 2019-SFR1 CLASS			[
89612L-AA-4	A 144A 2.750% 03/17/38		. 08/01/2024 .	Paydown	·····	216	216	198	203	0	13	0	13	0	216	0	0	0	4	. 03/17/2038 .	. 1.A FE
89614Y-AA-4	TRICON RESIDENTIAL SERIES 2021-SFR1 CLASS A 144A 1.943% 07/17/38		. 07/01/2024 .	Pavdown		47	47	41	43			0		0	47	_	0		4	. 07/17/2038 .	. 1.A FE
	UPMC 5.035% 05/15/33		. 07/01/2024 .	Various			217,000	217,000	217,000	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	4		4				3,327	3,327	8.680	. 05/15/2033 .	
3002011-A0-8	VOLKSWAGEN GROUP AMERICA SERIES 144A 4.350%		. 03/00/2024 .	ναι Ιυμό		220,021	217,000	217,000	211,000	u	I				217,000					. 00/ 10/ 2000 .	1.1 I'E
928668-BS-0	06/08/27	 	. 07/17/2024 .	Citigroup		590,520	600,000	579,948	583,441	0	2,446	0	2,446	0	585,887	0	4,633	4,633	15,950	. 06/08/2027 .	. 1.G FE
	WF RBS COMMERCIAL MORTGAGE SERIES 2014-C21			J			·	•			, , , , ,				,		, 500				
92939F-AU-3	CLASS A5 3.678% 08/15/47		. 07/01/2024 .	Paydown		175,322	175,322	169,679	172,439	0	2,883	0	2,883	0	175,322	0	0	0	3,762	. 08/15/2047 .	. 1.A
	WENDYS FUNDING LLC SERIES 2019-1A CLASS A21			[_	_				
95058X-AG-3	144A 3.783% 06/15/49		. 09/15/2024 .	Paydown		476	476	435	444	0	31	0	31	0	476	0	0	0	18	. 06/15/2049 .	. 2.B FE

SCHEDULE D - PART 4

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

						9 . 0 20	mac ama cto	ck Sold, Red	comoa cr c	1110111100	Jiopooca (or Barring a	ic ourierit	Quartor							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrving	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/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)			` 13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	WENDYS FUNDING LLC SERIES 2021-1A CLASS A21																				
	144A 2.370% 06/15/51		. 09/15/2024 .			1,075	1,075	888 .	897	0	178		178	0	1,075	0	0	0	19	. 06/15/2051 .	
00774M-AV-7	AERCAP IRELAND CAP GLOBA 2.450% 10/29/26 ANGLO AMERICAN CAPITAL SERIES 144A 2.250%	D	. 09/10/2024 .	FIFTH THIRD SECURITIES		287,892	300,000	267,390	272,689	0	6,292	0	6,292	0	278,980	0	8,912	8,912	6,370	. 10/29/2026 .	2.A FE
034863-AZ-3		n	. 09/10/2024 .	Credit Agricole Indosuez		370,212	400.000	346,670	352,344	0	7.122	0	7. 122	0	359.466	0	10.746	10.746	0 050	. 03/17/2028 .	2 B EE
004000-AZ-0	PALMER SQUARE LOAN FUNDING LTD SERIES 2021-1A	D	. 03/10/2024 .	UIIX		3/0,212	400,000										10,740	10,740		. 03/1//2020 .	2.D IL
69701Y-AA-0	CLASS A1 144A 6.444% 04/20/29	D	. 07/22/2024 .	Paydown		72,436	72,436	71,718	71,877	0	559	0	559	0	72,436	0	0	0	3,618	. 04/20/2029 .	1.A FE
	PALMER SQUARE LOAN FUNDING LTD SERIES 2023-1A																				
	CLASS A1 144A 6.982% 07/20/31	D	. 07/11/2024 .			212,645	212,645	212,645 .	212,645	0	0	0	0	0	212,645	0	0	0			1.A FE
	99. Subtotal - Bonds - Industrial and M			,		5,548,117	5,651,653	5,335,817	4,685,802	0	58,654	0	58,654	0	5,453,219	0	94,898	94,898	176,243	XXX	XXX
	WELLS FARGO & COMPANY 7.625% Perpet		. 08/23/2024 .	Various		117,224	109,000	109,000	109,000	0	0	0	0	0	109,000	0	8,228	8,228	5,791		2.B FE
	99. Subtotal - Bonds - Hybrid Securitie	S				117,224	109,000	109,000	109,000	0	0	0	0	0	109,000	0	8,228	8,228	5,791	XXX	XXX
	97. Total - Bonds - Part 4					7,946,478	8,017,093	7,672,469	4,824,992	0	59,241		59,241	0	7,790,467	0	156,015	156,015	257,644	XXX	XXX
	98. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
25099999	99. Total - Bonds					7,946,478	8,017,093	7,672,469	4,824,992	0	59,241	0	59,241	0	7,790,467	0	156,015	156,015	257,644	XXX	XXX
45099999	97. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Preferred Stocks - Part 5				<u> </u>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
59899999	97. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
59899999	99. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
59999999	99. Total - Preferred and Common Sto	cks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
60099999	99 - Totals					7,946,478	XXX	7,672,469	4,824,992	0	59,241	0	59,241	0	7,790,467	0	156,015	156,015	257,644	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 **NONE**

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

			End Depository					
1	2	3	4	5		lance at End of Ea		9
						uring Current Quar		1
			Amount of	Amount of	6	7	8	
			Interest Received	Interest Accrued				
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
101 S. Tryon Street, 19th								
Floor, Charlotte, NC 28255								
Bank of America		0.000	0	0	(2 908 076)	673 392	(114,981)	XXX
4 New York Plaza, 13th		0.000			(2,000,070)		(114,001)	
		0.000	0	0	10 666 000	20, 020, 026	10 015 770	2004
JP Morgan Chase Floor, New York, NY 10004.		0.000	U	U	10,666,802	30,930,026	10,010,778	XXX.
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	7,758,726	31,603,418	18,700,797	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	7,758,726	31,603,418	18,700,797	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	L							
0599999. Total - Cash	XXX	XXX	0	0	7,758,726	31,603,418	18,700,797	XXX

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