

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc. NAIC Group Code 00936 00936 NAIC Company Code 15104 Employer's ID Number 46-0906893 (Prior Period) Organized under the Laws of , State of Domicile or Port of Entry Michigan 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 [] No [X] Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013 Statutory Home Office 4000 Town Center, Suite 1300 Southfield, MI, US 48075 (City or Town, State, Country and Zip Code) Main Administrative Office 200 Stevens Drive Philadelphia, PA, US 19113 215-937-8000 Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box) Southfield, MI, US 48075 or Town, State, Country and Zip Code) Primary Location of Books and Records 200 Stevens Drive (Street and Number) 215-937-8000 Philadelphia, PA, US 19113 (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.amerihealthcaritasvipcareplus.com Statutory Statement Contact 410-258-4587 Oumou Sow (Area Code) (Telephone Number) (Extension) osow@amerihealthcaritas.com 855-822-9400 **OFFICERS** Name Title Name Title Pamela Ann Schmidt # Treasurer Robert Edward Tootle, Esquire Secretary Robert James Kolodgy # President OTHER OFFICERS **DIRECTORS OR TRUSTEES** Karen Scharenberg Amstutz # Robert James Kolodgy Kathy Combs Warner State ofPennsylvania. 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 filling with the NAIC, when required that is an exact conv. (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be required by various 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. Robert Edward Tootle, Esquire Pamela Ann Schmidt Robert James Kolodgy Secretary President Treasurer Yes [X] No [] a. Is this an original filing? Subscribed and sworn to before me this b. If no: February, 2024 1. State the amendment number day of 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

				-	1	
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals		 0		0		0
Group subscribers:						
		<u> </u>				·
		·····				+
		·				+
		·				+
		ļ	ļ	ļ		+
0299997 Group subscriber subtotal		J0	J	ļ	J	ļ0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group		0	 0	ļ <u>0</u>	J0	ļ0
0399999 Premiums due and unpaid from Medicare entities	4,363,482	463,922		3,632,265		8,459,669
0399999 Premiums due and unpaid from Medicare entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,363,482	463,922	0	3,632,265	0	8,459,669

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	1127 (2111 37 (1	3	1	E	6	7
Name of Debtor	2 1 - 30 Days	31 - 60 Days	61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above.	316,136	316,136	316,136	2,643,559	2,643,558	948,408
0199999 - Pharmaceutical Rebate Receivables	316,136		316,136	2,643,559	2,643,558	948,408
029998 - Aggregate of amounts not individually listed above	5,328		22,346	2,010,000	55,552	0 10 , 100
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	5,328		22,346	0	55.552	0
0233333 - Varini votrpayinin neervantes 030008 - Marganata of amunits not individually listed shove	723,048	21,010	22,340	0	723,048	0
0399998 - Aggregate of amounts not individually listed above. 0399999 - Loans and Advances to Providers	723,048		0	0	723,048	Λ
000000 - Edatis and Advances to Frontacts	725,040	Ů	0	0	723,040	0
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0799999 Gross Health Care Receivables	1,044,512	344,014	338,482	2,643,559	3,422,158	948,408

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

		eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables				3,591,967	0	2,516,280
Claim overpayment receivables	46,991	118,354		55,552	46,991	116,842
Loans and advances to providers		762,750		723,048	0	157,500
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	46,991	881,104	0	4,370,567	46,991	2,790,622

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
. 1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid		0	0	0	0	ļ0
0299999 Aggregate accounts not individually listed-uncovered						10
0399999 Aggregate accounts not individually listed-covered	3,814,393	6,063				3,820,456
0499999 Subtotals	3,814,393	6,063	0	0	0	3,820,456
0599999 Unreported claims and other claim reserves						10,897,156
0699999 Total amounts withheld						
0799999 Total claims unpaid						14,717,612
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
				ļ			
				 			
	·····			†			
			·····	····			
			·····				
	············· ·						
							
				1			
				1			
				1			
0199999 Individually listed receivables	0	.0	0	0	0	0	0
0199999 Individually listed receivables						•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

Affiliate Description Amount Current AmeriHealth Caritas Services, LLC. Administrative and staffing services. Drug therapy management program. A8,487 48,487	Non-Current
AmeriHealth Caritas Services, LLC. Administrative and staffing services. 1,024,758 1,024,758 PerformRx, LLC. Drug therapy management program. 48,487 48,487	
PerformRx, LLC	
	/
0199999 Individually listed payables	
0199999 Individually listed payables 1,073,245 1,073,245 0299999 Payables not individually listed 1,073,245 1,073,245	
0399999 Total gross payables 1,073,245 1,073,245	

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		0.0				
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,633,961	3.6	2,800	100.0		2,633,961
4. Total capitation payments	2,633,961	3.6	2,800	100.0	0	2,633,961
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
6. Contractual fee payments	70,807,364	96.4	xxx	XXX	,	70,807,364
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		<u> </u>
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	xxx	XXX]
9. Non-contingent salaries		0.0	xxx	XXX]
10. Aggregate cost arrangements		0.0	xxx	XXX		<u> </u>
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	70,807,364	96.4	XXX	XXX	0	70,807,364
13. Total (Line 4 plus Line 12)	73,441,325	100 %	XXX	XXX	0	73,441,325

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	CINICALVIC	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			1		
				İ	
				i	
			1		
		-	†	 	
		-	†	 	
		-	+	 	
		-	+	 	
				1001	1004
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

							_	·			(LOCATI			
AIC Group Code 00936 BUSINESS IN THE STATE	E OF Michigan				DURING	3 THE YEAR 20	23	ı	ı			NAIC Compan	y Code	15104
	1		hensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Healt
Total Members at end of:														
1. Prior Year	3,350							3,350						
2 First Quarter	3,016							3,016						
3 Second Quarter	3,206							3,206						<u> </u>
4. Third Quarter	2,987							2,987						
5. Current Year	2,800							2,800						
6 Current Year Member Months	36,822							36,822						
otal Member Ambulatory Encounters for Year:														
7. Physician	14,589							14,589						-
8. Non-Physician	3, 151							3,151						-
9. Total	17,740	0	0	0	0	0	0	17,740	0	0	0	0	0	
10. Hospital Patient Days Incurred	14,480							14,480						
11. Number of Inpatient Admissions	1,165							1,165						
12. Health Premiums Written (b)	85,998,433							85,998,433						
13. Life Premiums Direct	0													-
4. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	85,998,433							85,998,433						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	73,441,325							73,441,325						
18. Amount Incurred for Provision of Health Care Services	73,246,260							73,246,260						

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......85,998,433



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Michigan, Inc. 2.

AIC Group Code 00936 BUSINESS IN THE STATE	OF Consolidated	ı			DURING	G THE YEAR 20	23				(LOCATIO	ON) NAIC Compan	v Code	15104
2001 2001 11 The Online	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Healtl
otal Members at end of:														
1. Prior Year	3,350	0	0	0	0	0	0	3,350	0	0	0	0	0	
2 First Quarter	3,016	0	0	0	0	0	0	3,016	0	0	0	0	0	
3 Second Quarter	3,206	0	0	0	0	0	0	3,206	0	0	0	0	0	
4. Third Quarter	2,987	0	0	0	0	0	0	2,987	0	0	0	0	0	
5. Current Year	2,800	0	0	0	0	0	0	2,800	0	0	0	0	0	
6 Current Year Member Months	36,822	0	0	0	0	0	0	36,822	0	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	14,589	0	0	0	0	0	0	14,589	0	0	0	0	0	
8. Non-Physician	3,151	0	0	0	0	0	0	3,151	0	0	0	0	0	
9. Total	17,740	0	0	0	0	0	0	17,740	0	0	0	0	0	
10. Hospital Patient Days Incurred	14,480	0	0	0	0	0	0	14,480	0	0	0	0	0	
11. Number of Inpatient Admissions	1,165	0	0	0	0	0	0	1,165	0	0	0	0	0	
12. Health Premiums Written (b)	85,998,433	0	0	0	0	0	0	85,998,433	0	0	0	0	0	
Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	85,998,433	0	0	0	0	0	0	85,998,433	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	73,441,325	0	0	0	0	0	0	73,441,325	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	73,246,260	0	0	0	0	0	0	73,246,260	0	0	0	0	0	

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		Omitted)		1 4	Γ
	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
Title XVIII-Medicare	0	0	0	0	43
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
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
21. Other (O)	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)	36,641,694		36,641,694
2.	Accident and health premiums due and unpaid (Line 15)	8,459,669		8,459,669
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	0	0
5.	All other admitted assets (Balance)	961,171		961,171
6.	Total assets (Line 28)	46,062,534	0	46,062,534
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,717,612	0	14,717,612
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		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)	7,173,466		7,173,466
15.	Total liabilities (Line 24)	21,891,078	0	21,891,078
16.	Total capital and surplus (Line 33)	24,171,456	XXX	24,171,456
17.	Total liabilities, capital and surplus (Line 34)	46,062,534	0	46,062,534
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
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	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

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

	L				isiness Only		
States, Etc.		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	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado							
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
•	MN						
25. Mississippi							
• •							
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI					ļ	ļ
41. South Carolina	sc						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	l l						
48. Washington							
49. West Virginia							
50. Wisconsin						<u> </u>	
						<u> </u>	
51. Wyoming							
52. American Samoa							
53. Guam						·	
54. Puerto Rico						<u> </u>	····
55. U.S. Virgin Islands						·	
56. Northern Mariana Islands			-				
57. Canada							
58. Aggregate Other Alien	OT I		1		1	1	1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group		NAIC Company	. ID	Federal		Name of Securities Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling		
Code 00000	Group Name	Code 00000	Number 47 - 1233198	RSSD	CIK	International)	Or Affiliates Independence Health Group, Inc.,	Location PA	Entity UIP	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	
00000			23-2425461				AmeriHealth, Inc	PA	UIP	Independence Health Group,	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	92-0826129				AmeriHealth Franklin. LLC	DE	NIA	AmeriHealth, Inc	Ownership	100 0	Independence Health Group, Inc	NO	
							, , , , , , , , , , , , , , , , , , , ,			AmeriHealth, Inc. (72.6%) / AmeriHealth Franklin, LLC (0.7%) / Trustees of the University of Pennsylvania	,		Independence Health Group, Inc. / Trustees of the University of		
00000			46-5339475				.Tandigm Health, LLC	DE	NIA	(26.7%)	Ownership	73.3	PennsylvaniaIndependence Health Group, Inc. / Trustees of the University of	.lN0	
00000		00000	82-4299279				.Tandigm MSO, LLC	PA	NIA	Tandigm Health, LLC	Ownership	73.3	PennsylvaniaIndependence Health Group, Inc. / Trustees of the University of	NO	
00000		00000	47 - 2516811				Tandigm Scholars, Inc	PA	0TH	Tandigm Health, LLC	Board	0.0	Pennsylvania Independence Health Group, Inc. / Trustees of the University of	N0	
00000		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	73.3	Pennsylvania Independence Health Group, Inc. / Trustees of the University of	NO	
00000		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership		Pennsy I van i a	N0	
00000		00000	05 0602700				Tandigm Specialist Alliances,	PA	NIIA	Tondism HVN 110	Ownorship		Independence Health Group, Inc. / Trustees of the University of	NO	
00000			85-0682780 88-3900008				Doylestown Value Partners, LLC	PA		Tandigm HVN, LLC	Ownership		Pennsylvania	.]	

1	8	*
NAIC Company Code Company Code Company Code Company Code Company Code Code Company Code ritrolling Required? (Yes/No) reson(s) (Yes/No)	*	
Group Name Code Group Name Code Group Name Code Group Name Code Company Code Code Company Code Company Code Code Code Company Code Code Code Company Code Code Code Code Code Code Code Code	ritrolling Required? (Yes/No) reson(s) (Yes/No)	*
Code Group Name Code Number Code Number Code Number Code Number Code Number RSSD CIK Traded (U.S. or Parent, Subsidiaries Domicillary Reporting Location Entity (Name of Entity/Person) Influence, Other) Percentage Entity(is)/Person Influence, Other) Influence, Other) Percentage Entity(is)/Person Influence, Other Percentage Entity(is)/Person Influence, Other Percentage Entity(is)/Person Influence, Other Percentage Entity(is)/Person Influence, Other Entity Influence, Other Percentage Influence, Other Influence	ntrolling Required? (Yes/No) Proof the of t	*
Independence Pa. NIA Tandigm HVN, LLC Ownership 7.3.3 Independence Partners, LLC Pa. NIA Tandigm HVN, LLC Ownership 7.3.3 Ownership 7.3.3 Partners, LLC Pa. NIA Tandigm HVN, LLC Ownership 7.3.3 Partnership 7.3.3 Partn	8	*
Penn Medicine Healthcare	o, Inc. of the of da	
Penn Medicine Healthcare	of the of	
Pen Medicine Healthcare PA	of	
Description	a	
Independence Inde	o, Inc. of the of o, Inc. NO o, Inc. of the of of o, Inc. of the of	
Trustees 0 One One	of the of	
One	of	
00000 00000 85-0693771 Tandigm Physician Services LLC PA	n	
Independence Inde	e o, Inc. of the of aNO	
Double	o, Inc. of the of aNO	
00000 00000 85-2543447. Tandigm Physician Services, LLC. DE	of the of the state of the stat	
00000 00000 85-2543447. Tandigm Physician Services, LLC. DE NIA TPS Hold Co., LLC. Ownership. 37.4 Pennsylvańia, Independence Health Group / Comcast Connected Health, LLC (Ownership. 00000 00000 82-5264307. 1819 LLC. DE NIA AmeriHealth, Inc. (20%) Ownership. 55.2 LLC. Independence Health Group / Comcast Connected Health, LLC (Ownership. 00000 00000 85-3092159. Evio Pharmacy Solutions, LLC. DE NIA AmeriHealth, Inc. (20%) Ownership. 20.0 Health Group Independence Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. PA NIA Inc. Ownership. 100.0 Health Group Independence Blue Cross, LLC. Independence Bl	aN0	
Independence Health Group AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC)		
AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC		
AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC), IIIC.	' 1
00000 00000 82-5264307 1819 LLC DE NIA AmeriHealth, Inc. (20%) Ownership 20.0 Health Group Independence Blue Cross, LLC PA NIA AmeriHealth, Inc. (20%) Ownership 100.0 Health Group		, ,
00000 82-5264307 1819 LLC DE NIA (44.8%) Ownership 55.2 LLC Independence 00000 85-3092159 Evio Pharmacy Solutions, LLC DE NIA AmeriHealth, Inc. (20%) Ownership 20.0 Health Group Independence Independence Blue Cross, LLC PA NIA AmeriHealth, Inc. Ownership 100.0 Health Group	alth	,
00000. 85-3092159. Evio Pharmacy Solutions, LLC. DE NIA AmeriHealth, Inc. (20%) Ownership. 20.0 Health Group Independence Blue Cross, LLC. PA NIA AmeriHealth, Inc. Ownership. 100.0 Health Group	NO	
00000. Undependence Blue Cross, LLC. PA. NIA. AmeriHealth, Inc. Ownership. 100.0 Health Group	;	,
00000 00000 46-3867722 100.0 Health Group		
	NO NO	,
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Independence Independence	i las	,
Independence Blue Cross, LLC Health Group / Anthem Partnership Holding / Elevance He		,
00000	NO NO	,
Independence		
Heal'th Group		,
Group Retiree Health Solutions, // Elevance He	ealth,	,
00671 Elevance Health, Inc	NO	
Independence Health Group, Independence Health Group, Independence Blue Cross, LLC_Ownership. 100.0 Health Group		,
Independence Health Group,		
00936 Inc. DE IA Independence Blue Cross, LLC Ownership 100.0 Health Group		
00000		,
00000 Independence AmeriHealth Services, Inc. PA NIA Independence Blue Cross, LLC. Ownership. 100.0 Health Group		,
00000. 23-2795357. AmeriHealth Services, Inc. PA. NIA. Independence Blue Cross, LLC. Ownership. 100.0 Health Group Independence Blue Cross, LLC. Ownership. 100.0 Health Group Independence	Ino NO	
00000 00000 23-2824200 PA NIA AmeriHealth Services, Inc. Ownership 100.0 Health Group		

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		` Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID.	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Independence	(Yes/No)	
00000		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	
													Health Group, Inc. / Mercy Health		
00000	Independence Health Group,	00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	PlanIndependence		
00936	Inc	93688	23-2184623				QCC Insurance Company	PA	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.		
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc.	NO	
00000		00000	27 - 0204996				International Plan Solutions,	DE		QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc	NO	
00000		00000	00 0000040					DE		International Plan Solutions,		40.0	Independence	NO	
00000		00000	23-2903313				Highway to Health, Inc	DE		LLC	Ownership		Health Group, Inc Independence	NO	
00000		00000	98-0408753				HTH Re, Ltd Worldwide Insurance Services.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc		
00000		00000	54-1867679				LLCAmeriHealth Administrators.	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc		
00000		00000	23-2521508				Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.		
00936	Independence Health Group,	16053	81-3078234				Independence Assurance Company	PA		Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO. Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100 0	Independence Health Group, Inc.	NO	
	Independence Health Group,						,			'	İ '		Independence		
00936	Inc	95056	23-2405376				Keystone Health Plan East, Inc	PA	I A	Independence Blue Cross, LLC Independence Blue Cross, LLC (54%) / QCC Insurance Company		100.0	Health Group, Inc.	NO	
00000		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	(23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	85-1428394				1901 Market LLC	DE	NIA	 1901 Market Holdco. LLC	Ownership	100 0	Independence Health Group, Inc.	NO NO	
00936	Independence Health Group,		23-0370270				Independence Hospital Indemnity	PA		Independence Blue Cross. LLC			Independence Health Group, Inc.	N∩	
	111 0			-			Independence Blue Cross	PA		Independence Hospital			Independence	INU	
00000		00000	36-4685801				Foundation	PA		Indemnity Plan, Inc Independence Hospital	Board	J0.0	Health Group, Inc Independence	N0	
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc	PA	IA	Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Health Group, Inc. / Highmark Health	NO	
	Independence Health Group,						,			Independence Hospital Indemnity Plan, Inc. (50%) /			Independence Health Group, Inc.		
00936	Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Board	0.0	/ Highmark Health	N0	
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc.	NO	
00000		00000	25-1686685				CompServices, Inc	PA.	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO NO	
00000			25-1765486				CSI Services, Inc.	PA		CompServices, Inc	Ownership		Independence Health Group, Inc	NO.	
UUUUU		00000	ZU-1/00400	-			LOST SETVICES, THC	J 7A	N I A	Compoentices, The	Towner2111b	1	Incartii Group, INC	.[IVU]	

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						Name of					Type of Control				
						Securities			D-1-4:		(Ownership,	16 0 4 1 :-		I 00A	
		NAIG				Exchange if	Names of		Relationship to]	Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Parent, Subsidiaries	Damiailian	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Company	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	RSSD	CIK	international)	AmeriHealth New Jersey	Location	Enuty	(Name of Entity/Person)	miluence, Other)	Percentage	Independence	(Yes/No)	
00000		00000	46-3893959				Holdings. LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100 0	Health Group, Inc	NO	
00000	Independence Health Group,		40-3093939				AmeriHealth Insurance Company		N I A	AmeriHealth New Jersey	Townership	100.0	Independence	INO	
00936	Inc.	60061	22-3338404				of New Jersey	NJ	I A	Holdings, LLC	Ownership	100 0	Health Group, Inc	NO	
00930	. 1116	00001	22-3330404	-			TOT NEW JETSEY			AmeriHealth, Inc. (95%) /	. Owner sirrp	100.0	mearth broup, mc	INO	
										Keystone Health Plan East			Independence		
00000		00000	45-3672640				IBC MH LLC	DE	UIP	(5%)	Ownership	100 0	Health Group, Inc	NO	
00000	Independence Health Group,		43-30/2040				. IDC WIT LLC	. µ⊑	VIF	. (5%)	Townership	1	Independence	INU	
00936	Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	I A	IBC MH LLC.	Ownership	100 0	Health Group, Inc	NO	
00930	. 1116	30000	23-2400033				. Vista licartii Fran, Ilic	. ^		. IDO WII LLO	. Ownersinp	100.0	Independence	INO	
00000		00000	92-3644953				Vista Holdco, LLC	DE	NIA	IBC MH LLC	Ownership	100.0	Health Group, Inc	NO	
00000			92-3044933	-			VISta HOTUGO, LLG	DE	N I A	. IDC WIT LLC	. Ownersiiip	100.0	Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		00000	30-0703311				BMH LLC.	DE	UIP	IBC MH LLC	Ownership	61.2	Company	NO	
00000			30-0703311				. DIVIT LLG	DE	VIF	TIDO WIT LLO	. Ownership		Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Services.						Mutual Insurance		
00000		00000	45-5415725				III C	DF	NIA	BMH LLC	Ownership.	61.2	Company	NO	
00000			45-54 157 25				. LLV		N I A	DWIT LLU	. Ownership		Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							Social Determinants of Life.						Mutual Insurance		
00000		00000	85-4321302				Inc	DF	NIA	BMH LLC	Ownership	61.2	Company	NO	
00000			00-4021002				. 1116	DE	N I A	DIMIT LLO	. ownersinp		Independence	INU	
1								1					Health Group, Inc.		
1								1					/ Blue Cross Blue		
1								1					Shield of Michigan		
1								1		Social Determinants of Life.			Mutual Insurance		
00000		00000	47 - 5496220				.Wider Circle, Inc	DF	NIA	Inc.	Ownership	16.6	Company	NO	
00000		00000	41 -0490220	-			. mider Gircie, IIIC	. µ⊏	N I A	1116	Townersinp	0.01	Independence	NU	
1								1					Health Group, Inc.		
1								1					/ Blue Cross Blue		
1								1					Shield of Michigan		
								1					Mutual Insurance		
00000		00000	20 2046000				DMIL CUDCO I II C	DE	UIP	BMH LLC	Ownership	61.0		NO	
00000			38-3946080				BMH SUBCO I LLC	JE	VIY	DIVID LLV	. Ownership	JDI.3	Company	. NU	

										1					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship)	Board,	If Control is		Is an SCA	
		NAIC		1		Publicly	Names of		to	5: " 6 . " 11	Management,	Ownership		Filing	
Group		Company	ID.	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
00000		00000	00 0700040				DMIL OUDOO 11 11 0	DE	IIID	BMH LLC.	O	04.0	Mutual Insurance	NO	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership		CompanyIndependence	. NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
										DMIL CUDGO I LLC (FOW) / DMIL			Shield of Michigan		
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.2	Mutual Insurance Company	NO	
00000		. 00000	23-2042344	-			Reystone raminy hearth Fran	PA	N I A	30B00 LLC (30%)	. ownership		Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
00000		00000	23 - 2859523				AmeriHealth Caritas Health Plan.	PA	UIP	SUBCO II LLC (50%)	Ownership	61.2	Company	NO	
00000		. 00000	23-2009023	-			. Alliet i neattii Cai i tas neattii Fiali	FA		. 30b00 11 LLC (30%)	. Ownership		Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas Louisiana.						Mutual Insurance		
00936	Inc.	141432	27 - 3575066				Inc.	LA	IA	AMHP Holdings Corp	Ownership.	61 3	Company	NO	
00000	1110	1 1 1 1 1 0		-			1110:			Trumin Horarings oorp	. O #1101 5111 P	1	Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		00000 4	47 - 3923267	l			AmeriHealth Caritas Iowa, LLC	I A	NIA	Plan	Ownership.	61.3	Company	NO NO	
													Independence		
												1	Health Group, Inc.		
													/ Blue Cross Blue		
1													Shield of Michigan		
	Independence Health Group,												Mutual Insurance		
00936	Inc.	151044	46-0906893				AmeriHealth Michigan, Inc	MI	RE	AMHP Holdings Corp	Ownership	61.3	Company	NO	
1													Independence		
1													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						Select Health of South						Mutual Insurance		
00936	Inc	95458 5	57 - 1032456	.			Carolina, Inc	SC	I A	AMHP Holdings Corp	Ownership	61.3	Company	NO	

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						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship	1	Board,	If Control is		Is an SCA	
_		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc	. 15088	46-1480213				Columbia, Inc	DC	I A	AMHP Holdings Corp	Ownership	61.3	Company	. NO .	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		. 00000	27-0863878				PerformRx, LLC	PA	NIA	Plan	.Ownership	61.3	Company	NO	
		1											Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Company	NO	
							, , , , , , , , , , , , , , , , , , , ,			,			Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		. 00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership	61.3	Company	NO	
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		00000	26-1144363				AMHP Holdings Corp	PA	UDP	Plan	Ownership.	61.3	Company	NO	
									1]		Independence		
1													Health Group, Inc.		
1													/ Blue Cross Blue		
1													Shield of Michigan		
							Community Behavioral Healthcare						Mutual Insurance		
00000		. 00000	25 - 1765391				Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61 3	Company	N∩	
1			20 1700001				l l l l l l l l l l l l l l l l l l l		1	7			Independence	1	
													Health Group, Inc.		
													/ Blue Cross Blue		
										Community Behavioral			Shield of Michigan		
	Independence Health Group,									Healthcare Network of			Mutual Insurance		
00936	Inc	. 13630	26-0885397				CBHNP Services, Inc	PA	1 4	Pennsylvania, Inc	Ownership	61 3	Company	NO	
00000	∤ 111♥	. 10000	20 0000001				1001111 001 V 1000, 1110	//		II OIIIIO y I Valii a , IIIO	4 0 m 110 1 311 1 p		voiiiparry	. INO	

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	-	-	·		Ü	Name of Securities Exchange if Publicly	Names of		Relationship		Type of Control (Ownership, Board,	If Control is Ownership		Is an SCA Filing	
Group		NAIC Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Management, Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Independence Health Group, Inc. / Blue Cross Blue	(Yes/No)	*
00936	Independence Health Group,	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Shield of Michigan Mutual Insurance Company	NO	
													Independence Health Group, Inc. / Blue Cross Blue		
	Blue Cross Blue Shield of Michigan	11557	47 - 2582248				Blue Cross Complete of Michigan	MI	A	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership		Shield of Michigan Mutual Insurance CompanyIndependence	NO	
							AmeriHealth Caritas Delaware.						Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00000		00000	61 - 1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Company	N0	
	Independence Health Group,												Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00936	Inc	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	Ownership	61.3	CompanyIndependence	N0	
00936	Independence Health Group,	16422	61-1857768				AmeriHealth Caritas New Mexico,	NM	IA	AMHP Holdings Corp	Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00330	me	10422	101-100//00					,J vivi		Amili Holdings vorp	TOWNER SITTP		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan		
00936	Independence Health Group,	16539	83-1481671				AmeriHealth Caritas North	NC]IA	AMHP Holdings Corp	Ownership		Mutual Insurance Company	NO	
00300		10000	00-1401071							mili inditifige to p	Owner 3111p		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan		
00000		00000	83-3241979				AmeriHealth Caritas Minnesota,	MN	NIA	AMHP Holdings Corp	Ownership	61.3	Mutual Insurance Company	NO	

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Securities Code Group Name Code Group Name Code Group Name Code Group Name Code Group Name Code Group Name Code Group Name Code Group Name Code Number Februar	1	2	3	4	5	6	7 Name of	8	9	10	11	12	13	14	15	16
Comparison Com																
Group Name Code Group Name Code Group Name Code Group Name Code Number R850 CIK Registed (U.S. or International) Registed (U.S. or I										Relationship			If Control is		Is an SCA	
Code Group Name Code Number RSSD CIK International) Or Affiliates Location Entity Name of Entity(Person) Influence, Other Personal Person			NAIC									Management.			Filing	
Independence Health Group, 16466 83-099716												Attorney-in-Fact,				
Note Note	Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Yes/No)	*
Independence Health Group. 16496 \$3-0887716														Independence		
Independence Health Group, 16496. 83-0987716. Mer Health Carlitas Nex Harpshire, Inc. NH. JA. MAP Holdings Corp. Ownership. 61.1 Company ID Independence Health Group, 18980. 94-2455374. Mer Health Carlitas Ohio, Inc. OH. JA. MAP Holdings Corp. Ownership. 61.1 Company ID Inc. Ownership. 61.1 Company ID Independence Health Group, 18980. 94-2455374. Mer Health Carlitas Ohio, Inc. OH. JA. MAP Holdings Corp. Ownership. 61.1 Company ID Independence Health Group, 18090. 94-2455374. Mer Health Carlitas Ohldons, 18090. Mer Health Carlita														Hearth Group, Inc.		
Independence Health Group 16466 S3-169776. Health Carl Ias Nov Health Carl Ias														Shield of Michigan		
1698 16 1698 83-087716 1698 83-087716 1698 83-087716 1698 83-087716 1698 160		Independence Health Group						AmeriHealth Caritas New						Mutual Insurance		
Independence Health Group, 16880	00936		16496	83-0987716					NH	IA	AMHP Holdings Corp	Ownership	61.3		NO	
Independence Health Group, 16980 160 1														Independence		
Independence Health Group, Inc. 1980 84-2435374														Health Group, Inc.		
Independence Health Group Inde														/ Blue Cross Blue		
		l												Shield of Michigan		
Independence	00000		40000	04 0405074				Annellie Ith Oseites Obis	011	1.4	AMUD Hald'assa Ossa	Own a sala i s	04.0	Mutual Insurance	NO	
Health Group, Inc. Health	00936	Inc	16980	84-2435374				AmeriHeaith Caritas Unio, inc	UH	I A	AMHP Holdings Corp	. Uwnersnip			NU	
AmeriHealth Caritas Oklahoma														Health Group Inc		
AmeriHealth Caritas Oklahoma, OK														/ Blue Cross Blue		
Mutual Insurance Mutual Insu														Shield of Michigan		
AmeriHealth Caritas Nevada, Inc. AmeriHealth Caritas Nevada, Inc. NV NIA AMMP Holdings Corp. Ownership Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Campany No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance No Independence								AmeriHealth Caritas Oklahoma,						Mutual Insurance		
No. No.	00000		00000	81-4458766				Inc	OK	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	
AmeriHealth Caritas Nevada, Inc. NV NIA AMHP Holdings Corp. Ownership 61.3 Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group, Inc. Blue Cross Blue Shield of Michigan Mutual Insurance Company No Independence Health Group No Independence Health Group No Independence Health Group No Independence Health Group No Independence Health Group No Independence Health Group No Independence Health Group No Independenc														Independence		
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AmeriHealth Caritas California, Inc. Matter	00000		00000	85-3713213					NV	NIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	
AmeriHealth Caritas California, Inc. AmeriHealth Caritas California, Inc. AmeriHealth Caritas California, Inc. AmeriHealth Caritas California, Inc. AmeriHealth Caritas VIP Next, Inc. AmeriHealth Caritas VI	00000			00 01 102 10							Training Go. principal					
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00000 Mutual Insurance Company														/ Blue Cross Blue		
00000 Section One of the property of the p								l						Shield of Michigan		
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Independence Health Group, Inc														Shield of Michigan		
00936. Inc. 17293. 87-4065041. Inc. DE IA. MMHP Holdings Corp. Ownership. 61.3 Company. No Independence Health Group, Inc. / Blue Shield of Michigan Mutual Insurance		Independence Health Group,						AmeriHealth Caritas VIP Next,						Mutual Insurance		
Heal'th Group, Inc. // Blue Cross Blue Shield of Michigan AmeriHealth Caritas West	00936	Inc	17293	87 - 4065041				Inc	DE		AMHP Holdings Corp	Ownership	61.3	Company	NO	
/ Blue Cross Blue Shield of Michigan AmeriHealth Caritas West Mutual Insurance																
Shield of Michigan AmeriHealth Caritas West Mutual Insurance														Health Group, Inc.		
AmeriHealth Caritas West														Shield of Michigan		
00000 00000 84-2266837 00000 84-2266837 00000 00000 00000 000000 000000 00000 0000								AmeriHealth Caritas West						Mutual Insurance		
	00000		00000.	84-2266837				Virginia, Inc	WV	NIA.	AMHP Holdings Corp	Ownership	61.3	Company	NO	

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? (Yes/No)	*
00000			36-5071692				AmeriHealth Caritas Virginia,	VA			Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance	NO.	
00936	Independence Health Group,		37 - 2065928				AmeriHealth Caritas Georgia,	GA		AMHP Holdings Corp	Ownership		Company	NO	
								-							
				1											

Asterisk	Explanation
1	Charity

SCHEDULE Y

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

	2	3	Ι 4 Ι	5	6	7	8	9	10	11	12	13
1	2	3	4	5	0	Income/	0	9	10	11	12	13
'					Purchases, Sales or							Reinsurance
					Exchanges of	'						Recoverable/
					Exchanges of	Incurred in		. ,				
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
NAIC Company	/ ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95458	57 - 1032456	Select Health of South Carolina, Inc.	(27,000,000)				(216,610,836)		I		(243,610,836)	
13630	26-0885397	CBHNP Services, Inc.	l				0		1	.ii.		
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc.			l		(102,075,172) (83,353,407)		T		(102,075,172)	
14378	45-4088232	AmeriHealth Caritas Florida, Inc.					(83 353 407)		†·····	1	(83,353,407)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.					(66,234,000)		†····	·†	(66,234,000)	
15104	46-0906893	AmeriHealth Michigan, Inc.					(9,698,708)		ł		(00,234,000)	
10104	. 40-0900093	Annel Inealth Michigan, Inc.			·····				ł			
00000	23-2859523	AmeriHealth Caritas Health Plan					0				0	
00000	45-5415725	AmeriHealth Caritas <u>Services</u> , <u>LLC</u>			ļ		544 , 735 , 512		ļ		544 , 735 , 512	
16451	82-1141687	AmeriHealth Caritas Texas, Inc					13 , 121		ļ		13,121	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc.					11,338		ļ		11,338	
16498	83-0987718	AmeriHealth Caritas New Hampshire. Inc.					(32, 239, 424)		1	1	(32,239,424)	
16539	83-1481671	AmeriHealth Caritas North Carolina, Inc.					(131,805,788)		T		(131,805,788)	
16980		AmeriHealth Caritas Ohio, Inc.		.67,000,000			(55, 119, 811)		1	1	11,880,189	
00000	27-0863878	PerformRx, LLC.					(55,119,811) 37,376,535		†····	1	37,376,535	
	61-1729412	PerformSpecialty, LLC					118.163.570		†·····		118 . 163 . 570	
	. 01-1/29412	Performapecrarry, LLC							+			
17293	87 - 4065041	AmeriHealth Caritas VIP Next, Inc					(3,162,930)				(3, 162, 930)	
00000	. 26-1144363	AMHP Holdings Corp	27,000,000	(67,000,000)			0		ļ		(40,000,000)	
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SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
		Ownership Percentage	Granted Disclaimer of Control\Affiliation of Column 2 Over			Ownership Percentage	Granted Disclaimer of Control\Affiliation of Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities	(Columns 5	
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Georgia, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
	AMUR III III O	100 000 0	110	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 0	
AmeriHealth Caritas Louisiana, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
	AMUD II III	100 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 0	NO
AmeriHealth Caritas District of Columbia, Inc.	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
	AMUD II II'	100 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100 000 0	NO
AmeriHealth Caritas New Hampshire, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Annual Haraldha Orasidana Nama Masailana a Lan	AMUD Hald'ana Oana	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO NO
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NU
Annual Health Consider North Consider the	AMUD Hald'ana Oana	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO NO
AmeriHealth Caritas North Carolina, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NU
0	AMUD Hald'ana Oana	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y)	400 000 %	NO
AmeriHealth Caritas Ohio, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
Tours The Ith Ocalities Tours	AMUD Hald'ana Oana	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO
AmeriHealth Caritas Texas, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NU
Amerilleelth Coniton VID Newt Inc	AMUD Haldings Com	100.000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	NO
AmeriHealth Caritas VIP Next, Inc AmeriHealth HMO. Inc.	AMHP Holdings Corp		NO	Independence Health Group, Inc.	Independence Health Group, Inc	100.000 %	NO NO
AmeriHealth Insurance Company of New Jersey	Independence Blue Cross, LLC		NO	Independence Health Group, Inc			
AmeriHearth insurance company of New Jersey	AmeriHealth New Jersey Holdings, LLC		NU	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	JNU
AmeriHealth Michigan, Inc	AMHP Holdings Corp		NO	Independence Health Group. Inc.	Independence Health Group, Inc	100.000 %	NO NO
whermearth witchigan, inc	AmeriHealth Caritas Health Plan 50% / Michigan	100.000 %	NU	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	JNU
Blue Cross Complete of Michigan LLC	Medicaid Holdings Company 50%	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc	100.000 %	NO
orde cross comprete or witchigan LLC	Community Behavioral Healthcare Network of	100.000 %	JNU	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	JNU
BHNP Services. Inc	Pennsylvania. Inc	100.000 %	NO	Independence Health Group. Inc	Independence Health Group, Inc.	100.000 %	NO NO
DONE SELVICES, IIIC	Fellisylvalita, ilic	100.000 %	JNU	TELevance Health. Inc.	Elevance Health, Inc. (See Anthem Sch Y)		JNU
Group Retiree Health Solutions, Inc	GR Health Solutions, LLC	100.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
lealthcare Delaware. Inc.	Independence Blue Cross, LLC	100.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NONO
ndependence Assurance Company	Independence Blue Cross, LLC.		NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NONO.
Independence Assurance companyIndependence Hospital Indemnity Plan, Inc	Independence Blue Cross, LLC.	0.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	
Independence Insurance, Inc	Independence Blue Cross, LLC.	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
macpondonoo maaranoo, mo	Independence Hospital Indemnity Plan, Inc. /		JiV	Highmark Health	Highmark Health (See Highmark Health Sch Y)]
Inter-County Health Plan, Inc	Highmark. Inc	0.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100.000 %	NO
intor bounty hourth rian, mo	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Hospitalization Plan, Inc	Highmark. Inc.	0.000 %	NO	Independence Health Group. Inc.	Independence Health Group. Inc.	100.000 %	NO
Keystone Health Plan East, Inc	Independence Blue Cross, LLC.	100.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
QCC Insurance Company	Independence Blue Cross, LLC	100.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
111001 alloo comparty				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)]
Select Health of South Carolina, Inc.	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group. Inc.	Independence Health Group. Inc.	100.000 %	NO
ista Health Plan. Inc.	IBC MH LLC.	95.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
Tota noarth Fran, mo				I mappingono nourth oroup, mo			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGS

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.

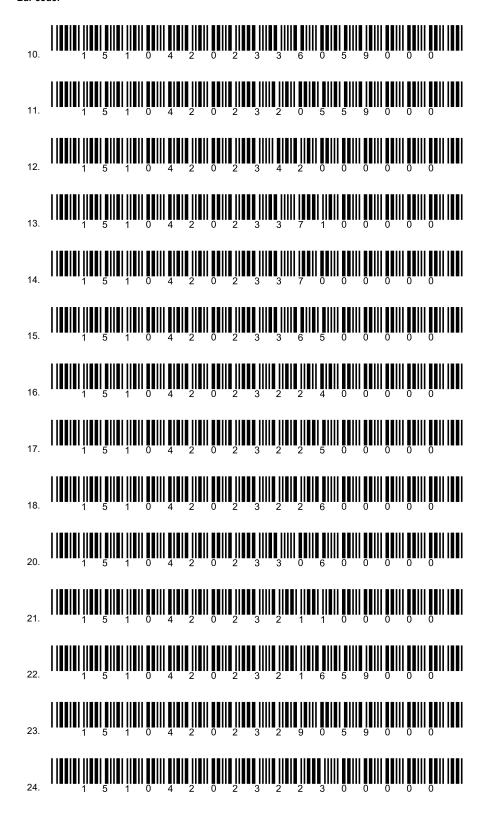
	MARCH FILING	Poononoo
1.		Responses YES
2.		YES.
3.	•	YES
3. 4.	·	YES
٦.	APRIL FILING	LO
5.		YES.
6.	, , , ,	YES
7.		YES
	JUNE FILING	
8.		YES
9.	·	YES
lowe	SUPPLEMENTAL FILINGS Sillowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of ogatory 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 to the supplement is required of your company to the supplement is required.	f NO to the specific
vhate	ver reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	,
	MARCH FILING	
10.		N0
11.		N0
12.	· · · · · · · · · · · · · · · · · · ·	N0
13.	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
14.	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	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	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?	N0
17.	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?	N0
18.	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?	N0
19.		YES
	APRIL FILING	
20.		N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
22.		NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0
xpla	nation:	
0. Bi	usiness not written	
1. Bi	usiness not written	
2. Bi	usiness not written	
3. Bi	usiness not written	
4. Bi	usiness not written	
5. Bi	usiness not written	
6. Bi	usiness not written	
7. Bi	usiness not written	
8. Ri	usiness not written	
	usiness not written	

21. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Business not written
- 23. Business not written
- 24. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Other Passthrough Expense		0	1,972,206
1497. Summary of remaining write-ins for Line 14 from Page 04	0	0	1,972,206

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Penalties	0	0	101,518		101,518
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	101,518	0	101,518



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT **FOR YEAR**

For The Year Ended December 31, 2023 (To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code 00936.....

NAIC Company Code 15104.....

	MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1.	Disability income	NO
1	Health	NO
1	Homeowners	NO
	Individual annuity	NO
5.	Individual life	NO
6.	Lender-placed home and auto	NO
7.	Long-term care	NO
8.	Other health	NO
9.	Private flood	N0
10.	Private passenger auto	N0
11.	Short-term limited duration health plans	N0
1	Travel	NO NO