



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

(Name)

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-4397
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealth.com

Statutory Statement Contact Frederick E. Felter , 215-241-4397
(Name) (Area Code) (Telephone Number) (Extension)
Fred.Felter@ibx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President & C.E.O.</u>	<u>Russell Paul Heid</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>

DIRECTORS OR TRUSTEES

<u>Gregory Eugene Deavens</u>	<u>Brian Lobley</u>	<u>Richard Lamar Snyder, M.D. #</u>	<u>Michael Walsh Sullivan</u>
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State of Pennsylvania ss
 County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.
 V.P. & Corporate Secretary

Subscribed and sworn to before me this
25 day of February, 2019

a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Marla Matteo, Notary Public
 April 27, 2022

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	55,008,983		55,008,983	60,949,651
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	40,500		40,500	55,600
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 (\$ _____7,458,714 , Schedule E-Part 1), cash equivalents (\$ _____2,937,607 , Schedule E-Part 2) and short-term investments (\$ _____1,617,964 , Schedule DA)	12,014,284		12,014,284	4,072,464
6. Contract loans (including \$ _____ premium notes)			0	0
7. Derivatives (Schedule DB)	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	67,063,767	0	67,063,767	65,077,715
13. Title plants less \$ _____ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	202,185		202,185	196,376
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,493,276	994,280	498,996	18,165,564
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 (\$ _____) and contracts subject to redetermination (\$ _____15,309,515)	15,309,515		15,309,515	1,419,869
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	10,619,410		10,619,410	10,756,656
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	2,423,957		2,423,957	3,219,026
17. Amounts receivable relating to uninsured plans	4,463,639	47,744	4,415,895	3,640,038
18.1 Current federal and foreign income tax recoverable and interest thereon			0	180,869
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 (\$ _____)	374,054	374,054	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	4,441,427		4,441,427	68
24. Health care (\$ _____1,859,309) and other amounts receivable	2,094,749	235,440	1,859,309	2,287,681
25. Aggregate write-ins for other-than-invested assets	14,854,059	13,903,533	950,526	660,787
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	123,340,038	15,555,051	107,784,987	105,604,649
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	123,340,038	15,555,051	107,784,987	105,604,649
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other assets	1,039,586	91,304	948,282	627,955
2502. Health Care Reform	13,814,473	13,812,229	2,244	32,832
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	14,854,059	13,903,533	950,526	660,787

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 19,092,445 reinsurance ceded)	1,048,172	31,661	1,079,833	1,559,174
2. Accrued medical incentive pool and bonus amounts	57,403		57,403	40,556
3. Unpaid claims adjustment expenses	16,014	633	16,647	17,759
4. Aggregate health policy reserves, including the liability of \$ 5,200,000 for medical loss ratio rebate per the Public Health Service Act	22,194,466	1,869,270	24,063,736	15,734,036
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	5,180,332		5,180,332	3,186,935
9. General expenses due or accrued	2,344,053		2,344,053	5,814,427
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 279 on realized capital gains (losses))	214,829		214,829	0
10.2 Net deferred tax liability	573,936		573,936	636,625
11. Ceded reinsurance premiums payable	11,474,486		11,474,486	12,913,984
12. Amounts withheld or retained for the account of others	588,796		588,796	329,723
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	16,047,934		16,047,934	18,175,926
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 20,734,614 authorized reinsurers, \$ unauthenticated reinsurers and \$ certified reinsurers)	20,734,614		20,734,614	24,358,311
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,132,896		2,132,896	1,698,039
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	82,607,931	1,901,564	84,509,495	84,465,495
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	4,125,000
26. Common capital stock	XXX	XXX	400,000	400,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	272,506,359	272,506,359
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(249,630,867)	(255,892,205)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	23,275,492	21,139,154
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	107,784,987	105,604,649
DETAILS OF WRITE-INS				
2301.				
2302.				
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)	0	0	0	0
2501. ACA Section 9010 Data Year Assessment	XXX	XXX		4,125,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	4,125,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	338,654	418,538
2. Net premium income (including \$0 non-health premium income).....	XXX	7,732,335	12,142,459
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue.....	XXX		0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	7,732,335	12,142,459
Hospital and Medical:			
9. Hospital/medical benefits.....	6,767,147	91,321,546	120,489,992
10. Other professional services.....		1,502,062	1,655,792
11. Outside referrals.....			0
12. Emergency room and out-of-area.....	396,347	5,206,449	7,161,925
13. Prescription drugs.....		24,637,135	29,658,509
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		866,374	1,765,465
16. Subtotal (Lines 9 to 15).....	7,163,494	123,533,566	160,731,683
Less:			
17. Net reinsurance recoveries.....	7,129,802	118,281,955	149,298,485
18. Total hospital and medical (Lines 16 minus 17).....	33,692	5,251,611	11,433,198
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$229,865 cost containment expenses.....		378,388	299,790
21. General administrative expenses.....		1,652,065	1,071,038
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	33,692	7,282,064	12,804,026
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	450,271	(661,567)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,188,110	1,072,708
26. Net realized capital gains (losses) less capital gains tax of \$18,972.....		71,371	21,084
27. Net investment gains (losses) (Lines 25 plus 26).....	0	1,259,481	1,093,792
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....		0	0
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	1,709,752	432,225
31. Federal and foreign income taxes incurred.....	XXX	701,831	(557,000)
32. Net income (loss) (Lines 30 minus 31).....	XXX	1,007,921	989,225
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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901.			0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	21,139,154	18,566,658
34. Net income or (loss) from Line 32	1,007,921	989,225
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$202	761	(761)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	62,689	(1,494,737)
39. Change in nonadmitted assets	1,064,968	3,078,768
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	2,136,339	2,572,496
49. Capital and surplus end of reporting year (Line 33 plus 48)	23,275,492	21,139,154
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	20,699,741	(10,967,700)
2. Net investment income	1,206,396	1,146,084
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3).....	21,906,137	(9,821,615)
5. Benefit and loss related payments	4,386,520	(14,034,417)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	5,256,995	7,013,095
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$18,636 tax on capital gains (losses)	325,105	(1,219,907)
10. Total (Lines 5 through 9).....	9,968,620	(8,241,229)
11. Net cash from operations (Line 4 minus Line 10)	11,937,517	(1,580,386)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	26,078,917	35,436,992
12.2 Stocks	25,600	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	26,104,517	35,436,992
13. Cost of investments acquired (long-term only):		
13.1 Bonds	20,078,139	16,406,286
13.2 Stocks	10,500	55,600
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,088,639	16,461,886
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	6,015,879	18,975,106
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(10,011,575)	(18,266,755)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(10,011,575)	(18,266,755)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7,941,820	(872,036)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	4,072,464	4,944,500
19.2 End of year (Line 18 plus Line 19.1)	12,014,284	4,072,464

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

20.0001. Leasehold Improvements.....		(15,601)
20.0002. Furniture and equipment.....		(112,847)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	7,732,335	7,721,981	0	1,671	8,683	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ _____ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	7,732,335	7,721,981	0	1,671	8,683	0	0	0	0	0
8. Hospital/medical benefits	91,321,546	91,447,574		57,293			(183,321)			XXX
9. Other professional services	1,502,062	1,391,555		(24)	110,531					XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	5,206,449	5,214,609					(8,160)			XXX
12. Prescription drugs	24,637,135	25,519,388					(882,253)			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	866,374	806,690					59,684			XXX
15. Subtotal (Lines 8 to 14)	123,533,566	124,379,816	0	57,269	110,531	0	(1,014,050)	0	0	XXX
16. Net reinsurance recoveries	118,281,955	119,139,241		57,213	99,551		(1,014,050)			XXX
17. Total hospital and medical (Lines 15 minus 16)	5,251,611	5,240,575	0	56	10,980	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ _____, 229,865 cost containment expenses	378,388	139,387							239,001	
20. General administrative expenses	1,652,065	1,536,546		(6)	202				115,351	(28)
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	7,282,064	6,916,508	0	50	11,182	0	0	0	354,352	(28)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	450,271	805,473	0	1,621	(2,499)	0	0	0	(354,352)	28
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	171,479,309		163,757,328	7,721,981
2. Medicare Supplement				0
3. Dental only.....	161,719		160,048	1,671
4. Vision only.....	146,136		137,453	8,683
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	(987,920)		(987,920)	0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	170,799,244	0	163,066,909	7,732,335
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	170,799,244	0	163,066,909	7,732,335

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	126,455,155	126,512,045		57,190	110,531		(224,611)			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	121,764,041	121,380,822		57,134	99,551		226,534			
1.4 Net	4,691,114	5,131,223	0	56	10,980	0	(451,145)	0	0	0
2. Paid medical incentive pools and bonuses	34,608	34,608								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	20,172,278	19,492,473	0	0	0	0	679,805	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	19,092,445	18,412,640	0	0	0	0	679,805	0	0	0
3.4 Net	1,079,833	1,079,833	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	57,403	57,403								
6. Net healthcare receivables (a)	(988,383)	(537,238)					(451,145)			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	24,948,617	22,968,537	0	0	0	0	1,980,080	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	23,389,443	21,409,363	0	0	0	0	1,980,080	0	0	0
8.4 Net	1,559,174	1,559,174	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	40,556	40,556								
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	122,667,199	123,573,219	0	57,190	110,531	0	(1,073,741)	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	117,467,043	118,384,099	0	57,134	99,551	0	(1,073,741)	0	0	0
12.4 Net	5,200,156	5,189,120	0	56	10,980	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	51,455	51,455	0	0	0	0	0	0	0	0

(a) Excludes \$ 393,719 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	1,220,376	1,219,691					685			
1.2. Reinsurance assumed	.0									
1.3. Reinsurance ceded	1,161,470	1,160,785					685			
1.4. Net	58,906	58,906	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct	18,951,902	18,272,782					679,120			
2.2. Reinsurance assumed	.0									
2.3. Reinsurance ceded	17,930,975	17,251,855					679,120			
2.4. Net	1,020,927	1,020,927	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	.0									
3.2. Reinsurance assumed	.0									
3.3. Reinsurance ceded	.0									
3.4. Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	20,172,278	19,492,473	.0	.0	.0	.0	679,805	.0	.0	.0
4.2. Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	19,092,445	18,412,640	.0	.0	.0	.0	679,805	.0	.0	.0
4.4. Net	1,079,833	1,079,833	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	883,058	4,997,011	189,525	890,308	1,072,583	1,559,173
2. Medicare Supplement .....					.0	.0
3. Dental Only.....		55			.0	.0
4. Vision Only.....		10,981			.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	883,058	5,008,047	189,525	890,308	1,072,583	1,559,173
10. Healthcare receivables (a).....	2,247,618	(1,047,627)	490,481	1,210,546	2,738,099	2,689,409
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts	2,613	31,995	21,339	36,064	23,952	40,556
13. Totals (Lines 9-10+11+12)	(1,361,947)	6,087,669	(279,617)	(284,174)	(1,641,564)	(1,089,680)

(a) Excludes \$393,719 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	5,660,884	5,660,698	5,538,200	5,538,199	5,538,199
2. 2014	182,884	188,007	202,303	202,350	202,350
3. 2015	XXX	12,167	23,341	23,649	23,630
4. 2016	XXX	XXX	13,892	14,883	14,931
5. 2017	XXX	XXX	XXX	10,194	11,052
6. 2018	XXX	XXX	XXX	XXX	5,029

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	5,660,999	5,661,176	5,538,217	5,538,199	5,538,199
2. 2014	188,683	187,983	202,350	202,353	202,350
3. 2015	XXX	14,142	23,410	23,658	23,636
4. 2016	XXX	XXX	15,799	14,894	14,940
5. 2017	XXX	XXX	XXX	11,771	11,248
6. 2018	XXX	XXX	XXX	XXX	5,955

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014	235,850	202,350	202	202,552	85.9			202,552	85.9
2. 2015	17,225	23,630	230	23,860	138.5	.6		23,866	138.6
3. 2016	14,907	14,931	216	15,147	101.6	.9		15,156	101.7
4. 2017	12,123	11,052	112	11,164	92.1	.196		11,360	93.7
5. 2018	7,722	5,029	55	5,084	65.8	.926	17	6,027	78.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	.0	.0	.0	.0	.0
3. 2015	XXX	(5)	(5)	(5)	(5)
4. 2016	XXX	XXX	.0	(1)	(1)
5. 2017	XXX	XXX	XXX	.0	.0
6. 2018	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	.0	.0	.0	.0	.0
3. 2015	XXX	(5)	(5)	(5)	(5)
4. 2016	XXX	XXX	.0	(1)	(1)
5. 2017	XXX	XXX	XXX	.1	.0
6. 2018	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only

1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014	.0	.0	.0	.0	.0			.0	.0
2. 2015	1	(5)	.0	(5)	(500.0)			(5)	(500.0)
3. 2016	.0	(1)	.0	(1)	.0			(1)	.0
4. 2017	.0	.0	.0	.0	.0			.0	.0
5. 2018	2	0	0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	.0	.0	.0	.0	.0
3. 2015	XXX	7	7	7	7
4. 2016	XXX	XXX	4	4	4
5. 2017	XXX	XXX	XXX	22	22
6. 2018	XXX	XXX	XXX	XXX	11

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	.0	.0	.0	.0	.0
2. 2014	.0	.0	.0	.0	.0
3. 2015	XXX	7	7	7	7
4. 2016	XXX	XXX	4	4	4
5. 2017	XXX	XXX	XXX	22	22
6. 2018	XXX	XXX	XXX	XXX	11

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Vision Only

1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014	.0	.0	.0	.0	.0			.0	.0
2. 2015	.0	7	.0	7	.0			7	.0
3. 2016	.0	4	.0	4	.0			4	.0
4. 2017	17	22	.0	22	129.4			22	129.4
5. 2018	9	11	0.0	11	122.2	0	0	11	122.2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	451,889	451,889	451,920	451,920	451,920
2. 2014	90,703	94,372	94,371	94,371	94,371
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	0	0
6. 2018	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	451,896	451,932	451,920	451,920	451,920
2. 2014	94,397	94,371	94,371	94,371	94,371
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	0	0
6. 2018	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014	100,019	94,371	0.0	94,371	94.4			94,371	94.4
2. 2015	0	0	0.0	0	0.0			0	0.0
3. 2016	0	0	0.0	0	0.0			0	0.0
4. 2017	0	0	0.0	0	0.0			0	0.0
5. 2018		0	0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	6,112,773	6,112,587	5,990,120	5,990,119	5,990,119
2. 2014	273,587	282,379	296,674	296,721	296,721
3. 2015	XXX	12,169	23,343	23,651	23,632
4. 2016	XXX	XXX	13,896	14,886	14,934
5. 2017	XXX	XXX	XXX	10,216	11,074
6. 2018	XXX	XXX	XXX	XXX	5,040

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	6,112,895	6,113,108	5,990,137	5,990,119	5,990,119
2. 2014	283,080	282,354	296,721	296,724	296,721
3. 2015	XXX	14,144	23,412	23,660	23,638
4. 2016	XXX	XXX	15,803	14,897	14,943
5. 2017	XXX	XXX	XXX	11,794	11,270
6. 2018	XXX	XXX	XXX	XXX	5,966

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

1	2	3	4	5	6	7	8	9	10	
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014	335,869	296,721	202	0.1	296,923	88.4	0	0	296,923	88.4
2. 2015	17,226	23,632	230	1.0	23,862	138.5	6	0	23,868	138.6
3. 2016	14,907	14,934	216	1.4	15,150	101.6	9	0	15,159	101.7
4. 2017	12,142	11,074	112	1.0	11,186	92.1	196	0	11,382	93.7
5. 2018	7,733	5,040	55	1.1	5,095	65.9	926	17	6,038	78.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	5,200,000	5,200,000							
5. Aggregate write-ins for other policy reserves.....	18,863,736	18,863,736	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	24,063,736	24,063,736	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4)	24,063,736	24,063,736	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	.0								
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Permanent ACA Risk Adjustment Program.....	18,863,736	18,863,736							
0502. APTC Reserve.....	.0								
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	18,863,736	18,863,736	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	15,797	23,196	71,193		110,186
2. Salaries, wages and other benefits	116,201	111,228	679,679		907,108
3. Commissions (less \$ 4,696,629 ceded plus \$ assumed)			244,871		244,871
4. Legal fees and expenses	185		6,665		6,850
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	3,942	545	192,184		196,671
7. Traveling expenses	324	388	11,642		12,354
8. Marketing and advertising	823	115	140,267		141,205
9. Postage, express and telephone	157	1,280	9,558		10,995
10. Printing and office supplies	543	1,920	9,564		12,027
11. Occupancy, depreciation and amortization	2,151	3,174	9,695		15,020
12. Equipment	26,597	2,983	74,370		103,950
13. Cost or depreciation of EDP equipment and software	2,958	1,135	54,438		58,531
14. Outsourced services including EDP, claims, and other services	171,087	69,925	381,135		622,147
15. Boards, bureaus and association fees	371	3	2,663		3,037
16. Insurance, except on real estate			23,277		23,277
17. Collection and bank service charges			10,484		10,484
18. Group service and administration fees	(920)	(15)	(10,791)		(11,726)
19. Reimbursements by uninsured plans	(134,752)	(87,597)	(921,835)		(1,144,184)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	23	0	231,892		231,915
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	24,378	21,147	3,338		48,863
23.5 Other (excluding federal income and real estate taxes)			348,211		348,211
24. Investment expenses not included elsewhere				88,931	88,931
25. Aggregate write-ins for expenses	0	(904)	79,565	0	78,661
26. Total expenses incurred (Lines 1 to 25)	229,865	148,523	1,652,065	88,931 (a)	2,119,384
27. Less expenses unpaid December 31, current year		16,647	2,322,653	21,400	2,360,700
28. Add expenses unpaid December 31, prior year	0	17,759	5,785,927	28,500	5,832,186
29. Amounts receivable relating to uninsured plans, prior year	0	0	4,416,354	0	4,416,354
30. Amounts receivable relating to uninsured plans, current year			4,463,639		4,463,639
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	229,865	149,635	5,162,624	96,031	5,638,155
DETAILS OF WRITE-INS					
2501. Other Claim Adjustment Expenses		(904)			(904)
2502. Miscellaneous Expenses			79,565		79,565
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	(904)	79,565	0	78,661

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....446,467	.....439,985
1.1 Bonds exempt from U.S. tax	(a).....	.....
1.2 Other bonds (unaffiliated)	(a).....769,995	.....773,823
1.3 Bonds of affiliates	(a).....0	.....
2.1 Preferred stocks (unaffiliated)	(b).....0	.....
2.11 Preferred stocks of affiliates	(b).....0	.....
2.2 Common stocks (unaffiliated)	.....1,297	.....1,019
2.21 Common stocks of affiliates	.....0	.....
3. Mortgage loans	(c).....	.....
4. Real estate	(d).....	.....
5. Contract loans	.....	.....
6. Cash, cash equivalents and short-term investments	(e).....97,197	.....105,118
7. Derivative instruments	(f).....	.....
8. Other invested assets	.....	.....
9. Aggregate write-ins for investment income	.....0	.....(28,050)
10. Total gross investment income	1,314,956	1,291,896
11. Investment expenses		(g).....88,931
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13. Interest expense		(h).....14,855
14. Depreciation on real estate and other invested assets		(i).....
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		.....103,786
17. Net investment income (Line 10 minus Line 16)		1,188,110
DETAILS OF WRITE-INS		
0901. Investment Litigation Proceeds		.....2,382
0902. Contra Investment Income		.....(30,432)
0903. ....		.....
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	(28,050)
1501. ....		.....0
1502. ....		.....
1503. ....		.....
1598. Summary of remaining write-ins for Line 15 from overflow page		.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$65,706 accrual of discount less \$96,901 amortization of premium and less \$26,372 paid for accrued interest on purchases.
 (b) Includes \$accrual of discount less \$amortization of premium and less \$0 paid for accrued dividends on purchases.
 (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases.
 (d) Includes \$for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$10,090 accrual of discount less \$1,626 amortization of premium and less \$4,557 paid for accrued interest on purchases.
 (f) Includes \$accrual of discount less \$amortization of premium.
 (g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	.....87,401	.....	.....87,401	.....	.....
1.1 Bonds exempt from U.S. tax	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated)	.....2,941	.....	.....2,941	.....963	.....
1.3 Bonds of affiliates	.....0	.....0	.....0	.....0	.....0
2.1 Preferred stocks (unaffiliated)	.....0	.....0	.....0	.....0	.....0
2.11 Preferred stocks of affiliates	.....0	.....0	.....0	.....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0	.....0	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0	.....0	.....0	.....0
3. Mortgage loans	.....0	.....0	.....0	.....0	.....0
4. Real estate	.....0	.....0	.....0	.....0	.....0
5. Contract loans	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments	.....	.....	.....0	.....0	.....0
7. Derivative instruments	.....	.....	.....0	.....	.....
8. Other invested assets	.....0	.....0	.....0	.....0	.....0
9. Aggregate write-ins for capital gains (losses)	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses)	90,343	0	90,343	963	0
DETAILS OF WRITE-INS					
0901. ....			.....0		
0902. ....			.....0		
0903. ....			.....
0998. Summary of remaining write-ins for Line 9 from overflow page	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	994,280	1,192,977	198,697
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	47,744	1,408	(46,336)
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	0	202	202
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	374,054	486,901	112,847
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	235,440	997,406	761,966
25. Aggregate write-ins for other-than-invested assets.....	13,903,533	13,941,125	37,592
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,555,051	16,620,019	1,064,968
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	15,555,051	16,620,019	1,064,968
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Health Care Reform.....	13,812,229	13,812,229	0
2502. Other assets non-admitted.....	91,304	128,896	37,592
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	13,903,533	13,941,125	37,592

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	27,670	26,719	25,504	24,680	23,632	303,259
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	2,954	2,947	2,945	2,968	2,976	35,395
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	30,624	29,666	28,449	27,648	26,608	338,654
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

NOTES TO THE FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of AmeriHealth HMO, Inc. (the "Company" or "AH HMO") are presented on the basis of accounting practices prescribed or permitted by the Pennsylvania Insurance Department ("PID").

The PID recognizes only statutory accounting practices prescribed or permitted by the Commonwealth of Pennsylvania for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Pennsylvania Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, version as of March 2018, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the Commonwealth of Pennsylvania, subject to any deviations prescribed or permitted by the Commonwealth of Pennsylvania Insurance Commissioner.

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

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 1,007,921	\$ 989,225
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,007,921	\$ 989,225
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 23,275,492	\$ 21,139,154
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 23,275,492	\$ 21,139,154

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the period. Actual results could differ from those estimates.

C. Accounting Policy

Asset values are generally stated as follows:

- (1) Short-term investments that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other short-term investments (NAIC designations 3 to 8) are reported at the lower of amortized cost or fair value.
- (2) Bonds, excluding loan-backed and structured securities, that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Scientific amortization method.
- (3) Common Stocks are stated at market value.
- (4) Preferred Stocks are stated in accordance with the guidance provided in SSAP No. 32 - None
- (5) Mortgage loans on real estate - None
- (6) Loan-backed securities that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other loan-backed securities (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Prospective adjustment method.
- (7) Non-insurance subsidiaries - None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies - None
- (9) Derivatives - None
- (10) The Company did not consider anticipated investment income when calculating its premium deficiency reserves.
- (11) Estimates of outstanding claim liabilities and claim adjustment expenses are based on analysis of prior experience. The methods are continually reviewed and adjustments to prior-period estimates are reflected in the current period. Such estimates are necessarily based on assumptions. While management believes the reported amount is adequate, the ultimate liability may be greater or less than the amount provided for.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) For the most recent completed quarter, pharmacy rebate receivables are estimated based on the prior quarter's invoice. For all other quarters, the rebate is based on actual invoiced rebates, less amounts received.

D. Going Concern - Not applicable

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors - None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance - None
- D. Impairment Loss recognized on Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities

- (1) Description of sources used to determine prepayment assumptions
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment ("OTTI"), disclosed in the aggregate, classified on the basis for the other-than-temporary impairment - None
- (3) For each security, by CUSIP, with a recognized OTTI, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities - None
- (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	\$ (7,266)
2. 12 Months or Longer	\$ (109,660)

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

1. Less than 12 Months	\$ 4,853,402
2. 12 Months or Longer	\$ 6,833,291

- (5) An OTTI is recognized if either a credit-related loss is deemed to have occurred or if the Company has the intention to sell a security that is in an unrealized loss position. Based upon the Company's evaluation of the unrealized losses at December 31, 2018, in accordance with the Company's impairment policy, the Company has concluded that these securities are not other-than-temporarily impaired, as the cause of the decline was primarily attributable to interest rate increases and not by long-term deterioration in the credit ratings associated with these securities.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Investments in low-income housing tax credits ("LIHTC") - None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	40,500	0	40,500	0	40,500	0.0	0.0
j. On deposit with states	487,593	482,928	4,667	0	487,593	0.4%	0.5%
k. On deposit with other regulatory bodies	29,838,915	34,914,852	(5,075,937)	0	29,838,915	24.2%	27.7%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
b. Total Restricted Assets	\$ 30,367,008	\$ 35,397,778	\$ (5,030,770)	\$ 0	\$ 30,367,008	24.6%	28.2%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. SGI Securities – None
- Q. Short Sales – None

R. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPs	General Account
(2) Aggregate Amount of Investment Income	..... 1
	..... 0

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.

8. Derivative Instruments – None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

The Company is subject to federal income taxes under provisions of Section 1012.b of the Tax Reform Act of 1986 and the newly enacted Tax Cuts and Jobs Act (H.R. 1 ("Tax Reform Bill"). On December 22, 2017, the Tax Reform Bill was signed into law, which amended the Internal Revenue Code to reduce corporate tax rates from 35% to 21% and modifies policies, credits, and deductions for businesses. The rate reduction was effective on January 1, 2018. As a result of the reduction of the corporate tax rate, SSAP No. 101 Income Taxes supplemented by INT 18-01: Updated Tax Estimates under the Tax Cuts and Jobs Act, required companies to re-value their deferred tax assets and liabilities as of December 31, 2017, with resulting tax effects accounted for in the reporting period of enactment. The financial statement effects of the change in tax law are recorded as components of Capital and Surplus in the same reporting line as the tax effects previously reflected.

The Company recorded an adjustment to Capital & Surplus of \$771,137 in 2017 related to the revaluation of its deferred tax assets and liabilities without tax on unrealized gains and losses. Of this adjustment, a decrease of \$1,980,053 relates to the revaluation of its deferred tax asset on nonadmitted assets and an increase of \$2,751,190 relates to the revaluation of the other deferred tax assets and liabilities.

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

		12/31/2018		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 6,822,232	\$ 0	\$ 6,822,232
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 6,822,232	\$ 0	\$ 6,822,232
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 0	\$ 0
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 6,822,232	\$ 0	\$ 6,822,232
(f)	Deferred Tax Liabilities	\$ 3,108,639	\$ 4,287,528	\$ 7,396,167
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,713,593	\$ (4,287,528)	\$ (573,935)

		12/31/2017		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Gross Deferred Tax Assets	\$ 6,798,000	\$ 202	\$ 6,798,202
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 6,798,000	\$ 202	\$ 6,798,202
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ 202	\$ 202
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 6,798,000	\$ 0	\$ 6,798,000
(f)	Deferred Tax Liabilities	\$ 3,147,097	\$ 4,287,528	\$ 7,434,625
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,650,903	\$ (4,287,528)	\$ (636,625)

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ 24,232	\$ (202)	\$ 24,030
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 24,232	\$ (202)	\$ 24,030
(d)	Deferred Tax Assets Nonadmitted	\$ 0	\$ (202)	\$ (202)
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 24,232	\$ 0	\$ 24,232
(f)	Deferred Tax Liabilities	\$ (38,458)	\$ 0	\$ (38,458)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 62,690	\$ 0	\$ 62,690

2.

		12/31/2018		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101				
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 685,250	\$ 0	\$ 685,250
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	3,491,324
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 6,136,982	\$ 0	\$ 6,136,982
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 6,822,232	\$ 0	\$ 6,822,232

		12/31/2017		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	3,170,873
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 6,798,000	\$ 0	\$ 6,798,000
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 6,798,000	\$ 0	\$ 6,798,000

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 685,250	\$ 0	\$ 685,250
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	320,451
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ (661,018)	\$ 0	\$ (661,018)
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 24,232	\$ 0	\$ 24,232

3.

2018	2017
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**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	2,197%	2,167%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 23,275,492	\$ 21,139,154

4.

12/31/2018	
(1)	(2)
Ordinary	Capital

Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.

1. Adjusted Gross DTAs Amount From Note 9A(c)	6,822,232	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	6,822,232	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

12/31/2017	
(3)	(4)
Ordinary	Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	6,798,000	202
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	6,798,000	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	24,232	(202)
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	24,232	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes No X

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2018	12/31/2017	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 701,831	\$ (557,000)	\$ 1,258,831
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 701,831	\$ (557,000)	\$ 1,258,831
(d) Federal income tax on net capital gains	\$ 18,972	\$ 11,000	\$ 7,972
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ 720,803	\$ (546,000)	\$ 1,266,803

2. Deferred Tax Assets:

(a) Ordinary

(1) Discounting of unpaid losses	\$ 4,784	\$ 2,391	\$ 2,393
(2) Unearned premium reserve	\$ 214,448	\$ 133,851	\$ 80,596
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 280,235	\$ 284,805	\$ (4,570)
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 3,266,561	\$ 3,490,161	\$ (223,600)
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 3,056,206	\$ 2,886,792	\$ 169,414
(99) Subtotal	\$ 6,822,232	\$ 6,798,000	\$ 24,232

(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 0	\$ 0	\$ 0

(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 6,822,232	\$ 6,798,000	\$ 24,232
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(e) Capital:

(1) Investments	\$ 0	\$ 202	\$ (202)
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 0	\$ 202	\$ (202)

(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 202	\$ (202)

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
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(i) Admitted deferred tax assets (2d + 2h)	\$ 6,822,232	\$ 6,798,000	\$ 24,232
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3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 3,108,639	\$ 3,147,097	\$ (38,458)
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 3,108,639	\$ 3,147,097	\$ (38,458)

(b) Capital:

(1) Investments	\$ 4,287,528	\$ 4,287,528	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other (including items <5% of total capital tax liabilities)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 4,287,528	\$ 4,287,528	\$ 0

(c) Deferred tax liabilities (3a99 + 3b99)	\$ 7,396,167	\$ 7,434,625	\$ (38,458)
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4. Net deferred tax assets/liabilities (2i - 3c)	\$ (573,935)	\$ (636,625)	\$ 62,690
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**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant items causing this difference are as follows:

	12/31/2018	12/31/2017
Current income tax (benefit) expense incurred	\$ 720,803	\$ (548,000)
Change in deferred income tax (without tax on unrealized gains and losses)	(62,690)	1,494,737
Total income tax (benefit) expense reported	658,113	948,737
Income before taxes	1,728,723	443,225
Statutory Tax Rate	21%	35%
Expected income tax benefit at statutory tax rate	363,032	155,129
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Tax-exempt interest	(3)	(909)
c. Nondeductible expenses for Meals and Entertainment	0	55,145
d. Change in deferred taxes on nonadmitted assets	223,800	3,404,414
e. Change in valuation allowance adjustment	0	0
f. Health Insurer Fee	72,370	0
g. Other - rounding	(886)	86,149
i. Effect of Change in Tax Law	0	(2,751,191)
Total income tax (benefit) expense reported	658,113	948,737

E. Operating loss carry-forward

- (1) As of December 31, 2018, there are no net operating loss carry-forwards available for tax purposes
 (2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2018	\$ 701,831	\$ 18,972
2017	\$ 0	\$ 0

- (3) The aggregate amount of deposits admitted under Section 6803 of the Internal Revenue Code -Not Applicable

F. (1) The Company's federal income tax return is consolidated with the following entities:

Independence Health Group, Inc.
 Independence Hospital Indemnity Plan, Inc.
 AmeriHealth Administrators, Inc.
 AmeriHealth Assurance, LTD.
 AmeriHealth Services, Inc.
 AmeriHealth, Inc.
 CompServices, Inc.
 CSI Services, Inc.
 Healthcare Delaware, Inc
 Independence Assurance Company
 Independence Holdings, Inc.
 Independence Insurance, Inc.
 Keystone Health Plan East, Inc
 NS Assisted Living Communities, Inc.
 QCC Insurance Company
 Region 8 RX Corporation
 The AmeriHealth Agency, Inc.
 Self Funded Benefits, Inc.
 AHI Subco 1, Inc.
 AHI Subco 2, Inc.
 KHPE Subco, Inc.

- (2) The method of allocation is subject to written agreement approved by the Company's Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.

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

- A. The Company is a wholly-owned subsidiary of Independence Blue Cross, LLC ("IBC LLC"). IBC LLC is an indirect wholly-owned subsidiary of Independence Health Group, Inc. ("IHG"), a nonprofit, non-member corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.
 B., C. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement, IHG and Cooper Health System ("Cooper"), formed a new entity, AmeriHealth New Jersey, LLC ("AmeriHealth NJ LLC") for the purpose of engaging in the business of health care services, insurance and administration for New Jersey domiciled subscribers. In exchange for an 80% interest in the future earnings of AmeriHealth NJ LLC, IHG contributed all of the issued and outstanding stock of AmeriHealth Insurance Company of New Jersey ("AHIC NJ"), as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of the Company and AmeriHealth Administrators, Inc. to AmeriHealth NJ LLC. Cooper acquired a 20% interest in the future earnings of AmeriHealth NJ LLC in exchange for a cash contribution.

In July 2014, the Company (ceding entity) entered into a reinsurance agreement with AHIC NJ (reinsurer) in which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the reinsurance agreement, the Company will cede to AHIC NJ gross earned premiums, claims incurred, and all other expenses related with New Jersey domiciled groups and members.

In January 2017, the Company entered into a reinsurance agreement with QCC Insurance Company, an indirect wholly-owned subsidiary of IHG, in which the Company cedes on an indemnity basis a one-hundred percent quota share of dental benefits for which third-party administration services are provided by United Concordia Dental Plans for members in the State of New Jersey.

Organizational structure and transactions between parent company and subsidiaries are reflected in Schedule Y, Parts 1 and 2.

- D. Amounts due from/to related parties are reflected on Exhibit 5 and 6, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an inter-company loan agreement where amounts may be borrowed and repaid within up to 365 days.
 E. Parental Guarantees - None
 F. The Company has a service agreement with IBC LLC and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.
 G. All outstanding shares of the Company are owned by IBC LLC, which is a wholly-owned subsidiary of AmeriHealth, Inc. ("AHI"), a holding company domiciled in the Commonwealth of Pennsylvania. AHI is a wholly-owned subsidiary of IHG.
 H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None
 I. Investments in a Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets - None
 J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities - None
 K. Investment in foreign insurance subsidiary - N/A
 L. Investment in a downstream noninsurance holding company - None
 M. All SCA Investments
 (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) - None
 (2) NAIC Filing Response Information - N/A
 N. Investment in Insurance SCAs - None
 O. SCA Loss Tracking - None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

NOTES TO THE FINANCIAL STATEMENTS

11. Debt

- A. Capital Notes – None
 B. Federal Home Loan Bank ("FHLB") Agreements

(1) The Company is a member of the Federal Home Loan Bank ("FHLB") of Pittsburgh. Through its membership, the Company will be conducting business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as working capital. As of December 31, 2018, the Company has borrowed \$0 and \$0 pledged as collateral to the FHLB.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	40,500
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	40,500
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0
2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	55,600
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	55,600
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
 11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0	0	0	0	0	0
2. Class B	40,500	40,500	0	0	0	0

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
 11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	0	0	0
2. Prior Year-end Total Collateral Pledged	0	0	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
 11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	996,780	998,549	260,500
2. Prior Year-end Total Maximum Collateral Pledged	0	0	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

	Total	Funding Agreements Reserves Established
1. Current Year		
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0
2. Prior Year-end		
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	260,500
2. Funding Agreements	0
3. Other	0
4. Aggregate Total (Lines 1+2+3)	260,500

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

	Does the company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

C. All Other Debt

On March 30, 2018, the Company and certain affiliates entered into a revolving line of credit ("LOC") agreement with PNC with an overall borrowing limit of \$400,000,000 maturing on March 27, 2019. This facility allows the Company to participate in the line with borrowing capacity limited to the lesser of the collateral value of the assets pledged by the Company or \$350,000,000. Outstanding balances will accrue interest at a variable rate which is based on LIBOR at the time of borrowing plus forty-seven and one-half basis points with an unused commitment fee of ten basis points. As of December 31, 2018, the principal balance outstanding on this LOC was \$0.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

IHG maintains all pension and other postretirement benefit plans on behalf of the Company. IHG sponsors a noncontributory defined benefit pension plan through IBC LLC, which was designed for the benefit of substantially all IHG and certain of its subsidiaries' employees hired prior to January 1, 2000. For those employees hired on or after January 1, 2000 but before January 1, 2010, benefits are calculated on a cash balance formula. Contributions are intended to provide for benefits attributed to service to date and for those expected to be earned in the future. Employees hired on or after January 1, 2010 are not eligible to participate in these defined benefit plans.

In addition to the pension benefits, IBC LLC provides retirees with certain health care and life insurance benefits through a postretirement plan maintained by IHG. Under the current program, substantially all of IHG's employees may become eligible for these benefits if they are working for IHG when they reach age 55 and they have completed at least 10 years of service. IHG begins accruing an obligation for active participants at the later of age 45 or date of hire. IBC LLC uses a December 31 measurement date for its pension and postretirement plans.

The Company is allocated its pro rata share of the annual pension and postretirement expense by IBC LLC based on the value of services rendered on behalf of the employees of its parent. Benefits are based on the employee's years of service and compensation during the years preceding retirement.

The amount of pension expense allocated by IBC LLC to the Company was \$791,746 in 2018 and \$790,651 in 2017. The postretirement benefit expense allocated by IBC LLC was \$153 in 2018 and \$96,278 in 2017.

The Company's employees also participate in a 401(k) savings plan, which is maintained by IHG through IBC LLC and is available to full-time employees. For employees hired prior to January 1, 2010, IBC LLC contributes an amount equal to 50% of the first 6% of salary deferral contributed by the employee. For all employees hired on or after January 1, 2010, who are not covered under the defined benefit plan, IBC LLC makes an automatic contribution equal to 3% of eligible earnings and an additional contribution equal to 50% of the first 8% of salary deferral contributed by the employee. The Company's 401(k) savings plan contribution charged by IBC LLC in 2018 and 2017 was \$359,994 and \$440,288, respectively.

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

- (1) The Company has 1,000 shares authorized, 1,000 shares issued and 1,000 shares outstanding.
 - (2) Preferred stock outstanding - None
 - (3) Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under statutory accounting practices which also require the direct approval of regulatory authorities for any proposed extraordinary dividend. An extraordinary dividend is any dividend which, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. As a result of the Company's negative balance in unassigned funds, dividend payments require approval of the PID.
 - (4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None
 - (5) As noted in (3) above, and as a result of negative unassigned funds, the Company cannot pay dividends to stockholders without prior approval of the PID.
 - (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
 - (7) The total amount of advances to surplus not repaid is \$0.
 - (8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
 - A For conversion of preferred stock: 0 shares
 - B For employee stock options: 0 shares
 - C For stock purchase warrants: 0 shares
 - (9) There are no special surplus funds.
 - (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0
 - (11) The Company issued the following surplus debentures or similar obligations: - None
- (12 & 13) Effective date and financial impact of a quasi-reorganization - None

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments
The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits - None

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies
Regulatory Matters - CMS conducts periodic reviews of Medicare Advantage plans that have the potential to result in retroactive payment adjustments, sanctions or penalties being assessed to the Company. CMS is performing Risk Adjustment Data Validation (RADV) audits of selected Medicare Advantage health plans to validate the coding practices of and supporting documentation maintained by health care providers. These audits involve a review of medical records maintained by providers and may result in retrospective adjustments to payments made to health plans. Furthermore, CMS has recently proposed changes to the regulations governing the RADV program and related audits. Although the Company maintains reserves for its exposure to the RADV audits, actual results could differ materially from those reserves. The Company is not able to predict whether the outcome of an audit will have a material impact on the Company's results of operations, financial position or cash flow.

In the course of ordinary business, the Company is involved in and is subject to claims, contractual disputes and other uncertainties. In the opinion of management, after consultation with legal counsel, the Company is not able to predict whether ultimate disposition of these matters will have a material effect on the Company's financial position, results of operations or cash flows.

15. Leases

- A. Lessee Operating Lease - None
- B. Lessor Leases
 - (1) Operating Leases - None
 - (2) Leveraged Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

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

- A. ASO Plans - None
- B. ASC Plans

The gain from operations from Administrative Services Contract ("ASC") uninsured plans and the uninsured portion of partially insured plans was as follows during 2018:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 16,883,828	\$ 0	\$ 16,883,828
b. Gross administrative fees accrued	\$ 1,144,184	\$ 0	\$ 1,144,184
c. Other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0	\$ 0
d. Gross expenses incurred (claims and administrative)	\$ 18,382,163	\$ 0	\$ 18,382,163
e. Total net gain or loss from operations	\$ (354,351)	\$ 0	\$ (354,351)

- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurements

A. For assets and liabilities that are measured and reported at fair value in the statement of financial position after initial recognition

- (1) Fair Value Measurements at Reporting Date – None
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
- (3) Transfers in and/or out of Level 3 are recognized at the beginning of the period – None
- (4) The Company classifies bonds, NAIC rated 3 through 6, such as certain U.S. Treasury and agency obligations, mortgage backed securities, municipal and corporate bonds, asset-backed securities and preferred stocks as Level 2. Because many fixed maturities and preferred stocks do not trade daily, fair values are determined using quoted values and other data provided by a nationally recognized independent pricing service (pricing service) as inputs into its process for determining fair values of its investments. For securities that generally do not trade on a daily basis, the pricing service prepares estimates of fair value measurements using its proprietary pricing. Typical inputs and assumptions include but are not limited to benchmark yields, reported trades, broker/dealer quotes, issuer spreads, liquidity, benchmark securities, bids, offers, reference data, and industry and economic events. For mortgage and asset-backed securities, inputs and assumptions may also include characteristics of the issuer, collateral attributes, prepayment speeds, default assumptions, and credit rating.

The Company classifies certain newly issued, privately placed, complex or otherwise illiquid securities in Level 3. Fair values of securities classified as level 3 are determined using pricing models that incorporate the specific characteristics of each investment and related assumptions including the investment type and structure, credit quality, industry and maturity date in comparison to current market indices and spreads, liquidity and economic events. Recent trades in the subject security or similar securities are assessed when available, and the Company may also review published research as well as the issuer's financial statements in its evaluation.

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 54,641,094	\$ 56,008,983	0	\$ 54,641,094	0	0	0
Cash Equivalents & Other							
Short Term Investments	\$ 4,554,495	\$ 4,555,571	\$ 2,937,606	\$ 1,616,889	0	0	0

D. Not Practicable to Estimate Fair Value – Not Applicable

21. Other Items

- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring: Debtors - None
- C. Other Disclosures
 - (1) The Company elected to use rounding in reporting amounts in this statement. Certain pages of this Annual Statement were prepared by a process which cannot print (+) symbols and (-) symbols, therefore, it is indicated by a bracket around the number, e.g. (45,078) and (+) symbol is intended when there is no bracket.
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure

- (1) The Company does not engage in subprime residential mortgage lending. Subprime residential mortgage lending is the origination of residential mortgage loans to customers with weak credit profiles including using relaxed mortgage underwriting standards which provided for affordable mortgage products. The Companies exposure to subprime residential mortgage lending is through investments in Debt and Equity securities that contain securities collateralized by mortgages that have characteristics of subprime lending. These investments are in the form of primarily asset-backed securities ("ABS") supported by subprime mortgage loans or collateralized debt securities ("CDO") that contain a subprime loan component. The Company manages its subprime risk exposure by maintaining high credit quality investments, limiting the Company holdings in these types of instruments and through performing ongoing analysis of cash flows, prepayment speeds, default rates and other stress variables.

The Company considers the risks associated with the subprime and other residential mortgages when analyzing and directing investment strategies. The Company considers risks, utilizing outside investment experts to ensure there is adequate documentation of the subprime mortgage exposure on its overall investment portfolio. The Company gathers information to segregate the risk between the direct exposure and indirect exposure. The Company considers unrealized losses due to changes in the market values of investment assets and anticipated cash flow from the future sale of investment assets. The significant impacts of investment deterioration reflect in the accounting records through impairment of investments or realizing investment losses.

- (2) Direct exposure through investments in subprime mortgage loans – None
- (3) Direct exposure through other investments – None
- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage – None

G. Retained Assets – None

H. Insurance-linked securities (ILS) Contracts – None

22. Events Subsequent

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2018, and through the date of this filing, which is the date the financial statements were available to be issued. There have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2018.

In 2018, the Company was subject to the fee under section 9010 of the ACA. The health insurance industry fee assessment, totaling \$14,300,000,000 for the industry in 2018, is not tax deductible. The fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for a U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The Company's portion of the fee was \$4,119,574 in 2018. Federal legislation imposed a moratorium on the fee for 2017 and 2019. As of December 31, 2018, and 2017, the Company has written health insurance subject to the ACA assessment.

The following table summarizes the portion of the annual health insurance industry fee payable and the impact to the risk-based capital ("RBC").

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	.....YES	
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 4,125,000
C. ACA fee assessment paid	\$ 4,119,574	\$ 0
D. Premium written subject to ACA 9010 assessment	\$ 0	\$ 207,016,802
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 23,275,492	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 23,275,492	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 1,059,477	
H. Would reporting the ACA assessment as of Dec. 31, 2018, have triggered an RBC action level (YES/NO)?	..... NO	

23. Reinsurance

- A. Ceded Reinsurance Report
 - Section 1 – General Interrogatories: Not Applicable
 - Section 2 – Ceded Reinsurance Report – Part A: Not Applicable
 - Section 3 – Ceded Reinsurance Report – Part B
 - (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment of other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. – N/A
 - (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement? – No

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? – N/A
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None
 - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
- A. Accrued retrospective premium adjustments - None
 - B. Accrued retrospective premium as an adjustment to earned premium - None
 - C. The Company has no retrospectively rate contracts or contracts subject to redetermination.
 - D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	0	732,871	0	0	732,871
(2) Medical loss ratio rebates paid	0	1,132,871	0	0	1,132,871
(3) Medical loss ratio rebates unpaid	0	1,200,000	0	0	1,200,000
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	1,200,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	4,400,000	(500,000)	100,000	0	4,000,000
(8) Medical loss ratio rebates paid	0	0	0	0	0
(9) Medical loss ratio rebates unpaid	4,400,000	700,000	100,000	0	5,200,000
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	5,200,000

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)? Yes [X] No []

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

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ (34,025)
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ (18,863,738)
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$22,648,644
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$33,698
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$9,206
9. ACA Reinsurance contributions – not reported as ceded premium	\$0
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$2,244
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

24.E.2

On November 13, 2017, HHS issued *Risk Corridors Payments for 2016 Benefit Year* and confirmed 2016 benefit year risk corridor collections will be used to pay a portion of the balance on 2014 benefit year payment balances. Similar communications were received in prior years indicating that collections received would be applied to the 2014 benefit year. The accrued retrospective premium due to ACA Risk Corridors Assets reflects the admitted total based on the filed HHS payments and charges as well as communications received from HHS. As of December 31, 2018, the Company has received 18.745% of 2014 benefit year payments. Based on the correspondence from HHS, a total of 18.810% of 2014 benefit year payments are expected after all collections for 2014 through 2018 are fully received.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

(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.

		Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
		1	2	3	4	5	6	7	8	9	10	
												Receivable	(Payable)	Receivable	(Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balances from Prior Years (Col 2 - 4 + 8)
a.	Permanent ACA Risk Adjustment Program											
	1. Premiums adjustments receivable (including high-risk pool payments)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	A	\$ 0	\$ 0
	2. Premium adjustments (payable) (including high-risk pool premium)	\$ 0	\$ (12,952,330)	\$ 0	\$ (16,737,238)	\$ 0	\$ 3,784,908	\$ 0	\$ (3,784,908)	B	\$ 0	\$ 0
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (12,952,330)	\$ 0	\$ (16,737,238)	\$ 0	\$ 3,784,908	\$ 0	\$ (3,784,908)		\$ 0	\$ 0
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$ 786,868	\$ 0	\$ 777,662	\$ 0	\$ 9,206	\$ 0	\$ (9,206)	\$ 0	C	\$ (1)	\$ 0
	2. Amounts recoverable for claims unpaid (contra liability)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
	3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as cede premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
	5. Ceded reinsurance premiums payable	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	G	\$ 0	\$ 0
	6. Liability for amounts held under uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	H	\$ 0	\$ 0
	7. Subtotal ACA Transitional Reinsurance Program	\$ 786,868	\$ 0	\$ 777,662	\$ 0	\$ 9,206	\$ 0	\$ (9,206)	\$ 0		\$ (1)	\$ 0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	\$ 14,400,403	\$ 0	\$ 585,930	\$ 0	\$ 13,814,473	\$ 0	\$ 0	\$ 0	I	\$ 13,814,473	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0
	3. Subtotal ACA Risk Corridors Program	\$ 14,400,403	\$ 0	\$ 585,930	\$ 0	\$ 13,814,473	\$ 0	\$ 0	\$ 0		\$ 13,814,473	\$ 0
d.	Total for ACA Risk Sharing Provisions	\$ 15,187,271	\$ (12,952,330)	\$ 1,383,592	\$ (16,737,238)	\$ 13,823,679	\$ 3,784,908	\$ (9,207)	\$ (3,784,908)		\$ 13,814,472	\$ 0

Explanations of Adjustments

- B Updated for current claim information.....
- C Updated for current claims paid and unpaid information

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

	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
		1	2	3	4	5	6	7	8	9	10	
												Receivable	(Payable)	Receivable	(Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balances from Prior Years (Col 2 - 4 + 8)
a.	2014											
	1. Accrued retrospective premium	\$ 3,499,041	\$ 0	\$ 585,930	\$ 0	\$ 2,913,111	\$ 0	\$ 0	\$ 0	A	\$ 2,913,111	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b.	2015											
	1. Accrued retrospective premium	\$ 6,820,514	\$ 0	\$ 0	\$ 0	\$ 6,820,514	\$ 0	\$ 0	\$ 0	C	\$ 6,820,514	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c.	2016											
	1. Accrued retrospective premium	\$ 4,080,848	\$ 0	\$ 0	\$ 0	\$ 4,080,848	\$ 0	\$ 0	\$ 0	E	\$ 4,080,848	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d.	Total for Risk Corridors	\$ 14,400,403	\$ 0	\$ 585,930	\$ 0	\$ 13,814,473	\$ 0	\$ 0	\$ 0		\$ 13,814,473	\$ 0

Explanations of Adjustments - N/A

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.
NOTES TO THE FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 3,499,041	\$ 0	\$ 585,930	\$ 2,913,111	\$ 2,910,867	\$ 2,244
b. 2015	\$ 6,820,514	\$ 0	\$ 0	\$ 6,820,514	\$ 6,820,514	\$ 0
c. 2016	\$ 4,080,848	\$ 0	\$ 0	\$ 4,080,848	\$ 4,080,848	\$ 0
d. Total (a+b+c)	\$ 14,400,403	\$ 0	\$ 585,930	\$ 13,814,473	\$ 13,812,229	\$ 2,244

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2017 were \$1,576,933. As of December 31, 2018, \$1,128,098 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$189,525 as a result of re-estimation of unpaid claims. Therefore, there has been a \$259,310 favorable year development. The decrease is generally the result of ongoing analysis of recent development of trends.

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

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2018	\$ 788,062	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2018	\$ 753,416	\$ 738,045	\$ 0	\$ 0	\$ 0
06/30/2018	\$ 715,301	\$ 746,070	\$ 149,372	\$ 602,457	\$ 0
03/31/2018	\$ 747,508	\$ 705,026	\$ 110,024	\$ 611,430	\$ 0
12/31/2017	\$ 851,591	\$ 842,476	\$ 11,100	\$ 846,903	\$ 0
09/30/2017	\$ 804,060	\$ 883,847	\$ 7,207	\$ 881,049	\$ 0
06/30/2017	\$ 853,441	\$ 836,849	\$ 4,187	\$ 872,003	\$ 0
03/31/2017	\$ 964,853	\$ 857,941	\$ 126,196	\$ 698,589	\$ 0
12/31/2016	\$ 1,858,705	\$ 2,028,852	\$ 140,567	\$ 1,903,288	\$ 93,288
09/30/2016	\$ 1,859,256	\$ 1,876,459	\$ 62,131	\$ 1,948,797	\$ 0
06/30/2016	\$ 1,940,977	\$ 1,865,532	\$ 3,440	\$ 1,946,507	\$ 0
03/31/2016	\$ 1,957,404	\$ 2,001,266	\$ 70,836	\$ 1,818,335	\$ 79,450

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 0
2. Date of the most recent evaluation of this liability12/31/2018
3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? Pennsylvania
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 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? Yes No
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____05/03/2018
- 3.4 By what department or departments? Pennsylvania Insurance Department
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information _____
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
- 7.21 State the percentage of foreign control _____0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, 1700 Market Street, Philadelphia, PA 19103-3984
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Stephen Tenaglio, FSA, MAAA. Sr. Actuary, Reserves & Planning, Independence Blue Cross, 40th Floor, 1901 Market Street, Philadelphia PA 19103-1480
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company _____
- 12.12 Number of parcels involved _____ 0
- 12.13 Total book/adjusted carrying value \$ _____
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
See Attachment on page 27.6
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|----------|
| 20.11 To directors or other officers | \$.....0 |
| 20.12 To stockholders not officers | \$.....0 |
| 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|----------|
| 20.21 To directors or other officers | \$.....0 |
| 20.22 To stockholders not officers | \$.....0 |
| 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | |
|----------------------------|---------|
| 21.21 Rented from others | \$..... |
| 21.22 Borrowed from others | \$..... |
| 21.23 Leased from others | \$..... |
| 21.24 Other | \$..... |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | |
|--|---------|
| 22.21 Amount paid as losses or risk adjustment | \$..... |
| 22.22 Amount paid as expenses | \$..... |
| 22.23 Other amounts paid | \$..... |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....3,878,603

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | |
|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.103 Total payable for securities lending reported on the liability page | \$.....0 |

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	40,500
25.28	On deposit with states	\$	30,326,508
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102
TD Wealth	1006 Astoria Boulevard, Cherry Hill, NJ 08034

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No []

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management.....	U.....
Wellington Management Co., LLP.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
106595.....	Wellington Management Co., LLP.....	549300YHP12TEZNLX41.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes No

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	56,626,947	56,257,983	(368,964)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	56,626,947	56,257,983	(368,964)

30.4 Describe the sources or methods utilized in determining the fair values:

Interactive Data Pricing and Reference Data LLC via US Bank.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No []
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No []

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$22,035
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
New Jersey Association of Health Plans.....	\$22,035

- 36.1 Amount of payments for legal expenses, if any? \$3,156
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Morgan Lewis and Bockius.....	\$1,554
Miller and Chevalier Chartered.....	\$1,026

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

Interrogatory #3.6 - The Company is in the process of completing any recommendation not already implemented.

GENINTPT1 - Attachment

Interrogatory #14.21

- A Message to the Independence Workforce - This section was modified to reflect the Company's updated Mission and Vision.
- Our Core Values - The Core Values were updated to include Empowerment and Innovation.
- Personal Conduct - Violations of the law were added as possible reasons for disciplinary action including termination of employment. The list of prohibited activities was removed. References to each of these activities are included in the related content throughout the document.
- Drug- and Alcohol-Free Workplace - This section was updated to reflect that workforce members cannot use drugs and/or alcohol in vehicles in company parking lots. The answer to the scenario question was updated to include that a workforce member cannot be under the influence of marijuana, even when the use is authorized for the treatment of a medical condition, when reporting to work or while on Company premises.
- Solicitation and Distribution of Literature - This section was added to identify the Company's policy regarding the prohibitions associated with solicitation and distribution of literature.
- Safety in the Workplace - This name of this section was changed from Weapons and Violence in the Workplace to Safety in the Workplace. The phrase "violent behavior" was changed to "conduct that creates a threatening work environment" and the methods for the expression of language in any form were updated to include but are not limited to, writing, speech, or electronic media.
- Political Activity - This section was updated to state that officers of Independence as well as directors of its for-profit subsidiaries must obtain clearance from Public Affairs and/or the Legal Department in advance of making any political contribution.
- Compliance with Federally Funded Program Requirements - A Corporate Policy, Compliance with Federally Funded Program Requirements, was created since the approval of the last Code of Conduct. As a result, the detail related to penalties associated with violations of the False Claims Act, the Fraud Enforcement and Recovery Act, the Anti-Kickback Statute, the Beneficiary Inducement Statute and the Stark Law have been removed.
- Software Licensing, Data Security and Control, and Corporate Email - This section was updated to include that workforce members may not use Company communication systems to conduct outside commercial business. Also, workforce members are prohibited from using Company communication systems to make a statement on behalf of the Company without prior authorization. Workforce members are also prohibited from sending Company information to personal email accounts or posting Company information to cloud storage providers. Workforce members are expected to secure corporate assets against damage, theft, loss, or use by others. Use of Computing Devices was added as a Related Policy.
- Attorney Conduct - The name for the Audit Committee of the Board of Directors was updated to the Audit and Risk Management Committee of the Board of Directors.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ _____ 0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
- 1.31 Reason for excluding _____
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____ 0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ _____ 0
- 1.62 Total incurred claims \$ _____ 0
- 1.63 Number of covered lives _____ 0
- All years prior to most current three years:
- 1.64 Total premium earned \$ _____ 0
- 1.65 Total incurred claims \$ _____ 0
- 1.66 Number of covered lives _____ 0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ _____ 0
- 1.72 Total incurred claims \$ _____ 0
- 1.73 Number of covered lives _____ 0
- All years prior to most current three years:
- 1.74 Total premium earned \$ _____ 0
- 1.75 Total incurred claims \$ _____ 0
- 1.76 Number of covered lives _____ 0

2. Health Test:

	1		2
	Current Year		Prior Year
2.1 Premium Numerator	\$ 7,732,335	\$	12,142,459
2.2 Premium Denominator	\$ 7,732,335	\$	12,142,459
2.3 Premium Ratio (2.1/2.2)	1.000		1.000
2.4 Reserve Numerator	\$ 25,200,972	\$	17,333,765
2.5 Reserve Denominator	\$ 25,200,972	\$	17,333,766
2.6 Reserve Ratio (2.4/2.5)	1.000		1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
Stop-loss reinsurance is not required and the Company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ _____ 0
- 5.32 Medical Only \$ _____ 0
- 5.33 Medicare Supplement \$ _____ 0
- 5.34 Dental and Vision \$ _____ 0
- 5.35 Other Limited Benefit Plan \$ _____ 0
- 5.36 Other \$ _____ 0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
To protect members against insolvency, provider contracts contain hold harmless provisions
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year _____ 45,785
- 8.2 Number of providers at end of reporting year _____ 59,134
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [X] No []
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months _____ 69,299
- 9.22 Business with rate guarantees over 36 months _____ 0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|---|--|------------------|
| 10.21 Maximum amount payable bonuses | | \$.....0 |
| 10.22 Amount actually paid for year bonuses | | \$.....0 |
| 10.23 Maximum amount payable withholds | | \$.....1,554,307 |
| 10.24 Amount actually paid for year withholds | | \$.....305,034 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|--|---|
| 11.12 A Medical Group/Staff Model, | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey.....
- 11.4 If yes, show the amount required. \$.....2,133,666
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
New Jersey.....
Pennsylvania.....
Delaware.....

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- | | | |
|--|--|---------|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | | \$..... |
| 15.2 Total incurred claims | | \$..... |
| 15.3 Number of covered lives |  | ..... |

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 16.1 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

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	107,784,987	105,604,649	162,044,766	259,540,475	293,786,750
2. Total liabilities (Page 3, Line 24)	84,509,495	84,465,495	143,478,108	240,234,039	242,378,314
3. Statutory minimum capital and surplus requirement	2,133,666	2,081,625	2,003,489	1,968,063	27,502,945
4. Total capital and surplus (Page 3, Line 33)	23,275,492	21,139,154	18,566,658	19,306,436	51,408,436
Income Statement (Page 4)					
5. Total revenues (Line 8)	7,732,335	12,142,459	14,906,752	17,226,465	335,868,570
6. Total medical and hospital expenses (Line 18)	5,251,611	11,433,198	12,645,983	13,518,597	265,141,095
7. Claims adjustment expenses (Line 20)	378,388	299,790	500,871	810,105	8,743,410
8. Total administrative expenses (Line 21)	1,652,065	1,071,038	1,905,776	2,471,966	55,762,423
9. Net underwriting gain (loss) (Line 24)	450,271	(661,567)	(145,878)	425,797	6,221,642
10. Net investment gain (loss) (Line 27)	1,259,481	1,093,792	1,235,930	1,111,731	1,096,901
11. Total other income (Lines 28 plus 29)	0	0	0	0	(6,691,197)
12. Net income or (loss) (Line 32)	1,007,921	989,225	1,913,052	933,528	(779,654)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	11,937,517	(1,580,386)	20,832,328	(21,817,928)	(44,272,169)
Risk-Based Capital Analysis					
14. Total adjusted capital	23,275,492	21,139,154	18,566,658	19,306,436	51,408,436
15. Authorized control level risk-based capital	1,059,477	975,293	1,470,686	1,900,878	10,819,052
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	26,608	30,624	58,852	64,736	84,290
17. Total members months (Column 6, Line 7)	338,654	418,538	753,809	771,914	1,218,238
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	67.9	94.2	84.8	78.5	78.9
20. Cost containment expenses	3.0	1.3	1.9	3.4	0.8
21. Other claims adjustment expenses	1.9	1.1	1.5	1.3	1.9
22. Total underwriting deductions (Line 23)	94.2	105.4	101.0	97.5	98.1
23. Total underwriting gain (loss) (Line 24)	5.8	(5.4)	(1.0)	2.5	1.9
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	(1,641,564)	(4,660,314)	(6,421,556)	8,866,678	26,250,098
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	(1,089,680)	(4,491,854)	(5,379,000)	9,402,959	34,832,745
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?..... Yes [] No [X]

If no, please explain

Not Applicable.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	N							0	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	L							0	0
9. District of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	N							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	L	164,053,622	(987,920)				163,065,702		0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	N							0	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	L	7,733,542					7,733,542		0
40. Rhode Island RI	N							0	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	N							0	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	171,787,164	(987,920)	0	0	0	170,799,244		0
60. Reporting entity contributions for Employee Benefit Plans	XXX						0		0
61. Total (Direct Business)	XXX	171,787,164	(987,920)	0	0	0	170,799,244		0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining 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

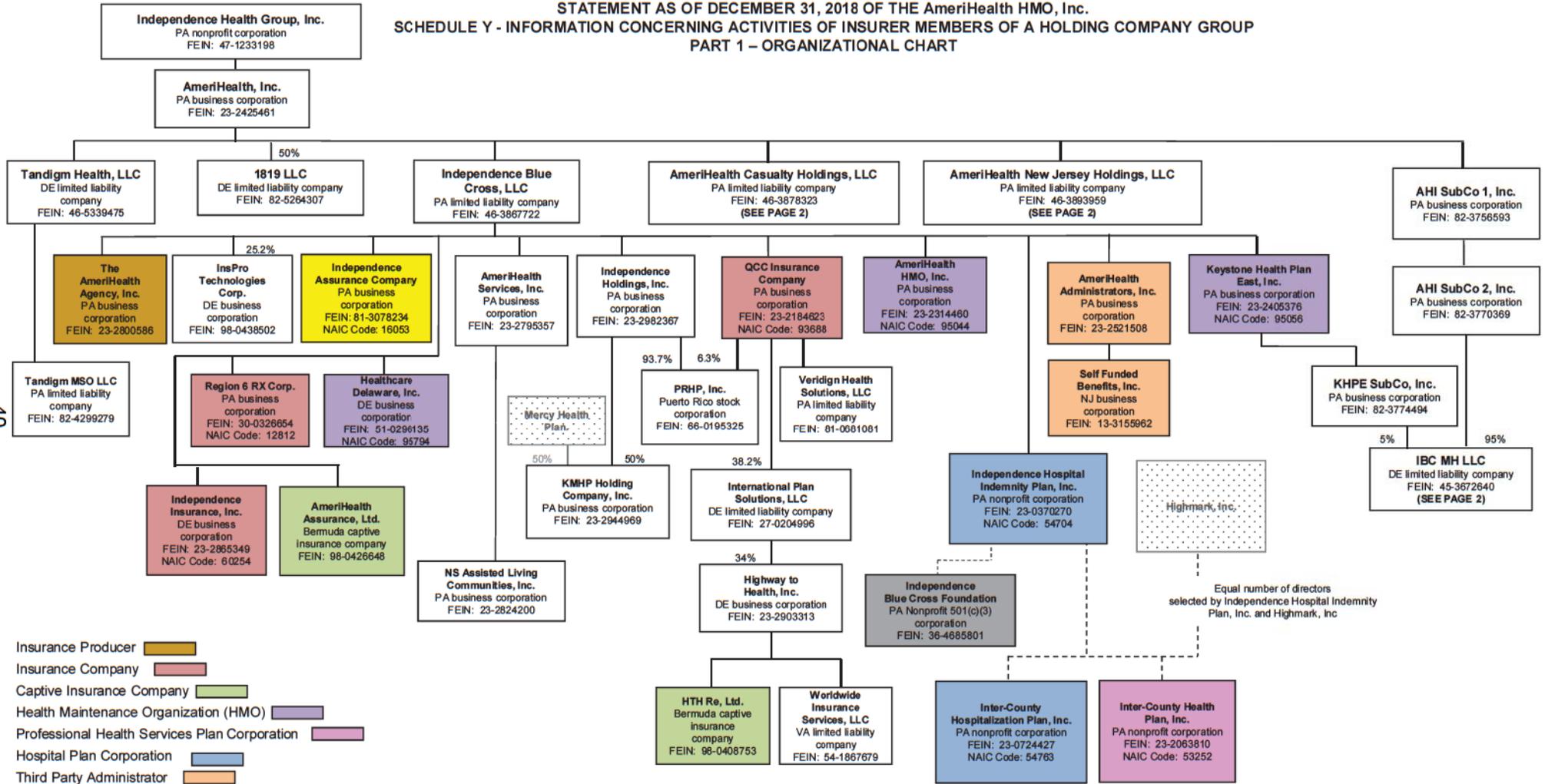
(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG _____ 3 R – Registered – Non-domiciled RRGs _____ 0
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state _____ 0 Q – Qualified – Qualified or accredited reinsurer _____ 0
 N – None of the above – Not allowed to write business in the state lines in the state _____ 54

(b) Explanation of basis of allocation of premiums by states, etc.

Customers are assigned State codes when they are set up in our billing system.
 This company does business in New Jersey and Pennsylvania.

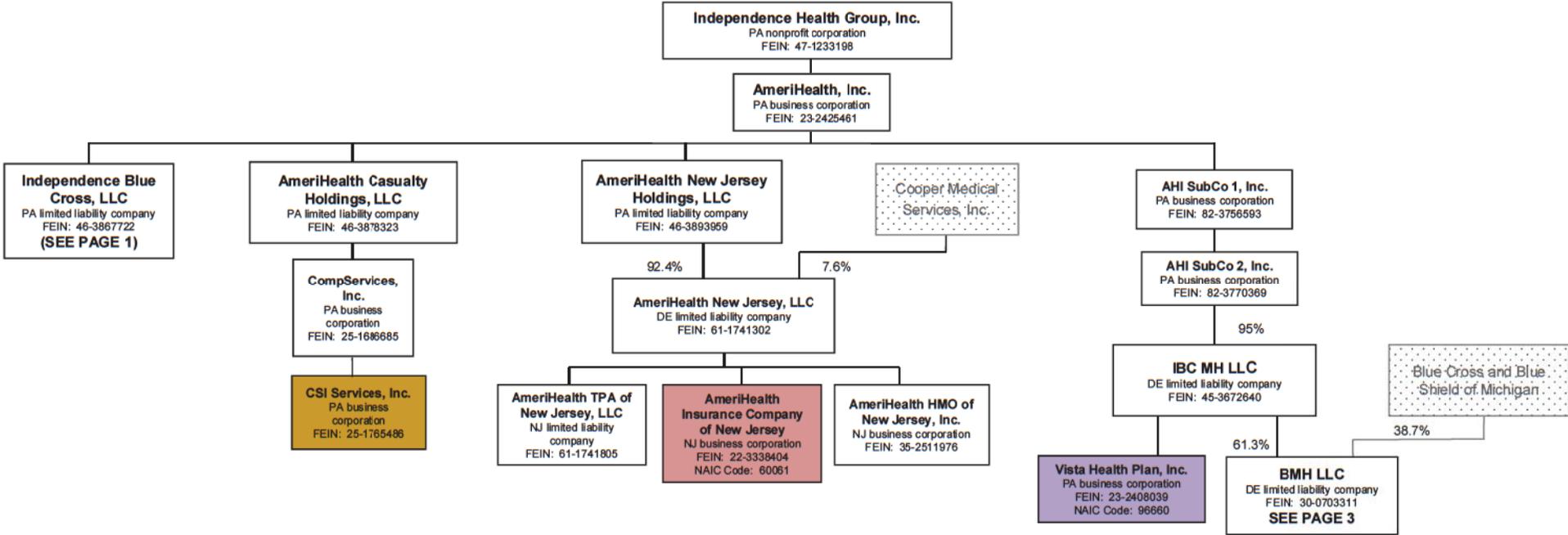
STATEMENT AS OF DECEMBER 31, 2018 OF THE AmeriHealth HMO, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



40

- Insurance Producer
- Insurance Company
- Captive Insurance Company
- Health Maintenance Organization (HMO)
- Professional Health Services Plan Corporation
- Hospital Plan Corporation
- Third Party Administrator
- Risk Assuming Non-Licensed PPO
- Unaffiliated Third Party
- Charitable Foundation

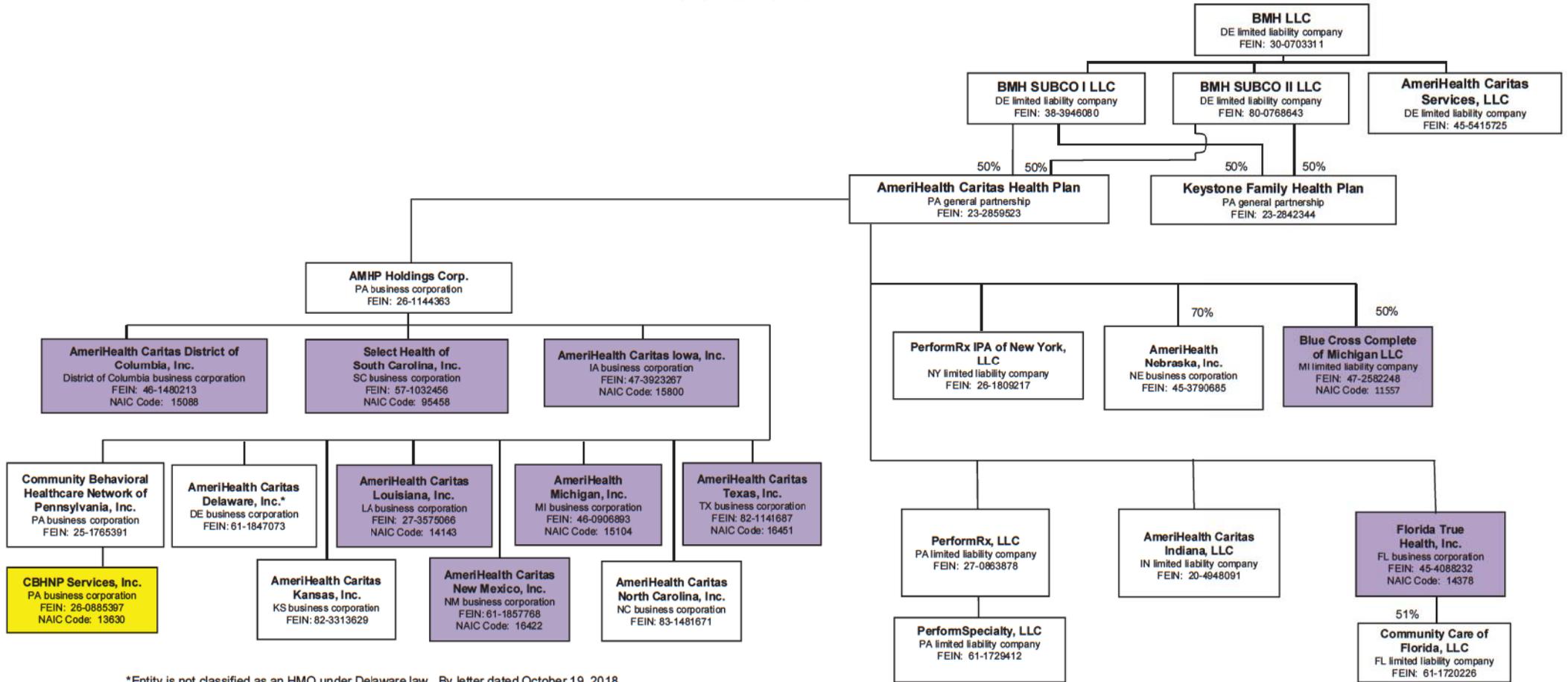
STATEMENT AS OF DECEMBER 31, 2018 OF THE AmeriHealth HMO, Inc.
 SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART



40.1

STATEMENT AS OF DECEMBER 31, 2018 OF THE AmeriHealth HMO, Inc.
 SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART

40.2



*Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.

RANLI	
HMO	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E28
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

(Name)

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-4397
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealth.com

Statutory Statement Contact Frederick E. Felter , 215-241-4397
(Name) (Area Code) (Telephone Number) (Extension)
Fred.Felter@ibx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President & C.E.O.</u>	<u>Russell Paul Heid</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>

DIRECTORS OR TRUSTEES

<u>Gregory Eugene Deavens</u>	<u>Brian Lobley</u>	<u>Richard Lamar Snyder, M.D. #</u>	<u>Michael Walsh Sullivan</u>
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State of Pennsylvania ss
 County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.
 V.P. & Corporate Secretary

Subscribed and sworn to before me this
25 day of February, 2019

a. Is this an original filing? Yes [] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Marla Matteo, Notary Public
 April 27, 2022

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	24,551,315	36.609	24,551,315		24,551,315	36.609
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies	1,950,048	2.908	1,950,048		1,950,048	2.908
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	45,000	0.067	45,000		45,000	0.067
1.43 Revenue and assessment obligations	130,000	0.194	130,000		130,000	0.194
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA	561,497	0.837	561,497		561,497	0.837
1.512 Issued or guaranteed by FNMA and FHLMC	7,153,868	10.667	7,153,868		7,153,868	10.667
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	65,000	0.097	65,000		65,000	0.097
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	17,185,714	25.626	17,185,714		17,185,714	25.626
2.2 Unaffiliated non-U.S. securities (including Canada)	3,366,540	5.020	3,366,540		3,366,540	5.020
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated	40,500	0.060	40,500		40,500	0.060
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	12,014,285	17.915	12,014,285		12,014,285	17.915
11. Other invested assets		0.000			0	0.000
12. Total invested assets	67,063,768	100.000	67,063,768	0	67,063,768	100.000

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0
3. Current year change in encumbrances:	
3.1 Totals, Part 1, Column 13.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Total gain (loss) on disposals, Part 3, Column 18.....	0
5. Deduct amounts received on disposals, Part 3, Column 15.....	0
6. Total foreign exchange change in book/adjusted carrying value:	
6.1 Totals, Part 1, Column 15.....	0
6.2 Totals, Part 3, Column 13.....	0
7. Deduct current year's other-than-temporary impairment recognized:	
7.1 Totals, Part 1, Column 12.....	0
7.2 Totals, Part 3, Column 10.....	0
8. Deduct current year's depreciation:	
8.1 Totals, Part 1, Column 11.....	0
8.2 Totals, Part 3, Column 9.....	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0
10. Deduct total nonadmitted amounts.....	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0

NONE

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 12.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Accrual of discount.....	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 9.....	0
5.2 Totals, Part 3, Column 8.....	0
6. Total gain (loss) on disposals, Part 3, Column 18.....	0
7. Deduct amounts received on disposals, Part 3, Column 15.....	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:	
9.1 Totals, Part 1, Column 13.....	0
9.2 Totals, Part 3, Column 13.....	0
10. Deduct current year's other-than-temporary impairment recognized:	
10.1 Totals, Part 1, Column 11.....	0
10.2 Totals, Part 3, Column 10.....	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12. Total valuation allowance.....	0
13. Subtotal (Line 11 plus Line 12).....	0
14. Deduct total nonadmitted amounts.....	0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....	0

NONE

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 16.....	0
3.2 Totals, Part 3, Column 12.....	0
4. Accrual of discount.....	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 13.....	0
5.2 Totals, Part 3, Column 9.....	0
6. Total gain (loss) on disposals, Part 3, Column 19.....	0
7. Deduct amounts received on disposals, Part 3, Column 16.....	0
8. Deduct amortization of premium and depreciation.....	0
9. Total foreign exchange change in book/adjusted carrying value:	
9.1 Totals, Part 1, Column 17.....	0
9.2 Totals, Part 3, Column 14.....	0
10. Deduct current year's other-than-temporary impairment recognized:	
10.1 Totals, Part 1, Column 15.....	0
10.2 Totals, Part 3, Column 11.....	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12. Deduct total nonadmitted amounts.....	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0

NONE

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....	61,005,250
2. Cost of bonds and stocks acquired, Part 3, Column 7.....	20,088,639
3. Accrual of discount.....	65,706
4. Unrealized valuation increase (decrease):	
4.1 Part 1, Column 12.....	0
4.2 Part 2, Section 1, Column 15.....	0
4.3 Part 2, Section 2, Column 13.....	0
4.4 Part 4, Column 11.....	963
5. Total gain (loss) on disposals, Part 4, Column 19.....	90,343
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....	26,104,517
7. Deduct amortization of premium.....	96,901
8. Total foreign exchange change in book/adjusted carrying value:	
8.1 Part 1, Column 15.....	0
8.2 Part 2, Section 1, Column 19.....	0
8.3 Part 2, Section 2, Column 16.....	0
8.4 Part 4, Column 15.....	0
9. Deduct current year's other-than-temporary impairment recognized:	
9.1 Part 1, Column 14.....	0
9.2 Part 2, Section 1, Column 17.....	0
9.3 Part 2, Section 2, Column 14.....	0
9.4 Part 4, Column 13.....	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2).....	55,049,483
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	55,049,483
12. Deduct total nonadmitted amounts.....	0
13. Statement value at end of current period (Line 11 minus Line 12).....	55,049,483

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	25,112,812	24,890,077	25,047,112	25,155,189
	2. Canada				
	3. Other Countries				
	4. Totals	25,112,812	24,890,077	25,047,112	25,155,189
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	45,000	44,968	45,000	45,000
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	9,298,917	9,226,434	9,334,450	9,071,380
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States	17,185,714	17,123,832	17,183,864	17,182,384
	9. Canada	1,016,731	1,014,016	1,016,699	1,016,801
	10. Other Countries	2,349,809	2,341,626	2,349,770	2,350,000
	11. Totals	20,552,254	20,479,475	20,550,333	20,549,184
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	55,008,982	54,640,952	54,976,895	54,820,754
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States	40,500	40,500	40,500	
	21. Canada				
	22. Other Countries				
	23. Totals	40,500	40,500	40,500	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	40,500	40,500	40,500	
	26. Total Stocks	40,500	40,500	40,500	
	27. Total Bonds and Stocks	55,049,482	54,681,452	55,017,395	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	8,818,191	17,004,768	34,778	2,260	1	XXX	25,859,998	45.7	26,952,753	43.3	25,859,998	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	8,818,191	17,004,768	34,778	2,260	1	XXX	25,859,998	45.7	26,952,753	43.3	25,859,998	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0	0	0.0		
3.2 NAIC 2						XXX	0	0.0	0	0.0		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	45,000					XXX	45,000	0.1	45,000	0.1	45,000	
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	45,000	0	0	0	0	XXX	45,000	0.1	45,000	0.1	45,000	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	3,239,407	2,710,816	1,797,157	1,367,323	184,213	XXX	9,298,917	16.4	16,224,045	26.0	9,298,917	
5.2 NAIC 2						XXX	0	0.0	0	0.0		
5.3 NAIC 3						XXX	0	0.0	0	0.0		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	3,239,407	2,710,816	1,797,157	1,367,323	184,213	XXX	9,298,917	16.4	16,224,045	26.0	9,298,917	0

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	6,013,401	10,651,445	149,314	24,039		.XXX	16,838,199	29.7	14,851,329	23.8	12,145,316	4,692,883
6.2 NAIC 2	1,893,857	2,690,975				.XXX	4,584,832	8.1	4,085,404	6.6	3,585,088	999,745
6.3 NAIC 3						.XXX	0	0.0	149,001	0.2		
6.4 NAIC 4						.XXX	0	0.0	0	0.0		
6.5 NAIC 5						.XXX	0	0.0	0	0.0		
6.6 NAIC 6						.XXX	0	0.0	0	0.0		
6.7 Totals	7,907,259	13,342,420	149,314	24,039	0	.XXX	21,423,032	37.8	19,085,734	30.6	15,730,404	5,692,628
7. Hybrid Securities												
7.1 NAIC 1						.XXX	0	0.0	0	0.0		
7.2 NAIC 2						.XXX	0	0.0	0	0.0		
7.3 NAIC 3						.XXX	0	0.0	0	0.0		
7.4 NAIC 4						.XXX	0	0.0	0	0.0		
7.5 NAIC 5						.XXX	0	0.0	0	0.0		
7.6 NAIC 6						.XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						.XXX	0	0.0	0	0.0		
8.2 NAIC 2						.XXX	0	0.0	0	0.0		
8.3 NAIC 3						.XXX	0	0.0	0	0.0		
8.4 NAIC 4						.XXX	0	0.0	0	0.0		
8.5 NAIC 5						.XXX	0	0.0	0	0.0		
8.6 NAIC 6						.XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	.XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Securities												
9.1 NAIC 1	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.2 NAIC 2	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.3 NAIC 3	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.4 NAIC 4	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.5 NAIC 5	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.6 NAIC 6	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0		
9.7 Totals	.XXX	.XXX	.XXX	.XXX	.XXX		0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 NAIC 1						.XXX	0	0.0	.XXX	.XXX		
10.2 NAIC 2						.XXX	0	0.0	.XXX	.XXX		
10.3 NAIC 3						.XXX	0	0.0	.XXX	.XXX		
10.4 NAIC 4						.XXX	0	0.0	.XXX	.XXX		
10.5 NAIC 5						.XXX	0	0.0	.XXX	.XXX		
10.6 NAIC 6						.XXX	0	0.0	.XXX	.XXX		
10.7 Totals	0	0	0	0	0	.XXX	0	0.0	.XXX	.XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 18,115,999	30,367,029	1,981,250	1,393,622	184,214	0	52,042,114	91.9	XXX	XXX	47,349,231	4,692,883
11.2 NAIC 2	(d) 1,893,857	2,690,975	0	0	0	0	4,584,832	8.1	XXX	XXX	3,585,088	999,745
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	(e) 0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	(e) 0	0	0.0	XXX	XXX	0	0
11.7 Totals	20,009,856	33,058,004	1,981,250	1,393,622	184,214	0	(b) 56,626,947	100.0	XXX	XXX	50,934,319	5,692,628
11.8 Line 11.7 as a % of Col. 7	35.3	58.4	3.5	2.5	0.3	0.0	100.0	XXX	XXX	XXX	89.9	10.1
12. Total Bonds Prior Year												
12.1 NAIC 1	15,606,392	38,044,264	2,349,938	1,765,191	307,341	0	XXX	XXX	58,073,126	93.2	54,884,670	3,188,456
12.2 NAIC 2	1,932,385	2,153,019	0	0	0	0	XXX	XXX	4,085,404	6.6	3,285,429	799,975
12.3 NAIC 3	149,001	0	0	0	0	0	XXX	XXX	149,001	0.2	149,001	0
12.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
12.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
12.7 Totals	17,687,779	40,197,283	2,349,938	1,765,191	307,341	0	XXX	XXX	(b) 62,307,531	100.0	58,319,101	3,988,431
12.8 Line 12.7 as a % of Col. 9	28.4	64.5	3.8	2.8	0.5	0.0	XXX	XXX	100.0	XXX	93.6	6.4
13. Total Publicly Traded Bonds												
13.1 NAIC 1	16,554,181	27,398,534	1,842,718	1,369,583	184,214	0	47,349,231	83.6	54,884,670	88.1	47,349,231	XXX
13.2 NAIC 2	1,343,893	2,241,194	0	0	0	0	3,585,088	6.3	3,285,429	5.3	3,585,088	XXX
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	149,001	0.2	0	XXX
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.7 Totals	17,898,075	29,639,729	1,842,718	1,369,583	184,214	0	50,934,319	89.9	58,319,101	93.6	50,934,319	XXX
13.8 Line 13.7 as a % of Col. 7	35.1	58.2	3.6	2.7	0.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	31.6	52.3	3.3	2.4	0.3	0.0	89.9	XXX	XXX	XXX	89.9	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1	1,561,817	2,968,495	138,532	24,039	0	0	4,692,883	8.3	3,188,456	5.1	XXX	4,692,883
14.2 NAIC 2	549,964	449,781	0	0	0	0	999,745	1.8	799,975	1.3	XXX	999,745
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	2,111,781	3,418,276	138,532	24,039	0	0	5,692,628	10.1	3,988,431	6.4	XXX	5,692,628
14.8 Line 14.7 as a % Col. 7	37.1	60.0	2.4	0.4	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	3.7	6.0	0.2	0.0	0.0	0.0	10.1	XXX	XXX	XXX	XXX	10.1

- (a) Includes \$ 5,540,871 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ _____ current year of bonds with Z designations, \$ _____ prior year of bonds with Z designations, \$ _____ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
- (c) Includes \$ _____ current year of bonds with 5GI designations, \$ _____ prior, 5* or 5GI designations and \$ _____ current year, \$ _____ prior year of bonds with 6* designations. "5GI*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 1,119,040 ; NAIC 2 \$ 498,924 ; NAIC 3 \$ _____ ; NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 2

Distribution by Type	Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 Issuer Obligations	8,583,823	16,714,678				XXX	25,298,501	44.7	26,274,968	42.2	25,298,501	
1.2 Residential Mortgage-Backed Securities	234,367	290,090	34,778	2,260	1	XXX	561,497	1.0	677,785	1.1	561,497	
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	8,818,191	17,004,768	34,778	2,260	1	XXX	25,859,998	45.7	26,952,753	43.3	25,859,998	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX	0	0.0	0	0.0		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations	45,000					XXX	45,000	0.1	45,000	0.1	45,000	
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	45,000	0	0	0	0	XXX	45,000	0.1	45,000	0.1	45,000	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	2,080,048	2,702,577	1,797,157	1,367,323	184,213	XXX	2,080,048	3.7	7,188,758	11.5	2,080,048	
5.2 Residential Mortgage-Backed Securities	1,102,598	8,240				XXX	7,153,868	12.6	8,770,286	14.1	7,153,868	
5.3 Commercial Mortgage-Backed Securities	56,760					XXX	65,000	0.1	265,000	0.4	65,000	
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	3,239,407	2,710,816	1,797,157	1,367,323	184,213	XXX	9,298,917	16.4	16,224,045	26.0	9,298,917	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	4,328,804	8,621,521				XXX	12,950,325	22.9	13,046,092	20.9	10,004,973	2,945,352
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	109,523	0.2		
6.4 Other Loan-Backed and Structured Securities	3,578,455	4,720,899	149,314	24,039	0	XXX	8,472,707	15.0	5,930,119	9.5	5,725,431	2,747,276
6.5 Totals	7,907,259	13,342,420	149,314	24,039	0	XXX	21,423,032	37.8	19,085,734	30.6	15,730,404	5,692,628
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11. Total Bonds Current Year												
11.1 Issuer Obligations	15,037,675	25,336,199	0	0	0	XXX	40,373,874	71.3	XXX	XXX	37,428,522	2,945,352
11.2 Residential Mortgage-Backed Securities	1,336,965	2,992,667	1,831,936	1,369,583	184,214	XXX	7,715,365	13.6	XXX	XXX	7,715,365	0
11.3 Commercial Mortgage-Backed Securities	56,760	8,240	0	0	0	XXX	65,000	0.1	XXX	XXX	65,000	0
11.4 Other Loan-Backed and Structured Securities	3,578,455	4,720,899	149,314	24,039	0	XXX	8,472,707	15.0	XXX	XXX	5,725,431	2,747,276
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0		0	0.0	XXX	XXX	0	0
11.7 Totals	20,069,856	33,058,004	1,981,250	1,393,622	184,214	0	56,626,947	100.0	XXX	XXX	50,934,319	5,692,628
11.8 Lines 11.7 as a % of Col. 7	35.3	58.4	3.5	2.5	0.3	0.0	100.0	XXX	XXX	XXX	89.9	10.1
12. Total Bonds Prior Year												
12.1 Issuer Obligations	13,378,070	33,176,749	0	0	0	XXX	XXX	XXX	46,554,819	74.7	44,209,853	2,344,965
12.2 Residential Mortgage-Backed Securities	1,574,940	3,573,783	2,270,360	1,729,468	299,522	XXX	XXX	XXX	9,448,071	15.2	9,448,071	0
12.3 Commercial Mortgage-Backed Securities	154,405	148,617	27,958	35,723	7,819	XXX	XXX	XXX	374,523	0.6	374,523	0
12.4 Other Loan-Backed and Structured Securities	2,580,364	3,298,134	51,621	0	0	XXX	XXX	XXX	5,930,119	9.5	4,286,654	1,643,466
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	17,687,779	40,197,283	2,349,938	1,765,191	307,341	0	XXX	XXX	62,307,531	100.0	58,319,101	3,988,431
12.8 Line 12.7 as a % of Col. 9	28.4	64.5	3.8	2.8	0.5	0.0	XXX	XXX	100.0	XXX	93.6	6.4
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations	14,017,716	23,410,806	0	0	0	XXX	37,428,522	66.1	44,209,853	71.0	37,428,522	XXX
13.2 Residential Mortgage-Backed Securities	1,336,965	2,992,667	1,831,936	1,369,583	184,214	XXX	7,715,365	13.6	9,448,071	15.2	7,715,365	XXX
13.3 Commercial Mortgage-Backed Securities	56,760	8,240	0	0	0	XXX	65,000	0.1	374,523	0.6	65,000	XXX
13.4 Other Loan-Backed and Structured Securities	2,486,633	3,228,016	10,782	0	0	XXX	5,725,431	10.1	4,286,654	6.9	5,725,431	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.6 Bank Loans						XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	17,898,075	29,639,729	1,842,718	1,369,583	184,214	0	50,934,319	89.9	58,319,101	93.6	50,934,319	XXX
13.8 Line 13.7 as a % of Col. 7	35.1	58.2	3.6	2.7	0.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	31.6	52.3	3.3	2.4	0.3	0.0	89.9	XXX	XXX	XXX	89.9	XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations	1,019,959	1,925,392	0	0	0	XXX	2,945,352	5.2	2,344,965	3.8	XXX	2,945,352
14.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
14.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	XXX	0
14.4 Other Loan-Backed and Structured Securities	1,091,822	1,492,883	138,532	24,039	0	XXX	2,747,276	4.9	1,643,466	2.6	XXX	2,747,276
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.6 Bank Loans						XXX	0	0.0	XXX	XXX	0	0
14.7 Totals	2,111,781	3,418,276	138,532	24,039	0	0	5,692,628	10.1	3,988,431	6.4	XXX	5,692,628
14.8 Line 14.7 as a % of Col. 7	37.1	60.0	2.4	0.4	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	3.7	6.0	0.2	0.0	0.0	0.0	10.1	XXX	XXX	XXX	XXX	10.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	1,357,881	1,357,881	0	0	0
2. Cost of short-term investments acquired	2,141,579	2,141,579			
3. Accrual of discount	10,090	10,090			
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	0				
6. Deduct consideration received on disposals	1,890,374	1,890,374			
7. Deduct amortization of premium	1,212	1,212			
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other-than-temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,617,964	1,617,964	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	1,617,964	1,617,964	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	1,720,763	0	1,720,763	0
2. Cost of cash equivalents acquired.....	29,415,196	334,414	29,080,781	
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	28,197,938	334,000	27,863,938	
7. Deduct amortization of premium.....	414	414		
8. Total foreign exchange change in book/adjusted carrying value.....	0			
9. Deduct current year's other-than-temporary impairment recognized.....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,937,607	0	2,937,607	0
11. Deduct total nonadmitted amounts.....	0	0		
12. Statement value at end of current period (Line 10 minus Line 11)	2,937,607	0	2,937,607	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	3		6	7	8		10	11	Change in Book / Adjusted Carrying Value				16	17	Interest		Dates				
		4	5			Rate Used to Obtain Fair Value	Fair Value			Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion			14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																						
912796-QV-4	UNITED STATES TREAS BILLS			IFE	585,604	98.4270	590,562	600,000	591,052			5,448		0.000	2.411	N/A			08/13/2018	08/15/2019		
912828-3S-7	UNITED STATES TREAS NTS			IFE	495,898	99.3480	496,740	500,000	496,111			212		2.000	2.734	JJ	4,185		12/10/2018	01/31/2020		
912828-4C-1	UNITED STATES TREAS NTS			IFE	745,400	99.5900	746,925	750,000	745,545			145		2.250	2.738	MS	4,311		12/17/2018	03/31/2020		
912828-4J-6	UNITED STATES TREAS NTS			IFE	746,367	99.7340	748,005	750,000	746,475			108		2.375	2.737	AO	3,051		12/17/2018	04/30/2020		
912828-J8-4	UNITED STATES TREAS NTS		SD	IFE	3,203,338	98.5310	3,177,625	3,225,000	3,210,109			8,544		1.375	1.753	MS	11,330	35,406	04/04/2018	03/31/2020		
912828-L6-5	UNITED STATES TREAS NTS		SD	IFE	5,306,832	98.0570	5,197,021	5,300,000	5,302,438			(1,372)		1.375	1.348	MS	18,619	72,875	10/01/2015	09/30/2020		
912828-L9-9	UNITED STATES TREAS NTS		SD	IFE	5,369,953	97.9690	5,419,647	5,450,000	5,419,647			16,204		1.375	1.685	AO	12,835	74,938	11/18/2015	10/31/2020		
912828-M9-8	UNITED STATES TREAS NTS		SD	IFE	99,434	98.3790	98,379	100,000	99,776			114		1.625	1.745	MM	1,768	1,625	12/16/2015	11/30/2020		
912828-N6-3	UNITED STATES TREAS NTS		SD	IFE	6,006,328	99.9600	5,997,600	6,000,000	6,000,082			(2,139)		1.125	1.089	JJ	31,182	67,500	01/19/2016	01/15/2019		
912828-P8-7	UNITED STATES TREAS NTS		SD	IFE	689,382	97.1390	679,973	700,000	694,578			2,451		1.125	1.491	FA	2,676	7,875	09/30/2017	02/28/2021		
912828-Q5-2	UNITED STATES TREAS NTS			IFE	1,233,691	99.5610	1,244,513	1,250,000	1,245,503			11,812		0.875	2.142	AO	2,344	10,938	03/29/2018	04/15/2019		
019999 - Bonds - U.S. Governments - Issuer Obligations					24,482,228	XXX	24,316,653	24,625,000	24,551,315			0	41,528	0	0	XXX	XXX	XXX	92,300	271,156	XXX	XXX
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																						
36241L-DB-9	GNMA PASS-THRU X PLATINUM		SD	IFE	104,960	107.2840	105,756	98,576	104,805			(28)		6.000	2.749	MON	493	5,915	01/21/2010	11/15/2039		
36202E-4J-5	GNMA PT SINGLE FAMILY		SD	IFE	149,646	106.6600	151,112	141,676	148,545			(32)		5.500	2.865	MON	649	7,792	01/21/2010	04/20/2039		
36202F-B6-2	GNMA PT SINGLE FAMILY		SD	IFE	310,278	109.1810	316,556	289,937	308,147			(72)		6.000	2.360	MON	1,450	17,396	01/15/2010	10/20/2039		
029999 - Bonds - U.S. Governments - Residential Mortgage-Backed Securities					564,884	XXX	573,424	530,189	561,497			0	(132)	0	0	XXX	XXX	XXX	2,592	31,103	XXX	XXX
059999 - Bonds - U.S. Governments - Subtotals - U.S. Governments					25,047,112	XXX	24,890,077	25,155,189	25,112,812			0	41,396	0	0	XXX	XXX	XXX	94,892	302,259	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
442331-ZJ-7	HOUSTON TEX			IFE	45,000	99.9280	44,968	45,000	45,000					2.203	2.203	MS	330	686	12/20/2017	03/01/2019		
189999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations					45,000	XXX	44,968	45,000	45,000			0	0	0	0	XXX	XXX	XXX	330	686	XXX	XXX
249999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Subtotals - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					45,000	XXX	44,968	45,000	45,000			0	0	0	0	XXX	XXX	XXX	330	686	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																						
3130AB-F9-2	FEDERAL HOME LOAN BANKS			IFE	999,323	99.5120	995,120	1,000,000	999,856			350		1.375	1.411	MM	1,260	13,750	06/29/2017	05/28/2019		
313379-EE-5	FEDERAL HOME LOAN BANKS			IFE	401,785	99.5670	398,268	400,000	400,450			(983)		1.625	1.375	JO	307	6,500	08/21/2017	06/14/2019		
313560-J5-3	FEDERAL NATL MTG ASSN			IFE	547,481	99.7770	548,774	550,000	549,743			1,666		1.000	1.307	FA	1,910	5,500	08/21/2017	02/26/2019		
73358W-T5-3	PORT AUTH OF NEW			IFE	130,000	99.6850	129,591	130,000	130,000					2.294	2.294	MS	878	1,856	01/24/2018	09/15/2019		
259999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations					2,078,589	XXX	2,071,752	2,080,000	2,080,048			0	1,033	0	0	XXX	XXX	XXX	4,355	27,606	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																						
3138AU-TN-7	F N M A #AJ3256		SD	IFE	3,562,966	100.7810	3,489,382	3,462,342	3,549,920			(2,081)		3.500	3.135	MON	10,099	121,182	10/04/2011	10/01/2041		
3128MC-KF-1	FHLMC PC GOLD COMB 15		SD	IFE	146,619	103.1480	145,725	141,277	143,771			(373)		4.500	4.157	MON	757	6,418	01/15/2010	11/01/2024		
3128PC-RC-7	FHLMC PC GOLD 15 YR		SD	IFE	374,374	102.5830	377,150	367,653	371,891			(389)		4.000	3.396	MON	1,226	14,724	01/19/2010	12/01/2024		
312936-ZD-2	FHLMC PC GOLD COMB 30		SD	IFE	551,302	104.0530	549,464	547,283	550,853			(23)		4.500	4.230	MON	2,052	24,628	01/15/2010	11/01/2039		
312938-LJ-0	FHLMC PC GOLD COMB 30		SD	IFE	433,496	106.1860	444,646	418,742	431,603			(56)		5.000	3.334	MON	1,745	20,941	01/15/2010	12/01/2039		
31418A-Y4-4	FNMA PASS-THRU INT 20 YEAR		SD	IFE	2,122,104	103.7360	2,063,396	1,989,084	2,105,830			(4,084)		4.000	2.658	MON	6,630	79,963	06/05/2014	10/01/2033		
269999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities					7,190,861	XXX	7,089,762	6,926,380	7,153,868			0	(7,007)	0	0	XXX	XXX	XXX	22,509	267,457	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities																						
30258E-AA-3	FMPRE MULTI RSK TR 2017-KT01			IFE	65,000	99.8760	64,919	65,000	65,000					2.824	2.837	MON	25	1,499	01/31/2017	02/25/2020		

E10

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes			6 NAIC Designation and Admin- istrative Symbol	7 Actual Cost	8 Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	12 Change in Book / Adjusted Carrying Value				16 Rate of	17 Interest			18 Dates		
		4 Code	5 Bond CHAR				9 Fair Value	12 Unrealized Valuation Increase/ (Decrease)			13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change In B./A.C.V.	17 Effective Rate of		18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date	
279999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities					65,000	XXX	64,919	65,000	65,000	0	0	0	0	XXX	XXX	XXX	25	1,499	XXX	XXX
319999	Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies of Governments and Their Political Subdivisions					9,334,450	XXX	9,226,434	9,071,380	9,298,917	0	(5,974)	0	0	XXX	XXX	XXX	26,888	296,561	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
00084D-AP-5	ABN AMRO BK NV MTN SR SB 144A	D		1FE		200,000	100,0110	200,022	200,000	200,000					3,085	2,392	JAJ0	1,285	5,240	01/11/2017	01/18/2019
25243Y-AX-7	DIAGEO CAP PLC	D		1FE		199,896	100,0890	200,178	200,000	199,928		32			3,000	3,027	MN	717	3,000	05/15/2018	05/18/2020
404280-BV-0	HSBC HDGS PLC	D	2	1FE		200,000	98,6780	197,356	200,000	200,000					3,426	3,416	MJSD	381	1,509	09/05/2018	09/11/2021
80283L-AU-7	SANTANDER UK PLC	D	5	1FE		200,000	98,8960	197,792	200,000	200,000					3,358	3,329	MJSD	574	3,012	05/23/2018	06/01/2021
830516-AH-1	SKANDINAVISKA ENSKILDA BANKEN	D		1FE		200,000	99,3300	198,660	200,000	200,000					3,070	3,056	FMAN	764	2,838	05/08/2018	05/17/2021
865622-CF-8	SUMITOMO MITSUI BANKING	D		1FE		250,000	100,0010	250,003	250,000	250,000					2,960	2,266	JAJ0	1,686	6,268	01/05/2017	01/11/2019
865622-CX-8	SUMITOMO MITSUI BANKING CORP	C		1FE		250,000	99,9120	249,780	250,000	250,000					2,799	2,712	JAJ0	1,477	4,723	01/09/2018	01/17/2020
86960B-AU-6	SVENSKA HANDELSBANKEN AB	D		1FE		250,000	99,0950	247,738	250,000	250,000					3,159	3,138	FMAN	828	3,605	05/17/2018	05/24/2021
874060-AK-2	TAKEDA PHARMACEUTICAL CO LTD	D	2	2FE		199,874	100,6030	201,206	200,000	199,881		7			3,800	3,833	MN	739	1,129	11/19/2018	11/26/2020
902674-XJ-4	UBS AG LONDON BRL	D	2	1FE		200,000	99,5140	199,028	200,000	200,000					3,218	3,013	MJSD	550	5,129	11/27/2017	12/01/2020
00138C-AH-1	AIG GLOBAL FUNDING	D		1FE		100,000	99,2400	99,240	100,000	100,000					3,282	3,245	MJSD	61	1,431	06/20/2018	06/25/2021
025816-BV-0	AMERICAN EXPRESS CO	D	2	2FE		75,000	99,5500	74,663	75,000	75,000					3,165	3,153	FMAN	295	1,101	05/14/2018	05/17/2021
031162-CL-2	AMGEN INC	D		1FE		150,000	99,9750	149,963	150,000	150,000					2,935	2,294	FMAN	636	3,497	05/08/2017	05/10/2019
035242-AK-2	ANHEUSER BUSCH INBEV FIN	D	2	2FE		150,000	100,5480	150,822	150,000	150,000					3,819	3,128	FMAN	955	4,909	01/13/2016	02/01/2021
037833-CE-8	APPLE INC	D		1FE		99,924	99,8910	99,891	100,000	99,996		38			1,550	1,588	FA	616	1,550	02/02/2017	02/08/2019
037833-CT-5	APPLE INC	D		1FE		100,000	99,7640	99,764	100,000	100,000					2,685	2,261	FMAN	380	2,079	05/04/2017	05/11/2020
060516-GJ-7	BANK AMER CORP	D	2	1FE		150,000	99,2650	148,898	150,000	150,000					3,046	2,949	JAJ0	1,168	4,004	09/13/2017	10/01/2021
060516-HJ-1	BANK AMER CORP	D	2	1FE		75,000	98,7270	74,045	75,000	75,000					3,472	3,438	MJSD	49	1,151	06/20/2018	06/25/2022
07330N-AP-0	BB&T CO GLOBAL BK MTN	D		1FE		250,000	99,9440	249,860	250,000	250,000					2,886	2,435	JAJ0	1,503	6,044	01/23/2017	01/15/2020
05565E-AQ-8	BMW US CAP LLC	D		1FE		200,743	99,4770	198,954	200,000	200,575		(168)			2,788	2,593	JAJ0	1,346	3,820	03/02/2018	04/06/2020
14149Y-BL-1	CARDINAL HEALTH INC	D		1FE		150,000	99,4850	149,228	150,000	150,000					1,948	1,948	JD	138	2,922	06/01/2017	06/14/2019
149130-ZD-0	CATERPILLAR FINL SVCS MTNS BE	D		1FE		125,000	99,8140	124,788	125,000	125,000					2,836	2,525	FMAN	315	2,738	11/27/2017	11/29/2019
166764-BS-8	CHEVRON CORP NEW	D		1FE		150,000	99,8050	149,708	150,000	150,000					1,686	1,686	FA	964	2,529	02/28/2017	02/28/2019
17325F-AA-6	CITIBANK NA N Y	D	2	1FE		249,795	99,7500	249,375	250,000	249,977		102			2,000	2,042	MS	1,403	5,000	03/13/2017	03/20/2019
174010-AH-4	CITIZENS BANK N A	D	2	2FE		250,000	99,8530	249,633	250,000	250,000					3,278	2,679	MJSD	680	6,524	02/27/2017	03/02/2020
20030N-CW-9	COMCAST CORP NEW	D	5	1FE		150,000	99,0510	148,577	150,000	150,000					2,848	2,890	JAJ0	1,044	1,044	10/02/2018	10/01/2021
205887-BX-9	CONAGRA BRANDS INC	D	2	2FE		150,000	99,7190	149,579	150,000	150,000					3,219	3,264	JAJ0	952	1,044	10/15/2018	10/22/2020
21036P-BA-5	CONSTELLATION BRANDS INC	D	2	2FE		115,000	98,8020	113,622	115,000	115,000					3,209	3,254	FMAN	656	1,044	10/22/2018	11/15/2021
126650-DD-9	CYS HEALTH CORP	D	2	2FE		70,000	99,1940	69,436	70,000	70,000					3,487	3,396	MJSD	155	1,586	03/06/2018	03/09/2021
233851-DC-5	DANIEL FINANCE NA LLC	D		1FE		150,000	98,7650	148,148	150,000	150,000					3,127	3,039	FMAN	520	3,008	02/15/2018	02/22/2021
24422E-TR-0	DEERE JOHN CAP CORP MTNS BE	D		1FE		125,153	100,0310	125,039	125,000	125,225		72			3,114	2,734	MJSD	105	2,871	03/26/2018	06/22/2020
24422E-TZ-2	DEERE JOHN CAP CORP MTNS BE	D		1FE		84,956	98,6290	83,835	85,000	84,970		14			2,350	2,368	JJ	960	999	01/03/2018	01/08/2021
256746-AE-8	DOLLAR TREE INC	D	2	2FE		130,000	99,3620	129,171	130,000	130,000					3,149	3,138	JAJ0	864	1,991	04/05/2018	04/17/2020
26078J-AA-8	DOWDUPONT INC	D	2	2FE		55,008	100,9590	55,527	55,000	55,007		0			3,766	3,759	MN	190	1,991	11/15/2018	11/15/2020
263534-GM-9	DU PONT E I DE NEMOURS & CO	D		1FE		100,000	100,0510	100,051	100,000	100,000					3,071	2,685	FMAN	520	2,529	04/27/2017	05/01/2020
26444H-AD-3	DUKE ENERGY FLA LLC	D		1FE		75,000	99,1910	74,393	75,000	75,000					2,100	2,100	MJSD	70	1,765	12/07/2017	12/15/2019
23355L-AE-6	DXC TECHNOLOGY CO	D	2	2FE		77,000	99,8890	76,915	77,000	77,000					3,688	3,400	MJSD	245	2,447	08/14/2017	03/01/2021
294429-AP-0	EQUIFAX INC	D		1FE		90,000	98,8620	88,976	90,000	90,000					3,493	3,493	FMAN	410	1,388	05/23/2018	08/15/2021
316770-BL-2	FIFTH THIRD BK CIN OH	D	2	1FE		200,000	99,2790	198,558	200,000	200,000					2,770	2,595	JAJ0	954	4,483	10/25/2017	10/30/2020
345397-YR-8	FORD MOTOR CREDIT CO LLC	D		1FE		200,000	97,2170	194,434	200,000	200,000					2,989	2,790	FMAN	996	4,865	10/30/2017	11/02/2020
369550-BB-3	GENERAL DYNAMICS CORP	D		1FE		70,000	99,8670	69,907	70,000	70,000					2,908	2,880	FMAN	287	954	05/08/2018	05/11/2020
37045V-AM-2	GENERAL MTRS CO	D	2	2FE		150,000	98,9920	148,488	150,000	150,000					3,389	3,107	FMAN	777	4,214	08/02/2017	08/07/2020
375558-BR-3	GILEAD SCIENCES INC	D		1FE		64,977	99,1060	64,419	65,000	64,992		11			1,850	1,868	MS	337	1,199	09/14/2017	09/20/2020
38148P-P8-4	GOLDMAN SACHS BK USA NY	D		1FE		99,977	99,8190	99,819	100,000	99,983		6			3,212	3,200	JD	231	1,582	06/04/2018	06/05/2020
40573L-AC-0	HALFMOON PARENT INC	D		2FE		149,882	99,5890	149,384	150,000	149,900		18			3,200	3,241	MS	1,387	1,387	09/06/2018	09/17/2020
42824C-AZ-2	HEWLETT PACKARD ENTERPRISE CO	D		2FE		149,991	98,8730	149,991	150,000	149,997		4			2,100	2,103	AO	761	3,273	09/11/2017	10/04/2019
437076-BR-2	HOME DEPOT INC	D		1FE		150,000	99,6380	149,457	150,000	150,000					2,901	2,430	MJSD	326	3,331	05/24/2017	06/05/2020

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				16	Interest			Dates			
		3	4	5			8	9			12	13	14	15		17	18	19	20	21	22	
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusting Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
438516-BK-1	HONEYWELL INTL INC.				1FE	150,000	99.9850	149,978	150,000	150,000					2.800	2.149	JAJU	1,327	3,408	10/24/2016	10/30/2019	
44891A-AV-9	HYUNDAI CAP AMER INC.				2FE	100,000	99.7080	99,708	100,000	100,000					3.348	3.387	JAJU	790	1,114	06/04/2018	07/08/2021	
44932H-AK-9	IBM CREDIT LLC				1FE	149,882	100.5170	150,776	150,000	149,887		5			3.450	3.491	INL	446		11/27/2018	11/30/2020	
459506-AJ-0	INTERNAT FLA&FRA			2	2FE	44,986	100.0770	45,035	45,000	44,987		2			3.400	3.417	MS	404		09/24/2018	09/25/2020	
48125L-RJ-3	JP MORGAN CHASE BANK			2	1FE	250,000	100.0300	250,075	250,000	250,000					3.414	2.504	MJSD	210	6,937	09/20/2016	09/23/2019	
50077L-AP-1	KRAFT HEINZ FOODS CO.				2FE	75,000	99.1700	74,378	75,000	75,000					3.188	2.943	FMAN	344	1,955	08/07/2017	02/10/2021	
571903-AZ-6	MARRIOTT INTL INC NEW				2FE	100,000	99.7600	99,760	100,000	100,000					3.268	3.317	MJSD	418		11/13/2018	12/01/2020	
592176-CL-1	METROPOLITAN LIFE GLOBAL				1FE	149,837	98.4770	147,716	150,000	149,889		53			2.400	2.438	JJ	1,730	1,780	01/03/2018	01/08/2021	
592176-CQ-0	METROPOLITAN LIFE GLOBAL				1FE	175,000	99.3420	173,849	175,000	175,000					3.570	3.523	MJSD	434	1,202	08/30/2018	09/07/2020	
61746B-EH-5	MORGAN STANLEY			2	2FE	175,000	100.0030	175,005	175,000	175,000					3.414	2.870	FMAN	780	4,935	02/14/2017	02/14/2020	
65339K-AQ-3	NEXTERA ENERGY CAP HLDGS INC.				2FE	75,214	100.1980	75,149	75,000	75,173					3.342	3.199	MS	836	153	08/06/2018	09/01/2020	
654740-BC-2	NISSAN MTR ACCEP CORP				1FE	150,033	98.8870	148,331	150,000	150,147		115			3.203	2.958	MJSD	53	3,646	03/26/2018	09/28/2020	
69371R-P3-4	PACCAR FIN CORP SR MTNS			5	1FE	150,000	100.0280	150,042	150,000	150,000					2.878	2.872	FMAN	620	2,331	05/07/2018	05/10/2021	
713448-DK-1	PEPSICO INC.				1FE	125,000	100.0120	125,015	125,000	125,000					2.678	2.090	JAJU	827	2,776	10/03/2018	10/04/2021	
69353R-FD-5	PNC BK N A PITTSBURGH PA.				1FE	250,000	99.7850	249,463	250,000	250,000					3.000	2.573	FMAN	854	5,946	05/16/2017	05/19/2020	
742747-AA-8	PRIVATE EXPT FDG CORP				1FE	69,990	99.3050	69,514	70,000	69,995		5			2.100	2.107	ID	49	1,470	12/14/2017	12/19/2019	
74388C-AL-8	PROTECTIVE LIFE GLOBAL FUND				1FE	150,000	99.2110	148,817	150,000	150,000					3.333	3.300	MJSD	56	2,197	06/21/2018	06/28/2021	
759187-CC-9	REGIONS BK BIRMINGHAM ALA.			2	2FE	250,000	98.1130	245,283	250,000	250,000					2.776	2.756	JAJU	1,774	4,356	01/23/2018	04/01/2021	
832696-AQ-1	SMUCKER J M CO.				2FE	149,883	99.1200	148,680	150,000	149,945		58			2.200	2.240	ID	229	3,291	12/04/2017	12/06/2019	
842587-DB-0	SOUTHERN CO.			2	2FE	100,000	99.8300	99,830	100,000	100,000					3.104	3.018	FMAN	414	693	08/14/2018	02/14/2020	
86787E-AS-6	SUNTRUST BK ATL SR MD			2	2FE	50,000	99.9040	49,952	50,000	50,000					3.057	2.553	JAJU	263	1,265	01/25/2017	01/31/2020	
86787E-AJ-1	SUNTRUST BK ATL SR MD			2	2FE	100,000	99.0260	99,026	100,000	100,000					2.590	2.590	JJ	1,094	1,273	01/26/2018	01/29/2021	
381481-AB-2	THE GOLDMAN SACHS GROUP INC.			2	2FE	252,770	100.3460	250,865	250,000	254,027		870			3.637	2.434	JAJU	1,788	7,893	04/21/2015	04/23/2020	
892361-DV-4	TOYOTA MOTOR CREDIT CORP.				1FE	75,000	99.6620	74,747	75,000	75,000					2.709	2.358	JAJU	429	1,676	04/11/2017	04/17/2020	
892361-EK-7	TOYOTA MOTOR CREDIT CORP.				1FE	125,000	99.7930	124,741	125,000	125,000					2.514	2.436	JAJU	725	2,105	01/08/2018	01/10/2020	
913017-CZ-0	UNITED TECHNOLOGIES CORP.			2	2FE	150,000	99.6240	149,436	150,000	150,000					3.279	3.242	FMAN	628	1,137	08/13/2018	08/16/2021	
91324P-DB-5	UNITEDHEALTH GROUP INC.				1FE	150,000	99.2300	148,845	150,000	150,000					2.506	2.373	JAJU	815	3,003	10/18/2017	10/15/2020	
90331H-NT-6	US BANK ASSN CINCI OH			2	1FE	250,000	99.6350	249,088	250,000	250,000					2.936	2.896	FMAN	836	3,282	05/22/2018	05/21/2021	
94988J-SM-5	WELLS FARGO BANK NATL ASSN				1FE	250,000	99.1230	247,808	250,000	250,000					2.746	2.671	JAJU	1,449	4,538	01/16/2018	01/15/2021	
01626P-AK-2	ALIMENTATION COUCHE 2.350			A	1FE	149,982	99.0670	148,601	150,000	149,991		9			2.350	2.356	ID	176	3,518	12/07/2017	12/13/2019	
06367T-PY-0	BANK OF MONTREAL			A	1FE	175,000	100.2290	175,401	175,000	175,000					3.376	2.618	MJSD	328	4,742	12/07/2016	12/12/2019	
064159-KJ-9	BANK OF NOVA SCOTIA			A	1FE	200,000	99.3860	198,772	200,000	200,000					2.700	2.663	JAJU	1,275	3,665	01/05/2018	01/08/2021	
780136-KP-9	ROYAL BK OF CDA BD CDS			A	1FE	100,000	99.4410	99,441	100,000	100,000					2.748	2.589	JAJU	511	2,225	10/18/2017	10/26/2020	
891140-BY-3	TORONTO DOMINION BANK			A	1FE	99,919	100.0770	100,077	100,000	99,941		22			3.000	3.042	ID	167	1,492	06/05/2018	06/11/2020	
23636A-AG-6	DANSKE BK AS 144A			D	1FE	200,000	99.9320	199,864	200,000	200,000					3.319	2.413	MJSD	479	5,322	08/31/2016	09/06/2019	
329999-9	Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					12,199,669	XXX	12,139,673	12,197,000	12,201,414	0	1,235	0	0	XXX	XXX	XXX		55,694	222,128	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																						
02007P-AC-7	ALLY AUTO RECV TR 2017-1				1FE	95,286	99.3080	95,496	96,161	95,461		175			1.700	2.321	MON	64	1,379	02/23/2018	06/15/2021	
02007E-AB-4	ALLY AUTO RECV TR 2017-3				1FE	16,766	99.9130	16,752	16,767	16,765		(1)			1.530	1.545	MON	11	283	05/16/2017	03/16/2020	
02007M-AD-2	ALLY AUTO RECV TR 2018-1				1FE	157,054	99.7670	156,699	157,064	157,044		(11)			2.080	2.096	MON	113	3,009	01/23/2018	09/15/2020	
02004V-AB-9	ALLY AUTO RECV TR 2018-2				1FE	64,123	99.8440	64,030	64,130	64,125		2			2.640	2.647	MON	51	1,071	04/24/2018	02/16/2021	
02005A-FR-4	ALLY MSTR OMNR TR 2017-1				1FE	150,000	99.9950	149,993	150,000	150,000					2.855	2.890	MON	143	3,567	02/15/2017	02/16/2021	
02529K-AA-1	AMER CR ACCEP REC TR 2018				1FE	51,782	99.8070	51,685	51,785	51,782		(1)			2.940	2.945	MON	89	729	06/13/2018	01/10/2022	
02529H-AA-8	AMER ICAN CRED IT 2.72 3/10				1FE	27,896	99.9100	27,871	27,896	27,895					2.720	2.724	MON	44	568	03/14/2018	03/10/2021	
02530A-AA-0	AMER ICAN CRED IT 2.92 8/12				1FE	49,914	99.8340	49,831	49,914	49,914					2.920	2.920	MON	77	337	09/11/2018	08/12/2021	
02529M-AA-7	AMER ICAN CRED IT 3.38 12/13				1FE	149,997	100.0170	150,026	150,000	149,998		0			3.380	3.381	MON	239		12/04/2018	12/13/2021	
02582J-HN-3	AMER ICAN EXP CRED IT 2017-8				1FE	140,000	99.9330	139,906	140,000	140,000					2.575	2.608	MON	141	2,929	10/23/2017	05/16/2022	
03066M-AB-2	AMER (CRED IT) AUTO REC TR				1FE	89,996	100.0730	90,066	90,000	89,997		0			3.110	3.112	MON	101	210	11/15/2018	01/18/2022	
03065H-AB-4	AMER (CRED IT) AUTO RECV 2017-3				1FE	10,240	99.6560	10,206	10,241	10,240					1.690	1.701	MON	6	179	08/08/2017	12/18/2020	
03065G-AB-6	AMER (CRED IT) AUTO RECV 2017-2				1FE	5,422	99.8910	5,422	5,428	5,427		0			1.650	1.658	MON	3	95	05/09/2017	09/18/2020	
03066F-AC-5	AMER (CRED IT) AUTO RECV 2017-4				1FE	40,636	99.6520	40,496	40,636	40,636		0			1.830	1.834	MON	27	758	11/07/2017	05/18/2021	
03066H-AB-3	AMER (CRED IT) AUTO RECV 2018-1				1FE	56,798	99.8260	56,701	56,800	56,798		0			2.710	2.712	MON	52	890	05/15/2018	07/19/2021	
03066L-AB-4	AMER (CRED IT) AUTO RECV 2018-2																					

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes		6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				16	17	Interest		Dates		
		3	5			8	9			12	13	14	15			18	19	20	21	22
CUSIP Identification	Description	Code	Foreign Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
05586C-AB-0	BMW VEH LEASE TR 2018-1			IFE	149,987	.99	90,000	149,850	150,000	149,989	2		2,970	2,977	MON	136	780		10/10/2018	12/21/2020
05584P-AB-3	BMW VEH LEASE TR 2017-2			IFE	17,021	.99	7,550	16,980	17,022	17,021	0		1,800	1,808	MON	9	310		10/17/2017	02/20/2020
13974M-AC-0	CAPITAL AUTO RECV ABN 2016-2			IFE	4,529	.99	8690	4,524	4,530	4,529	0		1,460	1,475	MON	2	69		07/12/2016	06/22/2020
143120-AC-0	CARMAX AUTO OWNER TR 2016-4			IFE	115,108	.98	8390	114,563	115,909	115,396	157		1,400	1,754	MON	54	1,642		07/25/2017	08/16/2021
14314W-AJ-0	CARMAX AUTO OWNER TR 2017-3			IFE	18,931	100	0170	18,934	18,931	18,931	0		2,635	2,663	MON	24	421		07/18/2017	09/15/2020
14314A-AB-5	CARMAX AUTO OWNER TR 2018-1			IFE	84,713	.99	6380	84,412	84,714	84,714	1		2,230	2,234	MON	77	1,708		01/17/2018	05/17/2021
14315E-AB-6	CARMAX AUTO OWNER TR 2018-4			IFE	144,999	100	0990	145,144	145,000	144,999	0		3,110	3,111	MON	196	639		10/17/2018	02/15/2022
161571-HN-7	CHASE ISSUANCE TR 2018-1			IFE	150,000	.99	6920	149,538	150,000	150,000	0		2,655	2,690	MON	175	2,138		05/04/2018	04/17/2023
165183-BP-8	CHESAPEAKE FDG II LLC 2018-2			IFE	150,000	.99	7360	149,604	150,000	150,000	0		2,825	2,865	MON	197	1,319		08/07/2018	08/15/2030
165183-BT-0	CHESAPEAKE FDG II LLC 2018-3			IFE	99,981	.99	9810	99,981	100,000	99,981	0		3,394	3,394	MON	179			12/04/2018	01/15/2031
18978C-AB-9	CNH EQUIPMENT TR 2017-C			IFE	73,163	.99	5530	72,842	73,170	73,163	0		1,840	1,848	MON	51	1,375		11/14/2017	03/15/2021
12652V-AB-3	CNH EQUIPMENT TR 2018-A			IFE	124,998	.99	8030	124,754	125,000	124,998	1		2,780	2,781	MON	137	1,950		05/16/2018	08/16/2021
12596E-AB-0	CNH EQUIPMENT TR 2018-B			IFE	94,995	.99	8280	94,837	95,000	94,996	1		2,930	2,933	MON	120	611		09/18/2018	12/15/2021
23342A-AB-2	DLL 2018-1 LLC			IFE	249,993	.99	8770	249,693	250,000	249,995	2		2,812	2,812	MON	225	4,254		05/02/2018	11/17/2020
26208M-AB-2	DRIVE AUTO REC TR 2018-5			IFE	99,938	.99	9790	99,979	100,000	99,940	3		3,080	3,126	MON	137	214		12/10/2018	07/15/2021
26208M-AD-8	DRIVE AUTO REC TR 2018-5			IFE	149,985	100	3700	150,555	150,000	149,986	3		3,340	3,345	MON	223	348		11/15/2018	10/15/2022
26208K-AD-2	DRIVE AUTO REC TR 2018-3			IFE	49,997	.99	8690	49,935	50,000	49,998	0		3,010	3,013	MON	62	589		07/17/2018	11/15/2021
26209B-AD-1	DRIVE AUTO RECV TR 2018-4			IFE	44,996	.99	8380	44,927	45,000	44,997	1		3,040	3,045	MON	61	327		09/11/2018	11/15/2021
23342W-AA-6	DT AUTO OWNER TR 2018-1			IFE	40,705	.99	8170	40,631	40,705	40,704	0		2,590	2,592	MON	47	833		03/06/2018	05/17/2021
29373G-AB-8	ENTERPRISE FLEET FNC 2018-3			IFE	99,987	100	3060	100,306	100,000	99,976	(12)		3,380	3,390	MON	103	469		10/23/2018	05/20/2024
31680G-AD-8	FIFTH THIRD AUTO TR 2015-1			IFE	1,539	.99	9370	1,533	1,534	1,581	43		1,420	(3,501)	MON	1	29		09/27/2016	03/16/2020
32059R-AA-1	FIRST INVESTOR AUTO CR 2018-1			IFE	31,074	.99	8070	31,016	31,076	31,074	0		2,840	2,844	MON	39	531		05/08/2018	05/16/2022
32059D-AA-2	FIRST INVESTORS AUTO			IFE	62,804	100	1130	62,875	62,804	62,804	0		3,230	3,231	MON	90	181		11/06/2018	12/15/2022
32113C-BS-8	FIRST NATL MASRT NT TR 2018-1			IFE	90,000	100	0050	90,005	90,000	90,000	0		2,915	2,955	MON	109	419		10/09/2018	10/15/2024
33844K-AA-4	FLAGSHIP CR AUTO TR 2017-3			IFE	41,275	.99	3950	41,051	41,301	41,272	(3)		1,880	1,932	MON	35	801		11/10/2017	10/15/2021
33844P-AA-3	FLAGSHIP CR AUTO TR 2018-3			IFE	73,380	.99	9550	73,353	73,386	73,381	0		3,074	3,074	MON	100	713		08/14/2018	02/15/2023
33845D-AA-9	FLAGSHIP CR AUTO TR 2018-4			IFE	140,380	100	1160	140,553	140,390	140,381	0		3,410	3,413	MON	213	327		11/15/2018	05/15/2023
34530R-AA-6	FORD CR AUTO OWN TR 2015-REV1			IFE	150,521	.98	9770	148,466	150,000	150,438	(68)		2,120	2,028	MON	126	3,180		10/30/2017	07/15/2026
34531J-AB-1	FORD CREDIT AUTO LEASE 2018-A			IFE	83,823	.99	8030	83,664	83,829	83,825	2		2,710	2,715	MON	84	1,460		04/17/2018	12/15/2020
34531L-AB-6	FORD CREDIT AUTO LEASE 2018-B			IFE	109,999	.99	8870	109,876	110,000	109,999	0		2,930	2,931	MON	134	752		09/18/2018	04/15/2021
35105M-AB-7	FOURSIGHT CAP AUTO REC 2018			IFE	99,998	100	1250	100,125	100,000	99,998	0		3,320	3,321	MON	148	341		10/29/2018	04/15/2022
38014B-AB-5	GM FINL AUTO LEASE TR 2018-1			IFE	69,707	.99	7230	69,523	69,716	69,711	4		2,390	2,400	MON	45	387		02/13/2018	04/20/2020
36255K-AB-7	GM FINL AUTO LEASE TR 2018-2			IFE	143,945	.99	8900	143,790	143,948	143,946	1		2,830	2,832	MON	109	1,958		06/19/2018	07/20/2020
36256G-AB-5	GM FINL AUTO LEASE TR 2018-3			IFE	59,996	.99	8900	59,934	60,000	59,997	1		2,890	2,895	MON	51	414		09/18/2018	09/21/2020
38013F-AB-7	GM FINL CON AUTO REC 2018-4			IFE	99,989	100	0310	100,031	100,000	99,991	2		2,930	2,937	MON	122	537		10/02/2018	11/16/2021
36254A-AB-0	GM FINL CON AUTO REC 2017			IFE	1,142	.99	9320	1,141	1,142	1,141	0		1,510	1,552	MON	1	21		04/03/2017	03/16/2020
36255P-AB-6	GM FINL CON AUTO REC 2018			IFE	97,944	.99	6090	97,568	97,951	97,946	2		2,080	2,085	MON	81	1,902		01/09/2018	01/19/2021
361886-AX-2	GMF FLRPLN OWNER TR 2017-2			IFE	145,000	.99	8900	144,841	145,000	145,000	0		2,885	2,923	MON	165	3,492		08/15/2017	07/15/2022
39154T-AP-3	GREAT AMER LEASE RECV 2018-1			IFE	90,454	.99	6560	90,153	90,465	90,459	5		2,350	2,359	MON	76	1,796		02/05/2018	05/15/2020
43814L-AC-3	HONDA AUTO RECV 2015-4			IFE	5,327	.99	9510	5,347	5,349	5,270	(57)		1,230	5,173	MON	2	61		02/23/2018	09/23/2019
43814U-AB-5	HONDA AUTO RECV 2018-1			IFE	104,625	.99	7840	104,399	104,625	104,639	14		2,360	2,343	MON	91	1,990		02/21/2018	08/15/2021
43815H-AB-3	HONDA AUTO RECV OWN TR 2018-3			IFE	149,997	.99	7530	149,630	150,000	149,998	1		2,670	2,671	MON	103	1,257		08/21/2018	12/21/2020
43815A-AB-8	HONDA AUTO RECV OWN TR 2018-4			IFE	69,996	.99	9160	69,941	70,000	69,997	0		2,980	2,984	MON	81	59		11/20/2018	05/17/2021
44918L-AG-7	HYUNDAI AUTO RECV TR			IFE	74,502	.99	4940	74,621	75,000	74,526	24		2,550	2,990	MON	85	199		12/04/2018	11/15/2021
44891K-AB-1	HYUNDAI AUTO RECV TR2018			IFE	72,732	.99	7900	72,584	72,737	72,734	1		2,550	2,554	MON	74	1,232		04/10/2018	04/15/2021
47788C-AB-8	JOHN DEERE OWNER TR 2018			IFE	44,017	.99	8110	43,936	44,019	44,022	5		2,420	2,412	MON	40	852		02/21/2018	10/15/2020
58769D-AB-6	MERC-BENZ AUTO LEASE 2017-A			IFE	6,287	.99	9400	6,283	6,287	6,287	0		1,530	1,531	MON	4	119		04/19/2017	08/15/2019
58772Q-AB-2	MERC-BENZ AUTO LEASE 2018-A			IFE	41,844	.99	7820	41,753	41,844	41,844	0		2,200	2,201	MON	36	835		01/17/2018	04/15/2020
58769L-AC-6	MERC-BENZ AUTO LEASE 2018-B			IFE	149,997	100	4110	150,617	150,000	149,997	0		3,210	3,211	MON	214	334		11/15/2018	09/15/2021
58768U-AF-0	MERC-BENZ M8T OWNER 2016-B			IFE	100,773	100	2020	100,202	100,520	100,520	(254)		3,155	2,739	MON	121	2,490		01/26/2018	05/17/2021
55316A-AB-6	MMF EQUIPMENT 1.93 10/15			IFE	81,118	.99	5620	80,788	81,123	81,118	0		1,930	1,937	MON	57	1,634		11/14/2017	10/15/2020
65478B-AB-7	NISSAN AUTO RECV TR 2018-A			IFE	149,997	.99	9430	149,915	150,000	149,998	0		3,030	3,032	MON	202	644		10/16/2018	02/16/2021
65478D-AB-3	NISSAN AUTO RECV TR 2018-A			IFE	105,045	.99	7450	104,777	105,045	105,059	15		2,390	2,376						

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		6 NAIC Designation and Admin- istrative Symbol	7 Actual Cost	8 Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book / Adjusted Carrying Value			16 Rate of	17 Interest			19 Dates			
		4 F o r e i g n Code	5 Bond CHAR			9 Fair Value	12 Unrealized Valuation Increase/ (Decrease)			13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change In B./A.C.V.		18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date		
80285F-AB-0	SANTANDER DRIVE AUTO 2018-2			IFE	117,945	99,8900	117,823	117,952	117,945				2,580	2,587	MON	119	2,055	04/10/2018	10/15/2020	
80285G-AB-8	SANTANDER DRIVE AUTO 2018-3			IFE	69,724	99,8610	69,631	69,728	69,724				2,780	2,784	MON	73	942	06/20/2018	03/15/2021	
80285M-AB-5	SANTANDER DRIVE AUTO 2018-4			IFE	19,999	99,8120	19,962	20,000	19,999				2,730	2,734	MON	23	171	08/13/2018	04/15/2021	
80286A-AB-0	SANTANDER DRIVE AUTO 2018-5			IFE	124,996	99,8950	124,869	125,000	124,997				2,970	2,972	MON	165	526	10/16/2018	07/15/2021	
89238T-AB-9	TOYOTA AUTO REC OWN 2018			IFE	74,996	99,7450	74,809	75,000	74,997				2,640	2,644	MON	74	1,150	05/09/2018	03/15/2021	
90943T-AA-5	UNITED AUTO CR SEC TR 2018-1			IFE	15,635	99,8980	15,619	15,635	15,635				2,260	2,267	MON	21	317	01/30/2018	04/10/2020	
92868L-AB-7	VOLKSWAGEN AUTO ENH 2018-1			IFE	99,999	99,8650	99,865	100,000	99,999				2,810	2,811	MON	74	1,304	06/27/2018	07/20/2021	
92869B-AB-8	VOLKSWAGEN AUTO ENH 2018-2			IFE	174,983	100,1370	175,240	175,000	174,984				3,050	3,056	MON	163	430	11/15/2018	08/20/2021	
96042N-AC-1	WESTLAKE AUTO RECV TR 2018-1			IFE	50,609	99,7230	50,469	50,609	50,609				2,240	2,240	MON	50	1,047	01/17/2018	12/15/2020	
96042F-AB-0	WESTLAKE AUTO RECV TR 2018-2			IFE	63,097	99,8540	63,008	63,101	63,097				2,840	2,844	MON	73	1,047	05/09/2018	09/15/2021	
96042G-AC-6	WESTLAKE AUTO RECV TR 2018-3			IFE	44,998	99,9510	44,978	45,000	44,999				2,980	2,982	MON	57	417	08/10/2018	01/18/2022	
98162K-AB-9	WORLD OWN AUTO LEASE 2017-A			IFE	9,776	99,7450	9,772	9,776	9,776				1,691	1,691	MON	76	176	03/07/2017	12/16/2019	
98161Y-AB-0	WORLD OWN AUTO LEASE 2018-A			IFE	90,120	99,7260	89,879	90,126	90,122				2,590	2,595	MON	88	1,782	03/06/2018	08/17/2020	
98162C-AB-7	WORLD OWN AUTO LEASE 2018-B			IFE	79,999	99,8160	79,853	80,000	80,000				2,960	2,961	MON	99	566	09/11/2018	06/15/2021	
98162W-AB-3	WORLD OWN AUTO REC TR 2018-D			IFE	149,998	99,9640	149,946	150,000	149,998				3,010	3,011	MON	201	727	10/10/2018	04/15/2022	
98161T-AB-1	WORLD OWN AUTO TR 2017-B			IFE	56,048	99,5380	56,049	56,054	56,049				1,610	1,619	MON	40	939	07/25/2017	02/16/2021	
98161V-AB-6	WORLD OWN AUTO TR 2018-A			IFE	100,219	99,6420	99,869	100,228	100,221				2,190	2,196	MON	90	1,903	01/30/2018	05/17/2021	
98162Q-AB-6	WORLD OWN AUTO TR 2018-B			IFE	138,673	99,7410	138,328	138,687	138,676				2,570	2,576	MON	140	2,439	04/04/2018	07/15/2021	
136452-AB-5	CDN PACER AUTO REC 2017		A	IFE	11,135	99,9080	11,125	11,135	11,135				1,772	1,772	MON	7	202	10/04/2017	12/19/2019	
136451-AB-7	CDN PACER AUTO REC 2018		A	IFE	60,122	99,8780	60,049	60,122	60,122				2,700	2,701	MON	51	1,069	04/18/2018	08/19/2020	
13646A-AB-6	CDN PACER AUTO REC 2018		A	IFE	59,997	100,0540	60,032	60,000	59,998				3,000	3,003	MON	60	345	10/02/2018	06/21/2021	
81376N-AB-1	SECURITIZED TERM 1.775 1/27		A	IFE	10,544	99,7680	10,519	10,544	10,544				1,775	1,775	MON	2	200	09/27/2017	01/21/2020	
89621A-AD-1	TRILLIUM CREDIT 1.96131 2/27		A	IFE	150,000	100,0000	150,000	150,000	150,000				2,756	2,788	MON	61	2,776	03/07/2018	02/27/2023	
3599999	Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities				8,350,805	XXX	8,339,944	8,352,326	8,350,840	0	(85)	0	0	XXX	XXX	XXX	9,066	106,763	XXX	XXX
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)				20,550,474	XXX	20,479,616	20,549,326	20,552,254	0	1,150	0	0	XXX	XXX	XXX	64,760	328,891	XXX	XXX
7799999	Bonds - Total Bonds - Subtotals - Issuer Obligations				38,805,487	XXX	38,573,045	38,947,000	38,877,778	0	43,795	0	0	XXX	XXX	XXX	152,680	521,575	XXX	XXX
7899999	Bonds - Total Bonds - Subtotals - Residential Mortgage-Backed Securities				7,755,745	XXX	7,663,186	7,456,570	7,715,365	0	(7,139)	0	0	XXX	XXX	XXX	25,101	298,560	XXX	XXX
7999999	Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed Securities				65,000	XXX	64,919	65,000	65,000	0	0	0	0	XXX	XXX	XXX	25	1,499	XXX	XXX
8099999	Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities				8,350,805	XXX	8,339,944	8,352,326	8,350,840	0	(85)	0	0	XXX	XXX	XXX	9,066	106,763	XXX	XXX
8399999	Subtotals - Total Bonds				54,977,037	XXX	54,641,094	54,820,896	55,008,983	0	36,572	0	0	XXX	XXX	XXX	186,870	928,397	XXX	XXX

E10.4

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number Of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value					20 NAIC Design- ation and Admin- istrative Symbol/ Market Indicator	21 Date Acquired		
		3 Code	4 Foreign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization) Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change In B./A.C.V. (15+16-17)	19 Total Foreign Exchange Change In B./A.C.V.				
NONE																						
8999999 Total Preferred Stocks								0	XXX	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

E11

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 2 - SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Book / Adjusted Carrying Value	7 Fair Value		9 Actual Cost	10 Dividends			13 Change in Book/Adjusted Carrying Value			17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 Foreign			7 Rate per Share Used To Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13-14)			16 Total Foreign Exchange Change in B./A.C.V.
Industrial and Miscellaneous (Unaffiliated)																
160442-US-3	FHLB Membership Stock	RF		405,000	40,500	100,000	40,500	40,500		1,221						10/01/2017
9099999	Industrial and Miscellaneous (Unaffiliated)				40,500	XXX	40,500	40,500	0	1,221	0	0	0	0	0	XXX
9799999	Total Common Stocks				40,500	XXX	40,500	40,500	0	1,221	0	0	0	0	0	XXX
9899999	Total Preferred and Common Stocks				40,500	XXX	40,500	40,500	0	1,221	0	0	0	0	0	XXX

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9	
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	
Bonds - U.S. Governments									
912796-QV-4	UNITED STATES TREAS BILLS		08/13/2018	VARIOUS	XXX	585,604	600,000		
912828-3S-7	UNITED STATES TREAS NTS		12/10/2018	DEUTSCHE BANK SECURITIES, INC.	XXX	495,898	500,000	3,614	
912828-4C-1	UNITED STATES TREAS NTS		12/17/2018	JEFFERIES & COMPANY	XXX	745,400	750,000	3,616	
912828-4J-6	UNITED STATES TREAS NTS		12/17/2018	JP MORGAN CHASE BK/HSBCSI	XXX	746,367	750,000	2,313	
912828-J8-4	UNITED STATES TREAS NTS		04/04/2018	MLPFS INC/FIXED INCOME	XXX	1,375,059	1,400,000	868	
912828-Q5-2	UNITED STATES TREAS NTS		03/29/2018	NOVIURA SECURITIES INTERNATIONAL	XXX	1,233,691	1,250,000	5,078	
0599999	Bonds - U.S. Governments						5,182,020	5,250,000	15,489
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
73356W-T5-3	PORT AUTH OF NEW		01/24/2018	MERRILL LYNCH PIERCE FENNER & SMITH	XXX	130,000	130,000		
3199999	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						130,000	130,000	0
Bonds - Industrial and Miscellaneous (Unaffiliated)									
25243Y-AX-7	DIAGEO CAP PLC	D	05/15/2018	BARCLAYS CAPITAL FIXD INC	XXX	199,896	200,000		
404280-BV-0	HSSC HLDGS PLC	D	09/05/2018	HSBC SECURITIES, INC.	XXX	200,000	200,000		
80283L-AJ-7	SANTANDER UK PLC	D	05/23/2018	CITIGROUP GLOBAL MARKETS INC	XXX	200,000	200,000		
83051G-AH-1	SKANDINAVISKA ENSKILDA BANKEN	D	05/08/2018	MLPFS INC/FIXED INCOME	XXX	200,000	200,000		
86562Z-CX-8	SUMITOMO MITSUI BANKING CORP	C	01/09/2018	Nikko Securities Americ	XXX	250,000	250,000		
86960B-AJ-6	SVENSKA HANDELSBANKEN AB	D	05/17/2018	MORGAN STANLEY & CO., INC.	XXX	250,000	250,000		
87406D-AK-2	TAKEDA PHARMACEUTICAL CO LTD	D	11/19/2018	J.P. MORGAN SECURITIES LLC	XXX	199,874	200,000		
00138C-AH-1	AIG GLOBAL FUNDING		06/20/2018	DEUTSCHE BANK SECURITIES, INC.	XXX	100,000	100,000		
02007P-AC-7	ALLY AUTO RECV TR 2017-1		02/23/2018	Toronto Dominion Securities	XXX	123,862	125,000		
02007M-AD-2	ALLY AUTO RECV TR 2018-1		01/23/2018	BARCLAYS CAPITAL FIXD INC	XXX	249,984	250,000	71	
02004V-AB-9	ALLY AUTO RECV TR 2018-2		04/24/2018	MLPFS INC/FIXED INCOME	XXX	69,993	70,000		
02529K-AA-1	AMER CR ACCEPT RECV TR 2018-2		06/13/2018	WELLS FARGO SECURITIES, LLC	XXX	84,995	85,000		
02529H-AA-8	AMERICAN CREDIT 2.720% 3/10/		03/14/2018	DEUTSCHE	XXX	84,998	85,000		
02530A-AA-0	AMERICAN CREDIT 2.920% 8/12/		09/11/2018	DEUTSCHE	XXX	60,000	60,000		
02529M-AA-7	AMERICAN CREDIT 3.380% 12/13/		12/04/2018	CITIGROUP GLOBAL MARKETS INC	XXX	149,997	150,000		
025816-BV-0	AMERICAN EXPRESS CO		05/14/2018	BARCLAYS CAPITAL FIXD INC	XXX	75,000	75,000		
03066M-AB-2	AMERICREDIT AUTO REC TR		11/15/2018	CITIGROUP GLOBAL MARKETS INC	XXX	89,996	90,000		
03066H-AB-3	AMERICREDIT AUTO RECV 2018-1		05/15/2018	BNP SECURITY (USA) INC	XXX	69,998	70,000		
03066L-AB-4	AMERICREDIT AUTO RECV 2018-2		08/08/2018	DEUTSCHE	XXX	84,993	85,000		
00217E-AA-6	ARI FLEET LEASE TR 2018-A		02/13/2018	MLPFS INC/FIXED INCOME	XXX	150,000	150,000		
04033B-AA-6	ARI FLEET LEASE TR 2018-B		09/18/2018	J.P. MORGAN SECURITIES LLC	XXX	100,000	100,000		
06051G-HJ-1	BANK AMER CORP		06/20/2018	MLPFS INC/FIXED INCOME	XXX	75,000	75,000		
05566E-AQ-8	BMW US CAP LLC		03/02/2018	WIZUHO SECURITIES USA INC	XXX	200,743	200,000	671	
05586C-AB-0	BMW VEH LEASE TR 2018-1		10/10/2018	SG AMERICAS SECURITIES, LLC	XXX	149,987	150,000		
14314A-AB-5	CARMAX AUTO OWNER TR 2018-1		01/17/2018	RBC CAPITAL MARKETS CORP	XXX	114,992	115,000		
14315E-AB-6	CARMAX AUTO OWNER TR 2018-4		10/17/2018	MLPFS INC/FIXED INCOME	XXX	144,999	145,000		
161571-HN-7	CHASE ISSUANCE TR 2018-1		05/04/2018	J.P. MORGAN SECURITIES LLC	XXX	150,000	150,000		
165183-BP-8	CHESAPEAKE FDG II LLC 2018-2		08/07/2018	MITSUBISHI UFJ SECURITIES (USA)	XXX	150,000	150,000		
165183-BT-0	CHESAPEAKE FDG II LLC 2018-3		12/04/2018	RBC CAPITAL MARKETS CORP	XXX	99,981	100,000		
12652V-AB-3	CHN EQUIPMENT TR 2018-A		05/16/2018	CITIGROUP GLOBAL MARKETS INC	XXX	124,998	125,000		
12596E-AB-0	CHN EQUIPMENT TR 2018-B		09/18/2018	WELLS FARGO SECURITIES, LLC	XXX	94,995	95,000		
20030N-CW-9	COMCAST CORP NEW		10/02/2018	WELLS FARGO SECURITIES, LLC	XXX	150,000	150,000		
205887-BX-9	CONAGRA BRANDS INC		10/15/2018	GOLDMAN, SACHS & CO	XXX	150,000	150,000		
21036P-BA-5	CONSTELLATION BRANDS INC		10/22/2018	MLPFS INC/FIXED INCOME	XXX	115,000	115,000		
12665D-DO-9	CVS HEALTH CORP		03/06/2018	J.P. MORGAN SECURITIES LLC	XXX	70,000	70,000		
233851-DC-5	DAIMLER FINANCE NORTH AMER LLC		02/15/2018	CITIGROUP GLOBAL MARKETS INC	XXX	150,000	150,000		
24422E-TR-0	DEERE JOHN CAP CORP MTNS BE		03/26/2018	WIZUHO SECURITIES USA INC	XXX	50,153	50,000	21	
24422E-TZ-2	DEERE JOHN CAP CORP MTNS BE		01/03/2018	HSBC SECURITIES, INC.	XXX	84,956	85,000		
23342A-AB-2	DLL 2018-1 LLC		05/02/2018	CREDIT SUISSE SECURITIES (USA)	XXX	249,993	250,000		
256746-AE-8	DOLLAR TREE INC		04/05/2018	MLPFS INC/FIXED INCOME	XXX	130,000	130,000		
26078J-AA-8	DOWDUPONT INC		11/15/2018	CREDIT SUISSE SECURITIES (USA)	XXX	55,008	55,000		
26208M-AB-2	DRIVE AUTO REC TR 2018-5		12/10/2018	DEUTSCHE	XXX	99,938	100,000	188	
26208M-AD-8	DRIVE AUTO REC TR 2018-5		11/15/2018	CITIGROUP GLOBAL MARKETS INC	XXX	149,985	150,000		
26208K-AD-2	DRIVE AUTO RECV TR 2018-3		07/17/2018	CITIGROUP GLOBAL MARKETS INC	XXX	49,997	50,000		
26209B-AD-1	DRIVE AUTO RECV TR 2018-4		09/11/2018	BARCLAYS CAPITAL FIXD INC	XXX	44,996	45,000		
23342W-AA-6	DT AUTO OWNER TR 2018-1		03/06/2018	WELLS FARGO SECURITIES, LLC	XXX	104,998	105,000		
29373G-AB-8	ENTERPRISE FLEET FNC 2018-3		10/23/2018	WIZUHO SECURITIES USA INC	XXX	99,987	100,000		
294429-AP-0	EQUIFAX INC		05/23/2018	J.P. MORGAN SECURITIES LLC	XXX	90,000	90,000		
32059R-AA-1	FIRST INVESTOR AUTO CR 2018-1		05/08/2018	WELLS FARGO SECURITIES, LLC	XXX	49,997	50,000		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
32050-AA-2	FIRST INVESTORS AUTO...		11/06/2018	CREDIT SUISSE SECURITIES (USA)	XXX	64,999	65,000	
32113C-BS-8	FIRST NATL MASRT NT TR 2018-1		10/09/2018	RBC CAPITAL MARKETS CORP	XXX	90,000	90,000	
33844P-AA-3	FLAGSHIP CR AUTO TR 2018-3		08/14/2018	BARCLAYS CAPITAL FIXD INC	XXX	84,994	85,000	
33845D-AA-9	FLAGSHIP CR AUTO TR 2018-4		11/15/2018	CITIGROUP GLOBAL MARKETS INC	XXX	143,990	144,000	
34531J-AB-1	FORD CREDIT AUTO LEASE 2018-A		04/17/2018	BARCLAYS CAPITAL FIXD INC	XXX	84,994	85,000	
34531L-AB-6	FORD CREDIT AUTO LEASE 2018-B		09/18/2018	J.P. MORGAN SECURITIES LLC	XXX	109,999	110,000	
35105M-AB-7	FOURSIGHT CAP AUTO REC 2018-2		10/29/2018	J.P. MORGAN SECURITIES LLC	XXX	99,998	100,000	
369550-BB-3	GENERAL DYNAMICS CORP		05/08/2018	MULPFS INC/FIXED INCOME	XXX	70,000	70,000	
38014B-AB-5	GM FINL AUTO LEASE TR 2018-1		02/13/2018	DEUTSCHE	XXX	89,989	90,000	
36255K-AB-7	GM FINL AUTO LEASE TR 2018-2		06/19/2018	BARCLAYS CAPITAL FIXD INC	XXX	144,997	145,000	
36256G-AB-5	GM FINL AUTO LEASE TR 2018-3		09/18/2018	RBC CAPITAL MARKETS CORP	XXX	59,996	60,000	
38013F-AB-7	GM FINL CON AUTO REC 2018-4		10/02/2018	WELLS FARGO SECURITIES, LLC	XXX	99,989	100,000	
36255P-AB-6	GM FINL CON AUTO REC TR 2018-1		01/09/2018	BARCLAYS CAPITAL FIXD INC	XXX	144,989	145,000	
38148P-P8-4	GOLDMAN SACHS BK USA NY		06/04/2018	GOLDMAN, SACHS & CO	XXX	99,977	100,000	
39154T-AP-3	GREAT AMER LEASE REC 2018-1		02/05/2018	WELLS FARGO SECURITIES, LLC	XXX	99,988	100,000	
40573L-AC-0	HALFMOON PARENT INC		09/06/2018	MORGAN STANLEY & CO., INC.	XXX	149,882	150,000	
43814L-AC-3	HONDA AUTO REC 2015-4		02/23/2018	Toronto Dominion Securities	XXX	120,977	121,495	25
43814U-AB-5	HONDA AUTO REC 2018-1		02/21/2018	SG AMERICAS SECURITIES, LLC	XXX	150,000	150,000	
43815H-AB-3	HONDA AUTO REC OWN TR 2018-3		08/21/2018	MULPFS INC/FIXED INCOME	XXX	149,997	150,000	
43815A-AB-8	HONDA AUTO REC OWN TR 2018-4		11/20/2018	J.P. MORGAN SECURITIES LLC	XXX	69,996	70,000	
44918L-AG-7	HYUNDAI AUTO REC TR		12/04/2018	WELLS FARGO SECURITIES, LLC	XXX	74,502	75,000	112
44891K-AB-1	HYUNDAI AUTO REC TR 2018		04/10/2018	BARCLAYS CAPITAL FIXD INC	XXX	79,995	80,000	
44891A-AV-9	HYUNDAI CAP AMER INC		06/04/2018	MULPFS INC/FIXED INCOME	XXX	100,000	100,000	
44932H-AK-9	IBM CREDIT LLC		11/27/2018	RBC CAPITAL MARKETS CORP	XXX	149,882	150,000	
459506-AJ-0	INTERNATIONAL FLAVORS&FRAGRANC		09/24/2018	MORGAN STANLEY & CO., INC.	XXX	44,986	45,000	
47788C-AB-8	JOHN DEERE OWNER TR 2018		02/21/2018	RBC CAPITAL MARKETS CORP	XXX	49,998	50,000	
571903-AZ-6	MARRIOTT INTL INC NEW		11/13/2018	J.P. MORGAN SECURITIES LLC	XXX	100,000	100,000	
587720-AB-2	MERC-BENZ AUTO LEASE TR 2018-A		01/17/2018	WITSUBISHI UFI SECURITIES (USA)	XXX	60,000	60,000	
58769L-AC-6	MERC-BENZ AUTO LEASE TR 2018-B		11/15/2018	J.P. MORGAN SECURITIES LLC	XXX	149,997	150,000	
58768U-AF-0	MERC-BENZ MST OWNER TR 2018-B		01/26/2018	MULPFS INC/FIXED INCOME	XXX	100,773	100,000	88
59217G-CL-1	METROPOLITAN LIFE GLOBAL FDG I		01/03/2018	DEUTSCHE BANK SECURITIES, INC	XXX	149,837	150,000	
59217G-CO-0	METROPOLITAN LIFE GLOBAL FDG I		08/20/2018	MULPFS INC/FIXED INCOME	XXX	175,000	175,000	
65339K-AQ-3	NEXTERA ENERGY CAP HLDGS INC		08/06/2018	BARCLAYS CAPITAL FIXD INC	XXX	75,214	75,000	
65478B-AB-7	NISSAN AUTO LEASE TR 2018-A		10/16/2018	CITIGROUP GLOBAL MARKETS INC	XXX	149,997	150,000	
65478D-AB-3	NISSAN AUTO REC TR 2018-A		02/21/2018	MULPFS INC/FIXED INCOME	XXX	135,000	135,000	
65474D-BC-2	NISSAN MTR ACCEP CORP		03/26/2018	WUHUO SECURITIES USA INC	XXX	50,033	50,000	
69371R-P3-4	PACCAR FINL CORP SR MTNS BK ENL		05/07/2018	MULPFS INC/FIXED INCOME	XXX	150,000	150,000	
74368C-AL-8	PROTECTIVE LIFE GLOBAL FUNDING		06/21/2018	BARCLAYS CAPITAL FIXD INC	XXX	150,000	150,000	
759187-CC-9	REGIONS BK BIRMINGHAM ALA		01/23/2018	BARCLAYS CAPITAL FIXD INC	XXX	250,000	250,000	
80284R-AE-9	SANTANDER DRIVE AUTO 2016-3		08/22/2018	RBC CAPITAL MARKETS CORP	XXX	99,688	100,000	47
80285L-AC-5	SANTANDER DRIVE AUTO 2017-2		01/03/2018	RBC CAPITAL MARKETS CORP	XXX	249,775	250,000	260
80285T-AB-0	SANTANDER DRIVE AUTO 2018-1		01/18/2018	RBC CAPITAL MARKETS CORP	XXX	54,998	55,000	
80285F-AB-0	SANTANDER DRIVE AUTO 2018-2		04/10/2018	J.P. MORGAN SECURITIES LLC	XXX	194,987	195,000	
80285G-AB-8	SANTANDER DRIVE AUTO 2018-3		06/20/2018	J.P. MORGAN SECURITIES LLC	XXX	89,996	90,000	
80285M-AB-5	SANTANDER DRIVE AUTO 2018-4		08/13/2018	RBC CAPITAL MARKETS CORP	XXX	19,999	20,000	
80286A-AB-0	SANTANDER DRIVE AUTO 2018-5		10/16/2018	RBC CAPITAL MARKETS CORP	XXX	124,996	125,000	
842587-DB-0	SOUTHERN CO		08/14/2018	GOLDMAN, SACHS & CO	XXX	100,000	100,000	
86787E-AJ-1	SUNTRUST BK ATL SR MD TM BK NT		01/26/2018	ENVI/ITC-DEALERS CLEARANCE	XXX	100,000	100,000	
89238T-AB-9	TOYOTA AUTO REC OWN TR 2018-B		05/09/2018	MULPFS INC/FIXED INCOME	XXX	74,996	75,000	
89236T-EX-7	TOYOTA MOTOR CREDIT CORP		01/08/2018	MULPFS INC/FIXED INCOME	XXX	125,000	125,000	
90943T-AA-5	UNITED AUTO CR SEC TR 2018-1		01/30/2018	J.P. MORGAN SECURITIES LLC	XXX	89,998	90,000	
913017-CZ-0	UNITED TECHNOLOGIES CORP		08/13/2018	MORGAN STANLEY & CO., INC.	XXX	150,000	150,000	
90331H-NT-6	US BANK ASSN C INC IN NATI OH MTN		05/22/2018	US BANCORP INVESTMENTS INC	XXX	250,000	250,000	
92868L-AB-7	VOLKSWAGEN AUTO ENH 2018-1		06/27/2018	J.P. MORGAN SECURITIES LLC	XXX	99,999	100,000	
92869B-AB-8	VOLKSWAGEN AUTO ENH 2018-2		11/15/2018	CITIGROUP GLOBAL MARKETS INC	XXX	174,983	175,000	
94988J-5M-5	WELLS FARGO BANK NATL ASSN		01/16/2018	WELLS FARGO SECURITIES, LLC	XXX	250,000	250,000	
96042N-AC-1	WESTLAKE AUTO REC TR 2018-1		01/17/2018	J.P. MORGAN SECURITIES LLC	XXX	90,000	90,000	
96042F-AB-0	WESTLAKE AUTO REC TR 2018-2		05/09/2018	EMO CAPITAL MARKETS	XXX	89,995	70,000	
96042G-AC-6	WESTLAKE AUTO REC TR 2018-3		08/10/2018	WELLS FARGO SECURITIES, LLC	XXX	44,998	45,000	
98161Y-AB-0	WORLD OWN AUTO LEASE 2018-A		03/06/2018	MULPFS INC/FIXED INCOME	XXX	114,992	115,000	
98162C-AB-7	WORLD OWN AUTO LEASE 2018-B		09/11/2018	WELLS FARGO SECURITIES, LLC	XXX	79,999	80,000	
98162W-AB-3	WORLD OWN AUTO REC TR 2018-D		10/10/2018	BARCLAYS CAPITAL FIXD INC	XXX	149,998	150,000	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A, C.V. (11+12-13)	Total Foreign Exchange Change in B/A, C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
Bonds - U.S. Governments																				
36241L-DB-6	GNMA PASS-THRU X PLATINUM		12/20/2018	PRINCIPAL RECEIPT	.XXX	22,110	22,110	23,542	23,513		(1,404)		(1,404)		22,110				.676	11/15/2039
36202E-4J-5	GNMA PT SINGLE FAMILY		12/17/2018	PRINCIPAL RECEIPT	.XXX	28,318	28,318	29,911	29,697		(1,379)		(1,379)		28,318				.699	04/20/2039
36202F-B6-2	GNMA PT SINGLE FAMILY		12/17/2018	PRINCIPAL RECEIPT	.XXX	59,211	59,211	63,365	62,945		(3,734)		(3,734)		59,211				2.037	10/20/2039
912828-L8-1	UNITED STATES TREAS NTS		10/15/2018	NMATURITY	.XXX	500,000	500,000	497,559	498,196		1,804		1,804		500,000				4.375	10/15/2018
912828-LY-4	UNITED STATES TREAS NTS		06/22/2018	GENESIS SECURITIES	.XXX	5,311,934	5,250,000	5,095,802	5,216,197		8,336		8,336		5,224,532		87,401	87,401	106,890	11/15/2019
059999 - Bonds - U.S. Governments						5,921,573	5,859,639	5,710,179	5,830,548	0	3,623	0	3,623	0	5,834,171	0	87,401	87,401	114,678	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
3138AU-TN-7	F N M A #A3256		12/25/2018	PRINCIPAL RECEIPT	.XXX	.889,171	.889,171	915,013	912,197		(23,026)		(23,026)		889,171				.16,767	10/01/2024
3137EA-DN-6	FEDERAL HOME LN MTG CORP		01/12/2018	NMATURITY	.XXX	1,525,000	1,525,000	1,521,919	1,524,948		52		52		1,525,000				5.719	01/12/2018
313049-AE-1	FEDERAL HOME LOAN BANKS		10/01/2018	VARIOUS	.XXX	799,978	800,000	795,808	797,893		2,098		2,098		799,992		(13)	(13)	6.979	10/01/2018
313376-BR-5	FEDERAL HOME LOAN BANKS		12/14/2018	NMATURITY	.XXX	250,000	250,000	251,288	250,935		(935)		(935)		250,000				4.375	12/14/2018
313550-E5-8	FEDERAL NATL MTG ASSN		10/19/2018	NMATURITY	.XXX	575,000	575,000	573,889	574,509		491		491		575,000				6.469	10/19/2018
313550-J6-1	FEDERAL NATL MTG ASSN		03/28/2018	VARIOUS	.XXX	1,999,990	2,000,000	1,999,660	1,999,950		49		49		2,000,000		(10)	(10)	8.737	03/28/2018
3128MC-KF-1	FHLNC PC GOLD COMB 15		12/01/2018	PRINCIPAL RECEIPT	.XXX	56,044	56,044	58,163	57,181		(1,137)		(1,137)		56,044				1.248	11/01/2024
3128PQ-RC-7	FHLNC PC GOLD 15 YR		12/15/2018	PRINCIPAL RECEIPT	.XXX	76,195	76,195	77,588	77,154		(959)		(959)		76,195				1.589	12/01/2024
312936-2D-2	FHLNC PC GOLD COMB 30		12/15/2018	PRINCIPAL RECEIPT	.XXX	135,140	135,140	136,133	136,028		(887)		(887)		135,140				2.854	11/01/2039
312938-LJ-0	FHLNC PC GOLD COMB 30		12/15/2018	PRINCIPAL RECEIPT	.XXX	12,339	12,339	12,774	12,720		(381)		(381)		12,339				3.26	12/01/2039
3137FB-UN-4	FHLNC REMIC SERIES K-P04		10/25/2018	PRINCIPAL RECEIPT	.XXX	200,000	200,000	200,000	200,000						200,000				3.424	10/25/2019
31418A-Y4-4	FNMA PASS-THRU INT 20 YEAR		12/25/2018	PRINCIPAL RECEIPT	.XXX	390,417	390,417	416,526	414,133		(23,717)		(23,717)		390,417				8.156	10/01/2033
358266-BV-5	FRESNO QNTY CALIF PENSION OBLI		08/15/2018	SIK PMT @ 100,000,000	.XXX	30,000	30,000	30,765	30,441		(441)		(441)		30,000				1.397	08/15/2018
45203H-ML-2	ILLINOIS FIN AUTH REV		10/01/2018	NMATURITY	.XXX	60,000	60,000	62,342	61,065		(1,065)		(1,065)		60,000				2.727	10/01/2018
319999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						6,999,274	6,999,306	7,051,794	7,049,154	0	(49,857)	0	(49,857)	0	6,999,297	0	(23)	(23)	70,766	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
055650-0N-6	BP CAP MKTS P L C		02/13/2018	NMATURITY	.XXX	350,000	350,000	350,000	350,000						350,000				1.644	02/13/2018
60688X-AR-1	MIZUHO BANK LTD		03/26/2018	NMATURITY	.XXX	250,000	250,000	250,000	250,000						250,000				1.447	03/26/2018
853254-AV-2	STANDARD CHARTERED PLC		04/17/2018	NMATURITY	.XXX	200,000	200,000	200,000	200,000						200,000				2.204	04/17/2018
865622-BP-8	SUNITOMO NITSUI BANK ING		01/16/2018	NMATURITY	.XXX	250,000	250,000	250,000	250,000						250,000				1.240	01/16/2018
88167A-AA-9	TEVA PHARMACEUTICAL FIN NETH		03/28/2018	CALLED @ 100,000,000	.XXX	150,000	150,000	149,871	149,001		963		963		149,980		20	20	1.447	07/20/2018
00817Y-AS-7	AETNA INC NEW		06/07/2018	NMATURITY	.XXX	150,000	150,000	149,880	149,974		26		26		150,000				1.275	06/07/2018
02007H-AB-7	ALLY AUTO		11/15/2018	PRINCIPAL RECEIPT	.XXX	32,901	32,901	32,898	32,899		2		2		32,901				2.17	11/15/2019
02007D-AB-6	ALLY AUTO RECV TR 2015-2		09/17/2018	PRINCIPAL RECEIPT	.XXX	58,476	58,476	58,715	58,700		(225)		(225)		58,476				3.38	11/15/2019
02007P-AC-7	ALLY AUTO RECV TR 2017-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	28,839	28,839	28,576	28,576		262		262		28,839				3.35	06/15/2021
02007E-AB-4	ALLY AUTO RECV TR 2017-3		12/15/2018	PRINCIPAL RECEIPT	.XXX	133,233	133,233	133,226	133,228		5		5		133,233				1.024	03/16/2020
02007M-AD-2	ALLY AUTO RECV TR 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	92,936	92,936	92,930	92,930		6		6		92,936				1.421	09/15/2020
02004V-AB-4	ALLY AUTO RECV TR 2018-2		12/15/2018	PRINCIPAL RECEIPT	.XXX	5,870	5,870	5,870	5,870		1		1		5,870				.84	02/16/2021
02529K-AA-1	AMER OR ACCEPT RECV TR 2018-2		12/10/2018	PRINCIPAL RECEIPT	.XXX	33,215	33,215	33,213	33,213		2		2		33,215				2.68	01/10/2022
02529H-AA-8	AMERICAN CREDIT 2.700% 3/10/1		12/10/2018	PRINCIPAL RECEIPT	.XXX	57,104	57,104	57,102	57,102		2		2		57,104				6.11	03/10/2021
02530A-AA-0	AMERICAN CREDIT 2.930% 8/12/1		12/12/2018	PRINCIPAL RECEIPT	.XXX	10,086	10,086	10,086	10,086						10,086				.38	08/12/2021
02665N-AX-6	AMERICAN HONDA FIN CORP MTLN		07/13/2018	NMATURITY	.XXX	150,000	150,000	150,000	150,000						150,000				2.573	07/13/2018
03065F-AB-6	AMERICREDIT AUTO RECV		11/19/2018	PRINCIPAL RECEIPT	.XXX	9,884	9,884	9,883	9,883		1		1		9,884				.71	05/18/2020
03065H-AB-4	AMERICREDIT AUTO RECV 2017-3		12/18/2018	PRINCIPAL RECEIPT	.XXX	24,759	24,759	24,757	24,757		2		2		24,759				2.39	12/18/2020
03065K-AD-3	AMERICREDIT AUTO RECV 2015-1		01/08/2018	PRINCIPAL RECEIPT	.XXX	4,238	4,238	4,224	4,080		158		158		4,238				.4	11/08/2018
03065D-AB-3	AMERICREDIT AUTO RECV 2016-3		04/09/2018	PRINCIPAL RECEIPT	.XXX	20,773	20,773	20,772	20,771		2		2		20,773				.55	11/08/2019
03065T-AB-8	AMERICREDIT AUTO RECV 2016-4		08/08/2018	PRINCIPAL RECEIPT	.XXX	31,630	31,630	31,628	31,628		2		2		31,630				1.54	04/08/2020
03065E-AB-6	AMERICREDIT AUTO RECV 2017-2		12/18/2018	PRINCIPAL RECEIPT	.XXX	34,275	34,275	34,274	34,274		1		1		34,275				2.88	09/18/2020
03066F-AC-5	AMERICREDIT AUTO RECV 2017-4		12/18/2018	PRINCIPAL RECEIPT	.XXX	54,362	54,362	54,360	54,360		2		2		54,362				6.88	05/18/2021
03066H-AB-3	AMERICREDIT AUTO RECV 2018-1		12/18/2018	PRINCIPAL RECEIPT	.XXX	13,200	13,200	13,200	13,200		0		0		13,200				1.76	07/19/2020
00217E-AA-8	ARI FLEET LEASE TR 2018-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	135,371	135,371	135,371	135,371						135,371				1.072	03/15/2019
04033B-AA-8	ARI FLEET LEASE TR 2018-B		12/15/2018	PRINCIPAL RECEIPT	.XXX	33,186	33,186	33,186	33,186						33,186				1.15	10/15/2019
06406H-DC-0	BANK NEW YORK MTLN BK ENT		05/22/2018	NMATURITY	.XXX	250,000	250,000	249,925	250,538		(538)		(538)		250,000				2.578	05/22/2018
07177N-AJ-2	BALALTA INC		06/22/2018	NMATURITY	.XXX	200,000	200,000	200,000	200,000						200,000				2.767	06/22/2018
084664-GE-8	BERKSHIRE HATHAWAY FIN CORP		03/07/2018	NMATURITY	.XXX	100,000	100,000	99,961	99,996		4		4		100,000				7.25	03/07/2018
055810-AE-8	BMM VEH LEASE TR 2015-2		02/20/2018	PRINCIPAL RECEIPT	.XXX	100,000	100,000	100,031	100,012		(12)		(12)		100,000				2.29	02/20/2019
055657-AB-6	BMM VEH LEASE TR 2017-1		12/20/2018	PRINCIPAL RECEIPT	.XXX	43,140	43,140	43,135	43,137		2		2		43,140				3.75	07/22/2019
05584P-AB-3	BMM VEH LEASE TR 2017-2		12/20/2018	PRINCIPAL RECEIPT	.XXX	17,978	17,978	17,976	17,977		1		1		17,978				2.36	02/20/2020
139738-AE-8	CAPITAL AUTO RECV ABL		10/22/2018	PRINCIPAL RECEIPT	.XXX	100,000	100,000	100,406	100,216		(216)		(216)		100,000				1.333	01/21/2020
13975K-AC-3	CAPITAL AUTO RECV ABL 2015-1		03/22/2																	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	
										CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser							Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
13974M-AC-0	CAPITAL AUTO RECV ABN 2016-2		12/20/2018	PRINCIPAL RECEIPT	.XXX	37,006	37,006	37,003	37,005			1		.1		37,006			.0	.273	06/22/2020
14041N-EJ-1	CAPITAL ONE CC TR 2015-1A		03/15/2018	PRINCIPAL RECEIPT	.XXX	150,000	150,000	150,656	150,357		(357)		(357)		150,000			.0	.521	01/15/2021	
14314E-AB-7	CARMAX AUTO OWNER TR 2016-3		05/15/2018	PRINCIPAL RECEIPT	.XXX	41,750	41,750	41,747	41,747			3		.3		41,750			.0	.114	08/15/2019
14312Q-AB-2	CARMAX AUTO OWNER TR 2016-4		08/15/2018	PRINCIPAL RECEIPT	.XXX	35,620	35,620	35,618	35,618			2		.2		35,620			.0	.156	11/15/2019
14312Q-AC-0	CARMAX AUTO OWNER TR 2016-4		12/15/2018	PRINCIPAL RECEIPT	.XXX	34,091	34,091	33,855	33,884			197		.197		34,091			.0	.390	08/16/2021
14314J-AB-6	CARMAX AUTO OWNER TR 2017-1		11/15/2018	PRINCIPAL RECEIPT	.XXX	90,873	90,873	90,873	90,869			4		.4		90,873			.0	.651	02/18/2020
14314M-AJ-0	CARMAX AUTO OWNER TR 2017-3		12/17/2018	PRINCIPAL RECEIPT	.XXX	41,069	41,069	41,069	41,069					.0		41,069			.0	.499	09/15/2020
14314M-AB-5	CARMAX AUTO OWNER TR 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	30,282	30,282	30,280	30,280			2		.2		30,282			.0	.499	05/17/2021
14912L-CP-1	CATERPILLAR FINL SVCS MTNS BE		02/23/2018	NATURITY	.XXX	150,000	150,000	150,623	150,048		(48)		(48)		150,000			.0	.1	125	02/23/2018
161571-GT-5	CHASE ISSUANCE TRUST 2015-2A		02/15/2018	PRINCIPAL RECEIPT	.XXX	150,000	150,000	151,066	150,462		(462)		(462)		150,000			.0	.398	02/18/2020	
17119Y-AD-0	CHRYSLER CAP AUTO RECV 2014-B		04/15/2018	PRINCIPAL RECEIPT	.XXX	34,901	34,901	34,974	34,982		(91)		(91)		34,901			.0	.124	12/16/2019	
17275R-BA-9	CISOO SYS INC.		02/28/2018	NATURITY	.XXX	150,000	150,000	150,000	150,000					.0		150,000			.0	1,050	02/28/2018
172967-JQ-5	CITIGROUP INC.		04/27/2018	NATURITY	.XXX	175,000	175,000	175,000	175,000					.0		175,000			.0	1,992	04/27/2018
18978C-AB-9	CNH EQUIPMENT TR 2017-C		12/15/2018	PRINCIPAL RECEIPT	.XXX	56,830	56,830	56,825	56,826			5		.5		56,830			.0	.848	03/15/2021
20826F-AN-8	CONOCOPHILLIPS CO 0.00001% 5/15/		05/15/2018	NATURITY	.XXX	300,000	300,000	300,000	300,000					.0		300,000			.0	2,947	05/15/2018
22546Q-AW-7	CREDIT SUISSE NEW YORK BRANCH		04/27/2018	NATURITY	.XXX	275,000	275,000	275,000	275,000					.0		275,000			.0	3,116	04/27/2018
22546Q-AU-1	CREDIT SUISSE NY BRANCH		01/29/2018	NATURITY	.XXX	275,000	275,000	275,000	275,000					.0		275,000			.0	1,438	01/29/2018
233851-BT-0	DANIELER FINANCE NORTH AMER LLC		05/18/2018	NATURITY	.XXX	200,000	200,000	200,000	200,000					.0		200,000			.0	2,082	05/18/2018
24422E-TM-1	DEERE JOHN CAP CORP MTNS BE		10/15/2018	PRINCIPAL RECEIPT	.XXX	100,000	100,000	99,935	99,971			29		.29		100,000			.0	1,650	10/15/2018
23342M-AA-6	DT AUTO OWNER TR 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	64,295	64,295	64,293	64,293			1		.1		64,295			.0	.629	05/17/2021
26444H-AD-3	DUKE ENERGY FLA LLC		12/15/2018	VARIOUS	.XXX	75,000	75,000	75,000	75,000					.0		75,000			.0	.820	12/15/2019
23355L-AE-6	DXC TECHNOLOGY CO		10/29/2018	Call's	.XXX	23,000	23,000	23,000	23,000					.0		23,000			.0	505	03/01/2021
30231G-AJ-6	EXXON MOBIL CORP.		03/01/2018	NATURITY	.XXX	125,000	125,000	125,000	125,000					.0		125,000			.0	899	03/01/2018
31680Q-AD-8	FIFTH THIRD AUTO TR 2015-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	75,816	75,816	76,059	76,017		(201)		(201)		75,816			.0	534	03/16/2020	
32059R-AA-1	FIRST INVESTOR AUTO CR 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	18,924	18,924	18,923	18,923			1		.1		18,924			.0	166	05/16/2022
32059Q-AA-2	FIRST INVESTORS AUTO		12/15/2018	PRINCIPAL RECEIPT	.XXX	2,196	2,196	2,196	2,196					.0		2,196			.0		12/15/2022
33844K-AA-4	FLAGSHIP CR AUTO TR 2017-3		12/15/2018	PRINCIPAL RECEIPT	.XXX	44,004	44,004	43,976	43,976			28		.28		44,004			.0	408	10/15/2019
33844P-AA-3	FLAGSHIP CR AUTO TR 2018-3		12/15/2018	PRINCIPAL RECEIPT	.XXX	11,614	11,614	11,613	11,613			1		.1		11,614			.0	59	02/15/2023
33845D-AA-9	FLAGSHIP CR AUTO TR 2018-4		12/17/2018	PRINCIPAL RECEIPT	.XXX	3,610	3,610	3,610	3,610					.0		3,610			.0		05/15/2023
34531G-AB-7	FORD CREDIT AUTO LEASE		11/15/2018	PRINCIPAL RECEIPT	.XXX	47,639	47,639	47,636	47,637			2		.2		47,639			.0	384	11/15/2019
34531J-AB-1	FORD CREDIT AUTO LEASE 2018-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	1,171	1,171	1,171	1,171					.0		1,171			.0	18	12/15/2020
34530Q-AD-2	FORD CREDIT AUTO OWN TR 2015-A		07/16/2018	PRINCIPAL RECEIPT	.XXX	70,535	70,535	70,557	70,553		(18)		(18)		70,535			.0	259	09/15/2019	
34528Q-EJ-4	FORD CREDIT FLRPLN TR 2015-4		08/15/2018	PRINCIPAL RECEIPT	.XXX	275,000	275,000	275,000	275,000					.0		275,000			.0	4,446	08/15/2020
34528Q-EZ-3	FORD CREDIT FLRPLN TR A 2016-4		07/15/2018	PRINCIPAL RECEIPT	.XXX	85,000	85,000	85,000	85,000					.0		85,000			.0	1,150	07/15/2020
38013G-AC-3	GM FINL AUTO LEASE TR 2015-2		03/20/2018	PRINCIPAL RECEIPT	.XXX	14,525	14,525	14,563	14,556		(31)		(31)		14,525			.0	33	12/20/2018	
36251L-AD-6	GM FINL AUTO LEASE TR 2016-2		11/20/2018	PRINCIPAL RECEIPT	.XXX	150,000	150,000	149,924	149,956			44		.44		150,000			.0	1,308	09/20/2019
38014B-AB-6	GM FINL AUTO LEASE TR 2018-1		12/20/2018	PRINCIPAL RECEIPT	.XXX	20,284	20,284	20,282	20,282			2		.2		20,284			.0	329	04/20/2020
36255K-AB-7	GM FINL AUTO LEASE TR 2018-2		12/20/2018	PRINCIPAL RECEIPT	.XXX	1,052	1,052	1,052	1,052					.0		1,052			.0	14	07/20/2020
36254A-AB-6	GM FINL CON AUTO REC TR 2017-1		12/16/2018	PRINCIPAL RECEIPT	.XXX	29,881	29,881	29,879	29,880			1		.1		29,881			.0	233	03/16/2020
36255P-AB-6	GM FINL CON AUTO REC TR 2018-1		12/16/2018	PRINCIPAL RECEIPT	.XXX	47,049	47,049	47,049	47,049			4		.4		47,049			.0	693	01/19/2021
36188G-AC-9	GMF FLRPLN OWR TR 2015-1		05/15/2018	PRINCIPAL RECEIPT	.XXX	170,000	170,000	170,000	170,000					.0		170,000			.0	1,539	05/15/2020
38141E-BT-3	GOLDMAN SACHS GRP INC MTRN BE		11/15/2018	NATURITY	.XXX	200,000	200,000	202,443	201,457		(1,457)		(1,457)		200,000			.0	6,243	11/15/2018	
391541-AP-3	GREAT AMER LEASE RECV 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	9,535	9,535	9,534	9,534			1		.1		9,535			.0	169	05/15/2020
41284A-AD-0	HARLEY-DAVIDSON MTR TR 2014-1		01/22/2018	PRINCIPAL RECEIPT	.XXX	3,354	3,354	3,344	3,324			31		.31		3,354			.0	3	09/16/2019
41284B-AD-8	HARLEY-DAVIDSON MTR TR 2015-1		10/15/2018	PRINCIPAL RECEIPT	.XXX	66,277	66,277	66,572	66,535		(299)		(299)		66,277			.0	405	06/15/2020	
43814J-AD-6	HONDA AUTO RECV 2014-4		03/15/2018	PRINCIPAL RECEIPT	.XXX	150,000	150,000	150,803	150,420		(420)		(420)		150,000			.0	483	10/15/2020	
43814L-AC-3	HONDA AUTO RECV 2015-4		12/21/2018	PRINCIPAL RECEIPT	.XXX	116,145	116,145	116,651	116,145			495		.495		116,145			.0	610	09/23/2019
43814U-AB-5	HONDA AUTO RECV 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	45,375	45,375	45,375	45,375					.0		45,375			.0	694	06/15/2020
44643B-RR-8	HUNTINGTON NATL BANK		11/06/2018	NATURITY	.XXX	250,000	250,000	251,883	250,857		(857)		(857)		250,000			.0	5,500	11/06/2018	
44891B-AB-1	HYUNDAI AUTO LEASE TR 2016-B		02/15/2018	PRINCIPAL RECEIPT	.XXX	17,462	17,462	17,462	14,085		3,377		3,377		17,462			.0	24	11/15/2020	
44890U-AD-6	HYUNDAI AUTO RECV TR 2014-B		05/15/2018	PRINCIPAL RECEIPT	.XXX	83,151	83,151	83,534	83,418		(268)		(268)		83,151			.0	274	11/15/2019	
44891K-AB-1	HYUNDAI AUTO RECV TR 2018		12/15/2018	PRINCIPAL RECEIPT	.XXX	7,263	7,263	7,263	7,263					.0		7,263			.0	107	04/15/2021
47788C-AB-8	JOHN DEERE OWNER TR 2018		12/15/2018	PRINCIPAL RECEIPT	.XXX	5,981	5,981	5,981	5,981					.0		5,981			.0	103	10/15/2020
49327M-ZL-7	KEYBANK NATIONAL ASSOC		06/01/2018	NATURITY	.XXX	275,000	275,000	275,000	275,000					.0		275,000			.0	3,151	06/01/2018
50180L-AC-4	LB US COMM		07/1																		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	
58768U-AD-5	MERC-BENZ INST OWNER TR 2015-B		04/16/2018	PRINCIPAL RECEIPT	.XXX	200,000	200,000	200,000	200,000						200,000					1,343	04/15/2020
59217G-BT-5	METROPOLITAN LIFE GLOBAL FDG I		01/03/2018	J.P. MORGAN SECURITIES LLC	.XXX	150,258	150,000	150,000	150,000						150,000		258	258		175	09/14/2018
55316A-AB-6	MINAF EQUIPMENT 1.930% 10/15/1		12/15/2018	PRINCIPAL RECEIPT	.XXX	88,877	88,877	88,877	88,877		4		4		88,877					920	10/15/2020
65339K-AJ-9	NEXTERA ENERGY CAP HDOS INC.		09/01/2018	MATURITY	.XXX	30,000	30,000	30,025	30,025		(25)		(25)		30,000					495	09/01/2018
65478D-AD-0	NISSAN AUTO LEASE TR 2016-A		08/15/2018	PRINCIPAL RECEIPT	.XXX	130,000	130,000	129,981	129,981		9		9		130,000					669	03/15/2019
65478D-AB-3	NISSAN AUTO REC TR 2018-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	29,955	29,955	29,955	29,955						29,955					486	12/15/2020
65478V-AB-3	NISSAN AUTO RECV 2016-B		04/15/2018	PRINCIPAL RECEIPT	.XXX	15,997	15,997	15,996	15,996		1		1		15,997					32	04/15/2019
694308-HJ-4	PACIFIC GAS & ELEC CO.		11/28/2018	MATURITY	.XXX	175,000	175,000	175,000	175,000						175,000					3,990	11/28/2018
74113V-AB-0	PRESTIGE AUTO		12/15/2018	PRINCIPAL RECEIPT	.XXX	59,994	59,994	59,994	59,994						59,994					571	11/16/2020
74113F-AC-0	PRESTIGE AUTO RECV TR 2016-1		02/15/2018	PRINCIPAL RECEIPT	.XXX	8,547	8,547	8,574	8,661		(114)		(114)		8,547					16	08/15/2019
747525-AQ-6	QUALCOMM INC.		07/06/2018	Call	.XXX	150,000	150,000	150,000	150,000						150,000		1,500	1,500		2,132	05/20/2020
80284R-AE-0	SANTANDER DRIVE AUTO 2016-3		12/15/2018	PRINCIPAL RECEIPT	.XXX	42,818	42,818	42,684	42,684		134		134		42,818					159	06/15/2021
80284T-AD-7	SANTANDER DRIVE AUTO 2017-1		07/16/2018	PRINCIPAL RECEIPT	.XXX	16,523	16,523	16,523	16,524		(1)		(1)		16,523					74	02/18/2020
80285L-AC-5	SANTANDER DRIVE AUTO 2017-2		12/15/2018	PRINCIPAL RECEIPT	.XXX	224,212	224,212	224,011	224,011		201		201		224,212					3,474	12/15/2020
80285T-AB-0	SANTANDER DRIVE AUTO 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	36,168	36,168	36,168	36,168		2		2		36,168					498	11/16/2020
80285F-AB-0	SANTANDER DRIVE AUTO 2018-2		12/15/2018	PRINCIPAL RECEIPT	.XXX	77,048	77,048	77,042	77,042		5		5		77,048					1,087	10/15/2020
80285G-AB-8	SANTANDER DRIVE AUTO 2018-3		12/15/2018	PRINCIPAL RECEIPT	.XXX	20,273	20,273	20,272	20,272		1		1		20,273					218	03/15/2021
89236T-CX-1	TOYOTA MOTOR CRED.		04/06/2018	MATURITY	.XXX	125,000	125,000	124,970	124,966		4		4		125,000					750	04/06/2018
90943T-AA-5	UNITED AUTO CR SEC TR 2018-1		12/10/2018	PRINCIPAL RECEIPT	.XXX	74,365	74,365	74,363	74,363		2		2		74,365					745	04/10/2020
928668-AL-6	VOLKSWAGEN GROUP AMER FIN LLC		05/22/2018	MATURITY	.XXX	300,000	300,000	300,000	300,000						300,000					3,231	05/22/2018
94988J-5A-1	WELLS FARGO BANK NATL ASSN.		01/22/2018	MATURITY	.XXX	250,000	250,085	250,085	250,085		(3)		(3)		250,000					2,063	02/12/2020
96042B-AC-7	WESTLAKE AUTO RECV TR 2016-2		04/15/2018	PRINCIPAL RECEIPT	.XXX	37,036	37,036	37,047	37,053		(17)		(17)		37,036					120	06/17/2019
96042E-AB-3	WESTLAKE AUTO RECV TR 2017-1		11/15/2018	PRINCIPAL RECEIPT	.XXX	45,180	45,180	45,177	45,178		2		2		45,180					367	04/15/2020
96042N-AC-1	WESTLAKE AUTO RECV TR 2018-1		12/15/2018	PRINCIPAL RECEIPT	.XXX	39,391	39,391	39,391	39,391						39,391					572	12/15/2020
96042F-AB-0	WESTLAKE AUTO RECV TR 2018-2		12/15/2018	PRINCIPAL RECEIPT	.XXX	6,899	6,899	6,899	6,899						6,899					97	09/15/2021
981464-ET-3	WORLD F IN NETWORK COMT 2015-A		04/16/2018	PRINCIPAL RECEIPT	.XXX	300,000	300,000	300,000	300,000						300,000					2,116	02/15/2022
98161F-AB-1	WORLD ONNI AUTO LEASE 2016-A		07/20/2018	PRINCIPAL RECEIPT	.XXX	61,552	61,552	61,551	61,552		1		1		61,552					231	02/15/2019
98162K-AB-4	WORLD ONNI AUTO LEASE 2017-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	31,938	31,938	31,935	31,936		2		2		31,938					288	12/16/2019
98161V-AB-0	WORLD ONNI AUTO LEASE 2018-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	24,874	24,874	24,873	24,873		2		2		24,874					379	08/17/2020
98160U-AE-2	WORLD ONNI AUTO TR 2014-B		12/17/2018	PRINCIPAL RECEIPT	.XXX	150,000	150,000	150,070	150,053		(53)		(53)		150,000					2,363	12/15/2020
98161T-AB-1	WORLD ONNI AUTO TR 2017-B		12/15/2018	PRINCIPAL RECEIPT	.XXX	73,946	73,946	73,938	73,940		6		6		73,946					726	02/16/2020
98161V-AB-6	WORLD ONNI AUTO TR 2018-A		12/15/2018	PRINCIPAL RECEIPT	.XXX	34,772	34,772	34,769	34,769		3		3		34,772					541	05/17/2021
98162U-AB-4	WORLD ONNI AUTO TR 2018-B		12/15/2018	PRINCIPAL RECEIPT	.XXX	11,313	11,313	11,312	11,312		1		1		11,313					173	07/15/2021
064159-ON-0	BANK OF NOVA SCOTIA		01/05/2018	Toronto Dominion Sec.	.XXX	200,234	200,000	200,533	200,386		(9)		(9)		200,376			(143)	(143)	323	06/11/2018
136452-AB-6	CANADIAN PACER AUTO REC 2017-1		12/19/2018	PRINCIPAL RECEIPT	.XXX	48,865	48,865	48,865	48,865						48,865					544	12/19/2019
136451-AB-7	CANADIAN PACER AUTO REC 2018-1		12/19/2018	PRINCIPAL RECEIPT	.XXX	24,878	24,878	24,878	24,878						24,878					374	08/19/2020
300220-AA-1	EVERGREEN CC TR 2016-1		04/17/2018	PRINCIPAL RECEIPT	.XXX	105,000	105,000	105,349	105,177		(177)		(177)		105,000					826	04/15/2020
78012K-KA-4	ROYAL BK CDA		12/10/2018	MATURITY	.XXX	150,000	150,000	150,000	150,000						150,000					4,194	12/10/2018
81379J-AB-7	SEC TERM AUTO RECV TR 2017		07/26/2018	PRINCIPAL RECEIPT	.XXX	21,564	21,564	21,564	21,564						21,564					101	04/25/2018
81378N-AB-1	SECURITIZED TERM 1.775% 1/27/1		12/25/2018	PRINCIPAL RECEIPT	.XXX	29,456	29,456	29,456	29,456						29,456					338	01/27/2020
891140-RZ-3	TORONTO DOMINION BANK		03/13/2018	MATURITY	.XXX	300,000	300,000	300,000	300,000						300,000					1,388	03/13/2018
89621A-AA-7	TRILLIUM CC TR 11 2016-1		05/29/2018	PRINCIPAL RECEIPT	.XXX	145,000	145,000	145,000	145,000						145,000					1,495	05/28/2021
838999	Bonds - Industrial and Miscellaneous (Unaffiliated)					12,538,942	12,596,351	12,611,672	11,149,303	963	(11,659)	0	(10,696)	0	12,597,381	0	1,562	1,562		130,366	XXX
838997	Bonds - Subtotals - Bonds - Part 4					25,519,789	25,455,895	25,373,645	24,029,205	963	(5,893)	0	(6,890)	0	25,430,849	0	88,940	88,940		316,399	XXX
838998	Bonds - Summary Item from Part 5 for Bonds					550,128	550,128	550,128	550,128	0	(9,855)	0	(9,855)	0	557,725	0	1,403	1,403		29,154	XXX
838999	Bonds - Subtotals - Bonds					26,078,917	26,005,895	25,941,225	24,029,205	963	(6,748)	0	(6,748)	0	25,988,574	0	90,343	90,343		345,553	XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
160442-US-3	FHLB Membership Stock		04/01/2018	FHLB of Pittsburgh	.551,000	15,100	15,100	15,100	15,100						15,100					48	XXX
979999	Common Stocks - Industrial and Miscellaneous (Unaffiliated)					15,100	15,100	15,100	15,100	0	0	0	0	0	15,100	0	0	0	0	48	XXX
979997	Common Stocks - Subtotals - Common Stocks - Part 4					15,100	15,100	15,100	15,100	0	0	0	0	0	15,100	0	0	0	0	48	XXX
979998	Common Stocks - Summary Item from Part 5 for Common Stocks					10,500	10,500	10,500	10,500	0	0	0	0	0	10,500	0	0	0	0	27	XXX
979999	Common Stocks - Subtotals - Common Stocks					25,600	25,600	25,600	25,600	0	0	0	0	0	25,600	0	0	0	0	75	XXX
989999	Common Stocks - Subtotals - Preferred and Common Stocks					25,600	25,600	25,600	25,600	0	0	0	0	0	25,600	0	0	0	0	75	XXX
999999	Totals					26,104,517	26,005,895	25,941,225	24,044,305	963	(6,748)	0	(6,748)	0	26,014,174	0	90,343	90,343		345,629	XXX

E14.2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21		
											12	13	14	15	16							
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A. C.V. (12 + 13 - 14)	Total Foreign Exchange Change in B./A. C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends		
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
101128-A0-7	BOSTON PRPTS LTD PARTNER		03/07/2018	MLPFS INC/FIXED INCOME	12/13/2018	Callis	400,000	417,584	409,128	407,725		(9,859)		(9,859)			1,403	1,403	27,286	9,400		
262086-AB-6	DRIVE AUTO RECY TR 2018-1		02/14/2018	WELLS FARGO, LLC	11/15/2018	PR INCIPAL RECEIPT	150,000	149,896	150,000	150,000		.4		.4				0	1,868			
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)							550,000	567,580	559,128	557,725	0	(9,855)	0	(9,855)	0	0	1,403	1,403	29,154	9,400		
8399998 - Bonds - Subtotals - Bonds							550,000	567,580	559,128	557,725	0	(9,855)	0	(9,855)	0	0	1,403	1,403	29,154	9,400		
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																						
160442-U8-7	FHLB Activity Stock		04/30/2018	FHLB of Pittsburgh	05/09/2018	FHLB of Pittsburgh	105,000	10,500	10,500	10,500				0				0	27			
9099999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated)							10,500	10,500	10,500	10,500	0	0	0	0	0	0	0	0	0	27	0	
9799998 - Common Stocks - Subtotals - Common Stocks							10,500	10,500	10,500	10,500	0	0	0	0	0	0	0	0	0	27	0	
9899999 - Common Stocks - Subtotals - Preferred and Common Stocks							10,500	10,500	10,500	10,500	0	0	0	0	0	0	0	0	0	27	0	
9999999 Totals							576,080	588,080	569,628	568,225	0	(9,855)	0	(9,855)	0	0	1,403	1,403	29,181	9,400		

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date		
										11 Number of Shares	12 % of Outstanding	
NONE												
1999999 Totals - Preferred and Common Stocks							0	0	0		XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____
2. Total amount of intangible assets nonadmitted: \$ _____

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 Totals - Preferred and Common				XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest						20
	2	3					8	9	10	11			14	15	16	17	18	19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Bonds - U.S. Governments Issuer Obligations																			
UNITED STATES TREAS NTS			04/17/2018	LIP MORAN CHASE BK/HSBCS	04/15/2019	747,186		6,883			750,000	740,303	1,406		0.875	2.196	AN	3,281	54
0199999 - Bonds - U.S. Governments - Issuer Obligations																			
						747,186	0	6,883	0	0	750,000	740,303	1,406	0	XXX	XXX	XXX	3,281	54
0599999 - Bonds - Subtotals - U.S. Governments																			
						747,186	0	6,883	0	0	750,000	740,303	1,406	0	XXX	XXX	XXX	3,281	54
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																			
TYOJ ELECTRONICS GROUP S A			08/31/2018	BARCLAYS CAPITAL FIXD INC.	08/01/2019	58,787		120			99,000	58,666	989		2.350	2.725	FA		220
COOPERATIVE ONT RAIFFEISEN NV			02/15/2018	BnymR/Bocob Ut rech	01/14/2019	249,986		338			250,000	249,648	2,609		2.250	2.407	JL	2,813	563
GLENDORA FDS LLC			03/22/2018	CREDIT SUISSE SEC	01/15/2019	149,976		471			150,000	149,506	1,729		2.500	2.913	JL	1,875	740
JUNIPER NETWORKS INC			03/27/2018	BARCLAYS CAPITAL FIXD INC.	02/26/2019	150,053		(260)			150,000	150,314	(1,628)		3.125	2.892	FA	2,344	430
MORGAN STANLEY			03/26/2018	MIZUHO SECURITIES USA INC.	02/01/2019	300,109		(789)			300,000	300,897	(694)		3.916	2.712	FMAN	2,683	481
3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																			
						748,910	0	(119)	0	0	749,000	749,030	7,599	0	XXX	XXX	XXX	9,714	2,433
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																			
CAPITAL AUTO RECV TR			12/10/2018	BNP SECURITY (USA) INC.	11/20/2019	121,868		(5)			121,963	121,873	101		2.700	2.868	MON	274	201
3599999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																			
						121,868	0	(5)	0	0	121,963	121,873	101	0	XXX	XXX	XXX	274	201
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)																			
						870,778	0	(124)	0	0	870,963	870,902	7,700	0	XXX	XXX	XXX	9,988	2,634
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations																			
						1,496,096	0	6,764	0	0	1,499,000	1,489,332	9,005	0	XXX	XXX	XXX	12,995	2,486
8099999 - Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities																			
						121,868	0	(5)	0	0	121,963	121,873	101	0	XXX	XXX	XXX	274	201
8399999 - Bonds - Total Bonds - Subtotals - Bonds																			
						1,617,964	0	6,759	0	0	1,620,963	1,611,205	9,106	0	XXX	XXX	XXX	13,269	2,688
9199999 Totals																			
						1,617,964	0	6,759	0	0	XXX	1,611,205	9,106	0	XXX	XXX	XXX	13,269	2,688

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE	B Multiple Purposes	102,256	102,256		
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ	B Multiple Purposes	29,838,915	29,551,412		
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA	B Statutory Deposit	385,337	383,940		
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT	XXX	0	0	0	0
59. Total	XXX	XXX	30,326,508	30,037,608	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5099. Totals (Lines 5001 - 5000 + 5098) (Line 58 above)	XXX	XXX	0	0	0	0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E28
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth HMO, Inc.

(Name)

NAIC Group Code 0936 , 0936 NAIC Company Code 95044 Employer's ID Number 23-2314460
(Current Period) (Prior Period)

Organized under the Laws of Pennsylvania , State of Domicile or Port of Entry Pennsylvania

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 03/01/1976 Commenced Business 04/01/1978

Statutory Home Office 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-2400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Market Street , Philadelphia, PA, US 19103-1480
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Market Street
(Street and Number)
Philadelphia, PA, US 19103-1480 215-241-4397
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealth.com

Statutory Statement Contact Frederick E. Felter , 215-241-4397
(Name) (Area Code) (Telephone Number) (Extension)
Fred.Felter@ibx.com 215-241-2309
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President & C.E.O.</u>	<u>Russell Paul Heid</u>	<u>Vice President & Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. & Corporate Secretary</u>		

OTHER OFFICERS

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>

DIRECTORS OR TRUSTEES

<u>Gregory Eugene Deavens</u>	<u>Brian Lobley</u>	<u>Richard Lamar Snyder, M.D. #</u>	<u>Michael Walsh Sullivan</u>
-------------------------------	---------------------	-------------------------------------	-------------------------------

State of Pennsylvania **ss**
 County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Walsh Sullivan
 President & C.E.O.

Russell Paul Heid
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.
 V.P. & Corporate Secretary

Subscribed and sworn to before me this
25 day of February, 2019

a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Marla Matteo, Notary Public
 April 27, 2022

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	1,703,579	(1,303,016)		1,465,590	1,703,579	1,699,312
2. Claim overpayment receivables	544,039	255,389	490,480	(255,040)	1,034,519	990,097
3. Loans and advances to providers	595,675			393,719	595,675	595,675
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	2,843,293	(1,047,627)	490,480	1,604,269	3,333,773	3,285,084

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	493,373	0.4	26,608	100.0		493,373
2. Intermediaries	0	0.0		0.0		
3. All other providers	1,756,602	1.4	26,608	100.0		1,756,602
4. Total capitation payments	2,249,975	1.8	53,216	200.0	0	2,249,975
Other Payments:						
5. Fee-for-service	9,807,365	7.7	.XXX	.XXX		9,807,365
6. Contractual fee payments	114,148,600	90.1	.XXX	.XXX		114,148,600
7. Bonus/withhold arrangements - fee-for-service	0	0.0	.XXX	.XXX		
8. Bonus/withhold arrangements - contractual fee payments	439,080	0.3	.XXX	.XXX		439,080
9. Non-contingent salaries	0	0.0	.XXX	.XXX		
10. Aggregate cost arrangements	0	0.0	.XXX	.XXX		
11. All other payments	0	0.0	.XXX	.XXX		
12. Total other payments	124,395,045	98.2	.XXX	.XXX	0	124,395,045
13. Total (Line 4 plus Line 12)	126,645,020	100 %	.XXX	.XXX	0	126,645,020

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	Totals		XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,171,984		797,930	374,054	374,054	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,171,984	0	797,930	374,054	374,054	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Delaware	DURING THE YEAR 2018								(LOCATION)	
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	95044
1 Total	2 Individual	3 Group										
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	0											
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(985)		(985)									
18. Amount Incurred for Provision of Health Care Services	(985)		(985)									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.DE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey	DURING THE YEAR 2018							(LOCATION)	
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
1 Total	2 Individual	3 Group	NAIC Company Code 95044								
Total Members at end of:											
1. Prior Year	28,964	11,995	16,969								
2. First Quarter	28,433	12,836	15,597								
3. Second Quarter	27,259	12,355	14,904								
4. Third Quarter	26,513	11,902	14,611								
5. Current Year	25,502	11,525	13,977								
6. Current Year Member Months	324,606	145,389	179,217								
Total Member Ambulatory Encounters for Year:											
7. Physician	337,234	141,761	195,473								
8. Non-Physician	48,562	22,782	25,780								
9. Total	385,796	164,543	221,253	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	14,343	6,204	8,139								
11. Number of Inpatient Admissions	2,247	861	1,386								
12. Health Premiums Written (b)	163,065,702	71,814,978	91,942,350		137,453	158,841		(987,920)			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	163,065,702	71,814,978	91,942,350		137,453	158,841		(987,920)			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	120,981,803	53,852,092	67,204,718		99,551	57,134		(231,692)			
18. Amount Incurred for Provision of Health Care Services	118,281,874	52,415,546	66,723,693		99,551	57,134		(1,014,050)			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (987,920)

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Pennsylvania	DURING THE YEAR 2018								NAIC Company Code	95044
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid		
	1 Total	2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	1,660		1,660									
2. First Quarter	1,233		1,233									
3. Second Quarter	1,190		1,190									
4. Third Quarter	1,135		1,135									
5. Current Year	1,106		1,106									
6. Current Year Member Months	14,048		14,048									
Total Member Ambulatory Encounters for Year:												
7. Physician	14,534		14,534									
8. Non-Physician	1,811		1,811									
9. Total	16,345	0	16,345	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	348		348									
11. Number of Inpatient Admissions	197		197									
12. Health Premiums Written (b)	7,733,543		7,721,982		8,683	2,878						
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	7,733,543		7,721,982		8,683	2,878						
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	5,664,203	70,238	5,582,849		10,981	135						
18. Amount Incurred for Provision of Health Care Services	5,252,677	(97)	5,241,658		10,981	135						

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

30.PA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth HMO, Inc.

2.

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018							(LOCATION)	
				Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	95044
1	2	3										
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year	30,624	11,995	18,629	0	0	0	0	0	0	0	0	
2. First Quarter	29,666	12,836	16,830	0	0	0	0	0	0	0	0	
3. Second Quarter	28,449	12,355	16,094	0	0	0	0	0	0	0	0	
4. Third Quarter	27,648	11,902	15,746	0	0	0	0	0	0	0	0	
5. Current Year	26,608	11,525	15,083	0	0	0	0	0	0	0	0	
6. Current Year Member Months	338,654	145,389	193,265	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	351,768	141,761	210,007	0	0	0	0	0	0	0	0	
8. Non-Physician	50,373	22,782	27,591	0	0	0	0	0	0	0	0	
9. Total	402,141	164,543	237,598	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	14,691	6,204	8,487	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	2,444	861	1,583	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	170,799,245	71,814,978	99,664,332	0	146,136	161,719	0	(987,920)	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	170,799,245	71,814,978	99,664,332	0	146,136	161,719	0	(987,920)	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	126,645,021	53,922,330	72,786,582	0	110,532	57,269	0	(231,692)	0	0	0	
18. Amount Incurred for Provision of Health Care Services	123,533,566	52,415,449	71,964,366	0	110,532	57,269	0	(1,014,050)	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (987,920)

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
60061	22-3338404	11/01/1996	AMERIHEALTH INS CO OF NJ	NJ	OTH/G	CWIL	951,840						
60061	22-3338404	07/01/2014	AMERIHEALTH INS CO OF NJ	NJ	QA/I	CWIL	71,814,978						
60061	22-3338404	07/01/2014	AMERIHEALTH INS CO OF NJ	NJ	QA/G	CWIL	91,124,093						
60061	22-3338404	07/01/2014	AMERIHEALTH INS CO OF NJ	NJ	QA/I	MR	(958,830)						
60061	22-3338404	07/01/2014	AMERIHEALTH INS CO OF NJ	NJ	QA/G	MR	(29,090)						
93688	23-2184623	01/01/2017	QCC INS CO	PA	OTH/G	D	162,711						
0299999 - General Account - Authorized - Affiliates - U.S. - Other							163,065,702	0	0	0	0	0	0
0399999 - General Account - Authorized - Affiliates - U.S. - Total							163,065,702	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates							163,065,702	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
95253	52-1542269	01/01/2015	UNITED CONCORDIA DENTAL PLANS	MD	OTH/G	D	1,207						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,207	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							1,207	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							163,066,909	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							163,066,909	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2999999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							163,066,909	0	0	0	0	0	0
9999999 Totals							163,066,909	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	164,055	194,524	225,021	222,671	164,011
2. Title XVIII-Medicare.....	(988)	351	205,907	198,076	106,718
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	33,887	37,147	77,749	79,683	42,060
5. Total hospital and medical expenses.....	118,282	149,298	370,772	394,224	244,004
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	19,092	23,389	47,541	59,896	0
8. Reinsurance recoverable on paid losses.....	10,619	10,757	31,044	117,412	122,246
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	67,063,767		67,063,767
2. Accident and health premiums due and unpaid (Line 15)	15,808,511		15,808,511
3. Amounts recoverable from reinsurers (Line 16.1)	10,619,410	(10,619,410)	0
4. Net credit for ceded reinsurance	XXX	1,541,017	1,541,017
5. All other admitted assets (Balance)	14,293,299	(2,423,957)	11,869,342
6. Total assets (Line 28)	107,784,987	(11,502,350)	96,282,637
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,079,833	19,092,445	20,172,278
8. Accrued medical incentive pool and bonus payments (Line 2)	57,403	1,320,370	1,377,773
9. Premiums received in advance (Line 8)	5,180,332		5,180,332
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	20,734,614	(20,734,614)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	57,457,313	(11,180,551)	46,276,762
15. Total liabilities (Line 24)	84,509,495	(11,502,350)	73,007,145
16. Total capital and surplus (Line 33)	23,275,492	XXX	23,275,492
17. Total liabilities, capital and surplus (Line 34)	107,784,987	(11,502,350)	96,282,637
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	19,092,445		
19. Accrued medical incentive pool	1,320,370		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	10,619,410		
22. Other ceded reinsurance recoverables	2,423,957		
23. Total ceded reinsurance recoverables	33,456,182		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	20,734,614		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	11,180,551		
30. Total ceded reinsurance payables/offsets	31,915,165		
31. Total net credit for ceded reinsurance	1,541,017		

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama AL						.0
2. Alaska AK						.0
3. Arizona AZ						.0
4. Arkansas AR						.0
5. California CA						.0
6. Colorado CO						.0
7. Connecticut CT						.0
8. Delaware DE						.0
9. District of Columbia DC						.0
10. Florida FL						.0
11. Georgia GA						.0
12. Hawaii HI						.0
13. Idaho ID						.0
14. Illinois IL						.0
15. Indiana IN						.0
16. Iowa IA						.0
17. Kansas KS						.0
18. Kentucky KY						.0
19. Louisiana LA						.0
20. Maine ME						.0
21. Maryland MD						.0
22. Massachusetts MA						.0
23. Michigan MI						.0
24. Minnesota MN						.0
25. Mississippi MS						.0
26. Missouri MO						.0
27. Montana MT						.0
28. Nebraska NE						.0
29. Nevada NV						.0
30. New Hampshire NH						.0
31. New Jersey NJ						.0
32. New Mexico NM						.0
33. New York NY						.0
34. North Carolina NC						.0
35. North Dakota ND						.0
36. Ohio OH						.0
37. Oklahoma OK						.0
38. Oregon OR						.0
39. Pennsylvania PA						.0
40. Rhode Island RI						.0
41. South Carolina SC						.0
42. South Dakota SD						.0
43. Tennessee TN						.0
44. Texas TX						.0
45. Utah UT						.0
46. Vermont VT						.0
47. Virginia VA						.0
48. Washington WA						.0
49. West Virginia WV						.0
50. Wisconsin WI						.0
51. Wyoming WY						.0
52. American Samoa AS						.0
53. Guam GU						.0
54. Puerto Rico PR						.0
55. US Virgin Islands VI						.0
56. Northern Mariana Islands MP						.0
57. Canada CAN						.0
58. Aggregate Other Alien OT						.0
59. Totals	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	47-1233198				Independence Health Group, Inc.	.PA.	UIP			0.0			0
		00000	23-2425461				AmeriHealth, Inc.	.PA.	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	.DE.	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-4299279				Tandigm MSO LLC	.PA.	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-5264307				1819 LLC	.DE.	NIA	AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)	Ownership	50.0	Independence Health Group, Inc. / Comcast Connected Health, LLC	N	0
		00000	46-3867722				Independence Blue Cross, LLC	.PA.	UDP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0438502				InsPro Technologies Corp.	.DE.	NIA	Independence Blue Cross, LLC	Ownership	25.2	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	.PA.	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	.PA.	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	.DE.	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	.DE.	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	.BMU.	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	.PA.	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	.PA.	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2982367				Independence Holdings, Inc.	.PA.	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2944969				KMHP Holding Company, Inc.	.PA.	NIA	Independence Holdings, Inc. / Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	.PR.	NIA		Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	.PA.	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	81-0681081				Veridigm Health Solutions, LLC	.PA.	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	27-0204996				International Plan Solutions, LLC	.DE.	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	0
		00000	23-2903313				Highway to Health, Inc.	.DE.	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	RE	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-3774494				KHPE SubCo, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Health Group, Inc.	Y	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	JA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	JA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	JA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	0
		00000	82-3756593				AHI SubCo 1, Inc.	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-3770369				AHI SubCo 2, Inc.	PA	NIA	AHI SubCo 1, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	45-3672640				IBC MH LLC	DE	NIA	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	JA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00936	Independence Health Group, Inc.	15104	46-0906883				AmeriHealth Michigan, Inc.	MI	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	JA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Nebraska	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

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

Asterisk	Explanation
1	Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.					(38,929,335)	165,965			(38,763,370)	4,868
00000	47-1233198	Independence Health Group, Inc.					180,311,510				180,311,510	
00000	46-3867722	Independence Blue Cross, LLC	30,000,000	(50,000,000)			783,138,618			26,000,000	789,138,618	
93688	23-2184623	QCC Insurance Company	(83,000,000)				(446,667,093)			26,000,000	(503,667,093)	
00000	23-2425461	AmeriHealth, Inc.	205,000,000	(66,500,000)			(12,614,882)			20,000,000	145,885,118	
95056	23-2405376	Keystone Health Plan East, Inc.	(131,000,000)	(3,500,000)			(376,994,331)			26,000,000	(485,494,331)	
00000	82-3774494	KHPE SubCo, Inc.		1,500,000			(773,713)				726,287	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(62,203,661)	1,618,187			(60,585,474)	
95044	23-2314460	AmeriHealth HMO, Inc.					(12,824,420)	(1,618,187)			(14,442,607)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(11,129)				(11,129)	
00000	23-2521508	AmeriHealth Administrators, Inc.		49,500,000			27,753,110				77,253,110	
00000	23-2795357	AmeriHealth Services, Inc.	(1,000,000)				(379,360)				(1,379,360)	
00000	25-1686685	CompServices, Inc.					(1,332,099)				(1,332,099)	
00000	25-1765486	CSI Services, Inc.					(3,755)				(3,755)	
95794	51-0296135	Healthcare Delaware, Inc.					375				375	
60254	23-2865349	Independence Insurance, Inc.					284				284	
00000	23-2982367	Independence Holdings, Inc.					(15)				(15)	
96660	23-2408039	Vista Health Plan, Inc.		40,000,000			(23,282,398)			(98,000,000)	(81,282,398)	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(116,576)				(116,576)	
00000	13-3155962	Self Funded Benefits, Inc.		500,000							500,000	
12812	30-0326654	Region 6 Rx Corp.					(5,918)				(5,918)	
00000	61-1741302	AmeriHealth New Jersey, LLC					118,000				118,000	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(165,965)			(165,965)	(4,868)
00000	46-5339475	Tandigm Health, LLC	(20,000,000)	(6,498,000)							(26,498,000)	
00000	82-4299279	Tandigm MSO LLC		6,498,000							6,498,000	
00000	82-3756593	AHI SubCo 1, Inc.		33,894							33,894	
00000	82-3770369	AHI SubCo 2, Inc.		28,466,106			(15,183,212)				13,282,894	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING	
8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING	
10. 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?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....

Explanation:

11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. The Company did not file for approval
18. The Company did not file for approval
19. The Company did not file for approval

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

24. Business not written

25. Business not written

26. The Company falls below the materiality threshold

Bar code:



OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E28
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

Barcode : Statement of Actuarial Opinion

Doc # 440 Placement : Statement of Actuarial Opinion

CompanyName : Amerihealth HMO Inc



AmeriHealth HMO, Inc.
Statement of Actuarial Opinion for the year ending December 31, 2018

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments	<input type="checkbox"/> Revised Wording			
	<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

Identification Section:

I, Stephen Tenaglio, Senior Actuary, Reserves and Planning, am an employee of Independence Blue Cross, LLC, a parent company of AmeriHealth HMO, Inc., and a member of the American Academy of Actuaries. I was appointed on December 4, 2018 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

Scope Section:

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2018.

A. Claims Unpaid (Page 3, Line 1, Column 3)	\$ 1,079,833
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2, Column 3)	\$ 57,403
C. Unpaid claims adjustment expenses (Page 3, Line 3, Column 3)	\$ 16,647
D. Aggregate health policy reserves including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit—Part 2D (Page 3, Line 4, Column 3)	\$ 24,063,736
E. Aggregate life policy reserves (Page 3, Line 5, Column 3)	\$ 0
F. Property/casualty unearned premium reserves (Page 3, Line 6, Column 3)	\$ 0
G. Aggregate health claim reserves (Page 3, Line 7, Column 3)	\$ 0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	Not Applicable
I. Specified actuarial items presented as assets in the annual statement.	
1. Pharmacy Rebates (Part 2, Line 24 in part, Column 1)	\$ 1,465,590
2. Part D Reconciliation (Page 2, Line 15.1 in part, Column 1)	\$ 68,721
3. Reinsurance Recoverable on Paid Losses (Page 2, Line 16.1 in part, Column 3)	\$ 0
4. Risk Adjustment Receivables (Page 2, Line 15.3 in part, Column 3)	\$ 0
5. Risk Corridor Receivables (Page 2, Line 25 in part, Column 3)	\$ 2,244

Reliance Section:

My examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to the Underwriting and Investment Exhibit Part – 2B of the company's current annual statement.

Opinion Section:

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which this statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of Pennsylvania; and are at least as great as the minimum aggregate amounts required by any state in which the organization is licensed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments:



Signature of Actuary

Stephen Tenaglio, FSA, MAAA

Printed Name of Actuary

1901 Market Street, Philadelphia, PA 19103

Address of Actuary

215-241-3375

Telephone Number of Actuary

2/22/2019

Date Opinion was Rendered



SUPPLEMENT FOR THE YEAR 2018 OF THE AmeriHealth HMO, Inc.

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2018

(To Be Filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes No
 If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group. Yes ; or 2) allocation to each insurer: Yes .
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes No
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes No

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Michael W. Sullivan, President & C.E.O.	2018	551,081	793,301	0	0	0	0	0	1,344,382
	2017	555,888	514,818	0	0	0	0	0	1,070,706
	2016	0	0	0	0	0	0	0	0
Current: 2. Russell P. Heid, V.P. & Treasurer	2018	237,492	140,040	0	0	0	0	0	377,532
	2017	231,560	112,847	0	0	0	0	0	344,407
	2016	0	0	0	0	0	0	0	0
3. Lilton R. Taliaferro, Jr., V.P. Deputy General Counsel & Assistant Secretary	2018	293,712	187,500	0	0	0	0	0	481,212
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
4.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
5.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
6.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
8.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
9.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0
10.	2018	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

(1) Independence Health Group, Inc. and its affiliated insurers have common officers that serve on multiple subsidiary insurers. The compensation listed above for the officers on this annual statement is the total compensation each officer receives for his service for all insurers. For example, Michael W. Sullivan's total compensation in 2018 is \$1,344,382. (2) There are no employees whose compensation exceeds \$100,000. (3) Current year bonus payments are for previous year's performance.