1 5 1 0 4 2 0 1 8 2 0 1 0 0 1 0 2

# QUARTERLY STATEMENT

## AS OF JUNE 30, 2018

OF THE CONDITION AND AFFAIRS OF THE

## AmeriHealth Michigan, Inc.

NAIC Group Code 00936 (Current Period), 00936 (Prior Period) NAIC Company Code 15104 Employer's ID Number 46-0906893

Organized under the Laws of Michigan, 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 100 Galleria Officentre, Suite 210A (Street and Number), Southfield, MI, US 48034 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number) Phliadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 100 Galleria Officentre, Suite 210A (Street and Number or P.O. Box), Southfield, MI, US 48034 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number) Phliadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Internet Web Site Address www.amerihealthcaritasvipcareplus.com

Statutory Statement Contact Robert Michael Gregor (Name) 215-937-5312 (Area Code) (Telephone Number) (Extension)

rgregor@amerihealthcaritas.com (E-Mail Address) 215-937-5049 (FAX Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Steven Harvey Bohner | Treasurer | Robert Edward Tootle, Esquire | Secretary |
| Sarah Matt Owens | President | | |

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

Steven Harvey Bohner, Eileen Mary Coggins, James Michael Jernigan, Jay Andre Finch #

State of Pennsylvania
County of Philadelphia ss

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.

| Steven Harvey Bohner<br>Treasurer | Robert Edward Tootle, Esquire<br>Secretary | Sarah Matt Owens<br>President |
|---|---|---|

Subscribed and sworn to before me this
day of August, 2018

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

# ASSETS

| | Current Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | 1,205,254 | | 1,205,254 | 1,221,801 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less $ ..... encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less $ ..... encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less $ ..... encumbrances) | | | 0 | 0 |
| 5. Cash ($ 16,182,172 ), cash equivalents ($ 610,426 ) and short-term investments ($ 0 ) | 16,792,598 | | 16,792,598 | 17,197,094 |
| 6. Contract loans (including $ ..... premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 17,997,852 | 0 | 17,997,852 | 18,418,895 |
| 13. Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 6,997 | | 6,997 | 13,205 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 7,327,766 | | 7,327,766 | 6,667,967 |
| 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 ($ ..... ) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 27,675 | | 27,675 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 349,656 | | 349,656 | 0 |
| 18.2 Net deferred tax asset | 0 | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | 19 | | 19 | 137 |
| 21. Furniture and equipment, including health care delivery assets ($ ..... ) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care ($ 474,000 ) and other amounts receivable | 2,472,108 | 1,998,108 | 474,000 | 447,627 |
| 25. Aggregate write-ins for other-than-invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 28,182,073 | 1,998,108 | 26,183,965 | 25,547,831 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 28,182,073 | 1,998,108 | 26,183,965 | 25,547,831 |
| **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. | | | 0 | 0 |
| 2502. | | | | |
| 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) | 0 | 0 | 0 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|---|---|---|---|
| | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less $ ..... reinsurance ceded) | 10,275,947 | | 10,275,947 | 10,974,301 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 140,860 | | 140,860 | 168,318 |
| 4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 4,909,226 | | 4,909,226 | 0 |
| 9. General expenses due or accrued | 1,527,180 | | 1,527,180 | 96,525 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 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 | 811,567 | | 811,567 | 890,798 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified ($ ..... ) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including $ ..... current) | 616,533 | 0 | 616,533 | 554,362 |
| 24. Total liabilities (Lines 1 to 23) | 18,281,313 | 0 | 18,281,313 | 12,684,304 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 1,644,750 |
| 26. Common capital stock | XXX | XXX | | 0 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 44,625,000 | 44,625,000 |
| 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 | (36,722,348) | (33,406,223) |
| 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 | 7,902,652 | 12,863,527 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 26,183,965 | 25,547,831 |
| **DETAILS OF WRITE-INS** | | | | |
| 2301. Stale Dated Checks | 616,533 | | 616,533 | 554,362 |
| 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) | 616,533 | 0 | 616,533 | 554,362 |
| 2501. Subsequent Year Affordable Care Act Assessment | XXX | XXX | | 1,644,750 |
| 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 | 1,644,750 |
| 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 To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|---|---|---|---|
| | 1<br>Uncovered | 2<br>Total | 3<br>Total | 4<br>Total |
| 1. Member Months | XXX | 20,087 | 19,765 | 39,540 |
| 2. Net premium income (including $ non-health premium income) | XXX | 36,947,727 | 42,205,330 | 73,193,056 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of $ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 36,947,727 | 42,205,330 | 73,193,056 |
| **Hospital and Medical:** | | | | |
| 9. Hospital/medical benefits | | 24,100,196 | 23,896,986 | 27,292,087 |
| 10. Other professional services | | 2,818,222 | 11,473,692 | 20,396,309 |
| 11. Outside referrals | | 5,364,999 | 0 | 0 |
| 12. Emergency room and out-of-area | | 1,065,037 | 346,102 | 940,947 |
| 13. Prescription drugs | | 1,587,212 | 6,406,256 | 13,750,901 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 253,242 | 279,788 | 518,396 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 35,188,908 | 42,402,824 | 62,898,640 |
| **Less:** | | | | |
| 17. Net reinsurance recoveries | | 327,253 | 0 | 96,995 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 34,861,655 | 42,402,824 | 62,801,645 |
| 19. Non-health claims (net) | | | 0 | 0 |
| 20. Claims adjustment expenses, including $ 2,775,519 cost containment expenses | | 3,077,103 | 3,104,999 | 6,203,546 |
| 21. General administrative expenses | | 5,227,979 | 3,786,010 | 7,257,463 |
| 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) | 0 | 43,166,737 | 49,293,833 | 76,262,654 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (6,219,010) | (7,088,503) | (3,069,598) |
| 25. Net investment income earned | | 149,014 | 92,948 | 210,126 |
| 26. Net realized capital gains (losses) less capital gains tax of $ | | 3,766 | 3,852 | 1,666 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 152,780 | 96,800 | 211,792 |
| 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 | 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 | (6,066,230) | (6,991,703) | (2,857,806) |
| 31. Federal and foreign income taxes incurred | XXX | (1,020,094) | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (5,046,136) | (6,991,703) | (2,857,806) |
| **DETAILS OF WRITE-INS** | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. Durable Medical Equipment | | 155,507 | 206,201 | 369,906 |
| 1402. Alternative Medical Cost | | 97,748 | 69,387 | 148,490 |
| 1403. Recovery and TPL Fees | | (13) | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 4,200 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 253,242 | 279,788 | 518,396 |
| 2901. | | | 0 | 0 |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year<br>Ended<br>December 31 |
|---|---|---|---|---|
| | **CAPITAL & SURPLUS ACCOUNT** | | | |
| 33. | Capital and surplus prior reporting year | 12,863,527 | 11,858,725 | 11,858,725 |
| 34. | Net income or (loss) from Line 32 | (5,046,136) | (6,991,703) | (2,857,806) |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | 141 | (2) | (65) |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. | Change in net deferred income tax | 0 | 0 | 0 |
| 39. | Change in nonadmitted assets | 85,120 | 163,950 | (1,137,327) |
| 40. | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in | | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| | 44.3 Transferred to surplus | | 0 | 0 |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | | 5,000,000 | 5,000,000 |
| | 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| | 45.3 Transferred from capital | | 0 | 0 |
| 46. | Dividends to stockholders | | 0 | 0 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | (4,960,875) | (1,827,755) | 1,004,802 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 7,902,652 | 10,030,970 | 12,863,527 |
| | **DETAILS OF WRITE-INS** | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

# CASH FLOW

| | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **Cash from Operations** | | | |
| 1. Premiums collected net of reinsurance | 41,197,154 | 43,659,733 | 66,525,089 |
| 2. Net investment income | 153,423 | 101,459 | 230,206 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 41,350,577 | 43,761,192 | 66,755,295 |
| 5. Benefit and loss related payments | 35,528,937 | 42,012,230 | 67,564,260 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 6,980,999 | 7,324,694 | 13,816,324 |
| 8. Dividends paid to policyholders | | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | (670,438) | 0 | 0 |
| 10. Total (Lines 5 through 9) | 41,839,498 | 49,336,924 | 81,380,584 |
| 11. Net cash from operations (Line 4 minus Line 10) | (488,921) | (5,575,732) | (14,625,289) |
| **Cash from Investments** | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 1,220,000 | 120,000 | 120,000 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 3,907 | 3,849 | 1,601 |
| 12.7 Miscellaneous proceeds | 0 | 1 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,223,907 | 123,850 | 121,601 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,201,654 | 122,208 | 122,208 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,201,654 | 122,208 | 122,208 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 22,253 | 1,642 | (607) |
| **Cash from Financing and Miscellaneous Sources** | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 5,000,000 | 5,000,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 62,172 | (56,138) | 17,176 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 62,172 | 4,943,862 | 5,017,176 |
| **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) | (404,496) | (630,228) | (9,608,720) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 17,197,094 | 26,805,814 | 26,805,814 |
| 19.2 End of period (Line 18 plus Line 19.1) | 16,792,598 | 26,175,586 | 17,197,094 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 3,286 | 0 | 0 | 0 | 0 | 0 | 0 | 3,286 | 0 | 0 |
| 2. First Quarter | 3,385 | 0 | 0 | 0 | 0 | 0 | 0 | 3,385 | 0 | 0 |
| 3. Second Quarter | 3,335 | 0 | 0 | 0 | 0 | 0 | 0 | 3,335 | 0 | 0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 20,087 | | | | | | | 20,087 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 34,723 | | | | | | | 34,723 | | |
| 8. Non-Physician | 5,296 | | | | | | | 5,296 | | |
| 9. Total | 40,019 | 0 | 0 | 0 | 0 | 0 | 0 | 40,019 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 3,532 | | | | | | | 3,532 | | |
| 11. Number of Inpatient Admissions | 673 | | | | | | | 673 | | |
| 12. Health Premiums Written (a) | 37,041,933 | | | | | | | 37,041,933 | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 37,041,933 | | | | | | | 37,041,933 | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 35,887,262 | | | | | | | 35,887,262 | | |
| 18. Amount Incurred for Provision of Health Care Services | 35,188,908 | | | | | | | 35,188,908 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 37,041,933

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

Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims unpaid (Reported) | | | | | | |
| Detroit Area Agency on Aging | 540,000 | 540,000 | 313,313 | 69,127 | 0 | 1,462,440 |
| 0199999 Individually listed claims unpaid | 540,000 | 540,000 | 313,313 | 69,127 | 0 | 1,462,440 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | 1,872,609 | 0 | 0 | 0 | 0 | 1,872,609 |
| 0499999 Subtotals | 2,412,609 | 540,000 | 313,313 | 69,127 | 0 | 3,335,049 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 6,940,898 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 10,275,947 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | 0 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid Dec. 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | 0 | 0 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental only | | | | | 0 | 0 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | 7,982,757 | 30,049,360 | 303,068 | 9,972,879 | 8,285,825 | 10,974,301 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 7,982,757 | 30,049,360 | 303,068 | 9,972,879 | 8,285,825 | 10,974,301 |
| 10. Health care receivables (a) | 1,581,941 | 890,167 | | | 1,581,941 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 13. Totals (Lines 9-10+11+12) | 6,400,816 | 29,159,193 | 303,068 | 9,972,879 | 6,703,884 | 10,974,301 |

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

# NOTES TO 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 Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. As of June 30, 2018, these prescribed accounting practices are not applicable to the Company.

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

| | SSAP # | F/S Page | F/S Line# | 2018 | 2017 |
|---|---|---|---|---|---|
| NET INCOME | | | | | |
| (1) AmeriHealth Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 3) | | | | $……(5,046,136) | $.....(2,857,806) |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP | ..... | ..... | ..... | $..... 0 | $ ..... 0 |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP | ..... | ..... | ..... | $..... 0 | $ ..... 0 |
| (4) NAIC SAP (1-2-3=4) | | | | $.....(5,046,136) | $ .....(2,857,806) |
| SURPLUS | | | | | |
| (5) AmeriHealth Michigan, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | | | | $..... 7,902,652 | $ ..... 12,863,527 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP | ..... | ..... | ..... | $..... 0 | $ ..... 0 |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP | ..... | ..... | ..... | $..... 0 | $ ..... 0 |
| (8) NAIC SAP (5-6-7=8) | | | | $..... 7,902,652 | $ ..... 12,863,527 |

B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2017.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Short-term investments – None
(2) Bonds – No significant changes since December 31, 2017.
(3) Common Stocks – None
(4) Preferred Stock – None
(5) Mortgage Loans – None
(6) Loan-backed securities – None
(7) Investments in subsidiaries, controlled and affiliated (SCA) entities **–** None
(8) Investments in joint ventures, partnerships and limited liability companies – None
(9) Derivatives – None
(10) Anticipated investment income as a factor in premium deficiency calculation – None
(11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2017.
(12) Fixed asset capitalization policy modifications – No significant changes since December 31, 2017.
(13) Pharmaceutical Rebates – No significant change since December 31, 2017.

D. Going Concern – None

**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
(1) Name and brief description of the combined entities – None
(2) Method of accounting – None
(3) Shares of stock issued in the transaction – None
(4) Details of results of operations – None
(5) Adjustments recorded directly to surplus – None
C. Assumption Reinsurance – None
D. Impairment Loss recognized on Business Combinations and Goodwill – None

**4. Discontinued Operations**

A. Discontinued Operations Disposed of or Classified as Held for Sale – None
B. Change in Plan of Sale of Discontinued Operation – None
C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
D. Equity Interest Retained in the Discontinued Operation After Disposal – 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) Prepayment assumptions – None
(2) Recognized Other-than-Temporary Impairment – None
(3) Present Value of Cash Flows – None
(4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
(a) The aggregate amount of unrealized losses – None
(b) The aggregate related fair value of securities with unrealized losses – None
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. Low-income housing tax credits (LIHTC) – None
L. Restricted Assets
(1) Restricted Assets (Including Pledged) – No significant changes since December 31, 2017.
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
(3) Detail of Other Restricted Assets – 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. 5* Securities – None
Q. Short Sales – None
R. Prepayment Penalty and Acceleration Fees – None

**6. Joint Ventures, Partnerships and Limited Liability Companies**

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

**7. Investment Income**

A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2017.
B. Total amount excluded – No significant changes since December 31, 2017.

**8. Derivative Instruments**

A. Market risk, credit risk and cash requirements of the derivative instruments – None
B. Objective for using derivative instruments – None
C. Accounting policies for recognizing and measuring derivatives instruments used – None
D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None
F. Derivative instruments accounted for as cash flow hedges – None

**9. Income Taxes** – No significant changes since December 31, 2017.

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

A.,B., Material related party transactions – No significant changes since December 31, 2017.
C.
D. Amounts due from or to related parties as of June 30, 2018 – No significant changes since December 31, 2017.
E. Parental guarantees **–** None
F. Material management or service arrangements – No significant changes since December 31, 2017.
G. Nature of control relationship –No significant changes since December 31, 2017.
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
I. Investments in an SCA entity that exceed 10% of admitted assets – None
J. Write-downs for impaired investments in SCA entities – None
K. Investment in foreign subsidiary calculation – None
L. Investment in a downstream noninsurance holding company – None
M. All SCA Investments
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
(2) NAIC filing response information – None
N. Investment in Insurance SCAs – None

**11. Debt**

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

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

A. Defined Benefit Plan – None
B.,C. Postretirement Plan Assets – None
D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
E. Defined Contribution Plans – None
F. Multiemployer Plans – None
G. Consolidated/Holding Company Plans – None
H. Postemployment Benefits and Compensated Absences – None
I. Impact of Medicare Modernization Act on Postretirement Benefits – None

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

A. Common Capital stock outstanding **–** No significant changes since December 31, 2017.
B. Preferred stock – None
C. Dividend restrictions – No significant changes since December 31, 2017.
D. Dates and amounts of dividends paid **–** None
E. Stockholder's portion of ordinary dividend from profits – None
F. Restrictions placed on unassigned funds (surplus) – None
G. The total amount of advances to surplus not repaid – None
H. The amount of stock held by the Company for special purposes – None
I. Changes in balances of special surplus funds from the prior year – On January 22, 2018, the Continuing Appropriations Act of 2018 placed a moratorium on the Affordable Care Act (ACA) assessment, suspending collection of the health insurance fee for the 2019 calendar year (2018 data year). Thus, premiums written during 2018 are not subject to this assessment and segregation of special surplus is not required. As of June 30, 2018, the change in balance of special surplus funds from the prior year, due to the Subsequent Year ACA assessment, was $1,644,750.
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses **–** No significant changes since December 31, 2017.
K. Surplus notes – None
L. Impact of any restatement due to quasi-reorganization – None
M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments **–** None
B. Assessments – None
C. Gain Contingencies – None
D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
E. Joint and Several Liabilities – None
F. All Other Contingencies – None

**15. Leases**

A. Lessee Operating Leases
(1) General description of lessee's leasing arrangements – No significant changes since December 31, 2017.
(2) Minimum aggregate rental commitments – No significant changes since December 31, 2017
(3) Sales leaseback transactions – 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**

A. The face, contract or notional principle amount – None
B. The nature and terms of the contract – None
C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
D. The Company's policy of requiring collateral or other security to support financial instruments subject to 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 – None
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

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

**20. Fair Value Measurements**

A.,B. Fair value measurement at reporting date
(1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
(3) Transfers in and/or out of Level 3 – None
(4) Fair value measurements categorized within Level 2 and 3 – None
C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
D. Not Practicable to Estimate Fair Value – None

**21. Other Items**

A. Unusual or Infrequent Items – None
B. Troubled Debt Restructuring: Debtors – None
C. Other Disclosures – None
D. Business Interruption Insurance Recoveries – None
E. State Transferable and Non-transferable Tax Credits – None
F. Subprime-Mortgage-Related Risk Exposure – None
G. Retained Assets – None
H. Insurance-Linked Securities (ILS) Contracts – None

**22. Events Subsequent**

Type 1 – Recognized subsequent events – None
Type 2 – Nonrecognized subsequent events – No significant changes since December 31, 2017.

**23. Reinsurance**

A. Ceded Reinsurance Report – None
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

**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 amount of net premium written that are subject to retrospective rating features – None
D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
E. Risk- Sharing Provisions of the ACA – None

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2017 were $11,142,619 for incurred claims and claim adjustment expenses. As of June 30, 2018, $6,569,134 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $303,068 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of $4,270,417 during 2018 for the year ended December 31, 2017. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements –** None

**27. Structured Settlements –** None

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2017.
B. Risk Sharing Receivables – None

**29. Participating Policies –** None

**30. Premium Deficiency Reserves –** None

**31. Anticipated Salvage and Subrogation –** None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES
## GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 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 [X]

2.2 If yes, date of change: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

4.2 If yes, provide the name of 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2016

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2016

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....05/23/2018

6.4 By what department or departments?

Michigan Department of Insurance and Financial Services/Pennsylvania Insurance Department.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]

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

| 1<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

# GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... 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.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... $ .....

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... $ .....

13. Amount of real estate and mortgages held in short-term investments: ..... $ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

| | | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|---|---|---|
| 14.21 | Bonds | $ | $ |
| 14.22 | Preferred Stock | $ | $ |
| 14.23 | Common Stock | $ | $ |
| 14.24 | Short-Term Investments | $ | $ |
| 14.25 | Mortgage Loans on Real Estate | $ | $ |
| 14.26 | All Other | $ | $ |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | $ 0 | $ 0 |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above | $ | $ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ]

If no, attach a description with this statement.

# GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.3 Total payable for securities lending reported on the liability page $.....0

17. 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 [X] No [ ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| Bank of New York Mellon | 4400 Computer Drive, Westborough, MA 01581 |

17.2 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<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

17.5 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<br>Name of Firm or Individual | 2<br>Affiliation |
|---|---|
| Michael Burgoyne, who makes recommendations to BOD | I |
| Steven Bohner, who makes recommendations to BOD | I |

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.
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 5*GI securities?..... Yes [ ] No [ ]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent ..... 101.9 %

1.2 A&H cost containment percent ..... 7.5 %

1.3 A&H expense percent excluding cost containment expenses ..... 14.1 %

2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... $

2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... $

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [X]

# SCHEDULE S - CEDED REINSURANCE

**Showing All New Reinsurance Treaties - Current Year to Date**

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Ceded | 7<br>Type of Reinsurer | 8<br>Certified Reinsurer Rating (1 through 6) | 9<br>Effective Date of Certified Reinsurer Rating |
|---|---|---|---|---|---|---|---|---|

NONE

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

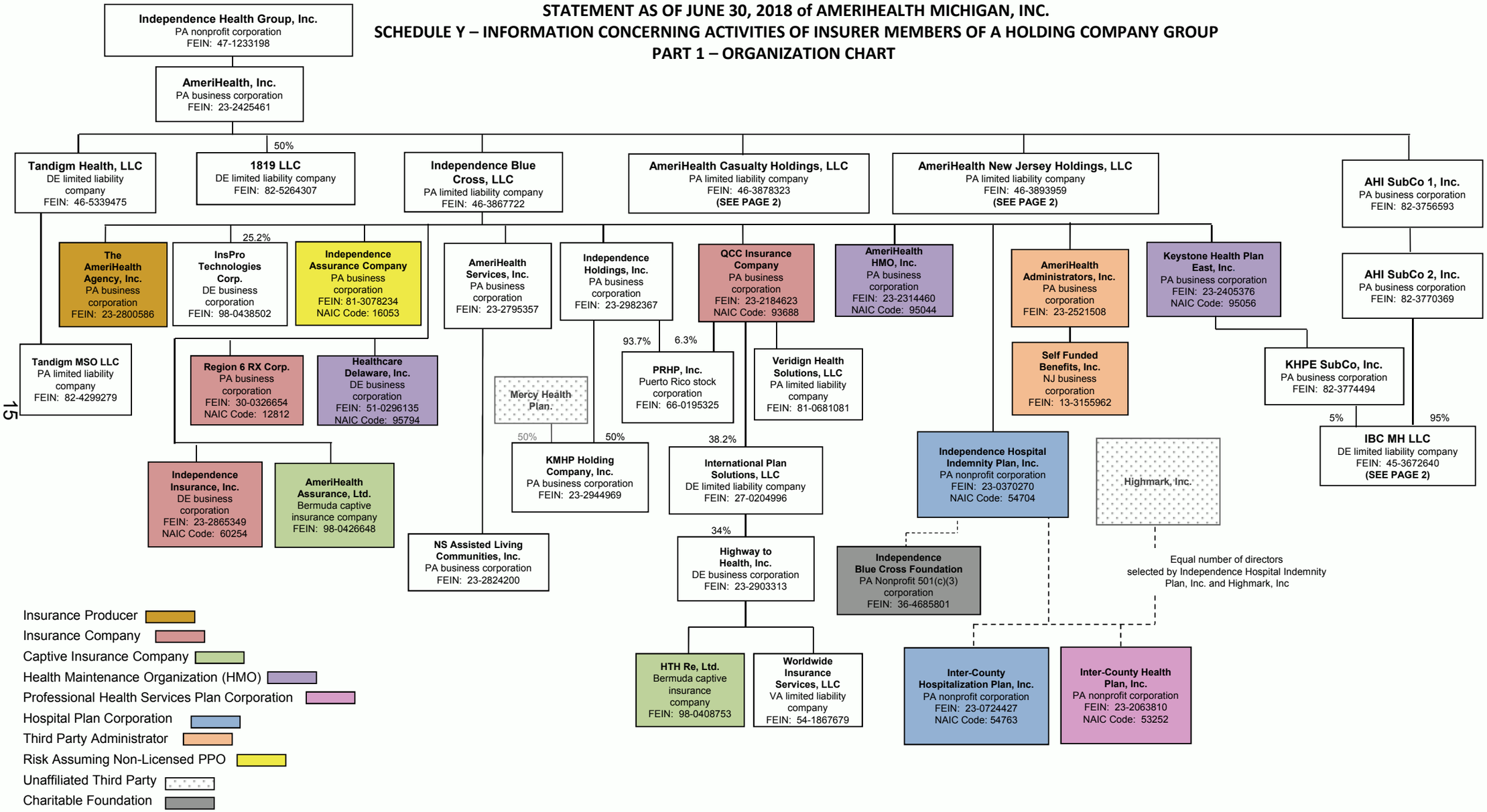
**Current Year to Date - Allocated by States and Territories**

| | 1 | Direct Business Only | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| States, Etc. | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. Alabama AL | N | | | | | | | 0 | |
| 2. Alaska AK | N | | | | | | | 0 | |
| 3. Arizona AZ | N | | | | | | | 0 | |
| 4. Arkansas AR | N | | | | | | | 0 | |
| 5. California CA | N | | | | | | | 0 | |
| 6. Colorado CO | N | | | | | | | 0 | |
| 7. Connecticut CT | N | | | | | | | 0 | |
| 8. Delaware DE | N | | | | | | | 0 | |
| 9. Dist. Columbia DC | N | | | | | | | 0 | |
| 10. Florida FL | N | | | | | | | 0 | |
| 11. Georgia GA | N | | | | | | | 0 | |
| 12. Hawaii HI | N | | | | | | | 0 | |
| 13. Idaho ID | N | | | | | | | 0 | |
| 14. Illinois IL | N | | | | | | | 0 | |
| 15. Indiana IN | N | | | | | | | 0 | |
| 16. Iowa IA | N | | | | | | | 0 | |
| 17. Kansas KS | N | | | | | | | 0 | |
| 18. Kentucky KY | N | | | | | | | 0 | |
| 19. Louisiana LA | N | | | | | | | 0 | |
| 20. Maine ME | N | | | | | | | 0 | |
| 21. Maryland MD | N | | | | | | | 0 | |
| 22. Massachusetts MA | N | | | | | | | 0 | |
| 23. Michigan MI | L | | 37,041,933 | | | | | 37,041,933 | |
| 24. Minnesota MN | N | | | | | | | 0 | |
| 25. Mississippi MS | N | | | | | | | 0 | |
| 26. Missouri MO | N | | | | | | | 0 | |
| 27. Montana MT | N | | | | | | | 0 | |
| 28. Nebraska NE | N | | | | | | | 0 | |
| 29. Nevada NV | N | | | | | | | 0 | |
| 30. New Hampshire NH | N | | | | | | | 0 | |
| 31. New Jersey NJ | N | | | | | | | 0 | |
| 32. New Mexico NM | N | | | | | | | 0 | |
| 33. New York NY | N | | | | | | | 0 | |
| 34. North Carolina NC | N | | | | | | | 0 | |
| 35. North Dakota ND | N | | | | | | | 0 | |
| 36. Ohio OH | N | | | | | | | 0 | |
| 37. Oklahoma OK | N | | | | | | | 0 | |
| 38. Oregon OR | N | | | | | | | 0 | |
| 39. Pennsylvania PA | N | | | | | | | 0 | |
| 40. Rhode Island RI | N | | | | | | | 0 | |
| 41. South Carolina SC | N | | | | | | | 0 | |
| 42. South Dakota SD | N | | | | | | | 0 | |
| 43. Tennessee TN | N | | | | | | | 0 | |
| 44. Texas TX | N | | | | | | | 0 | |
| 45. Utah UT | N | | | | | | | 0 | |
| 46. Vermont VT | N | | | | | | | 0 | |
| 47. Virginia VA | N | | | | | | | 0 | |
| 48. Washington WA | N | | | | | | | 0 | |
| 49. West Virginia WV | N | | | | | | | 0 | |
| 50. Wisconsin WI | N | | | | | | | 0 | |
| 51. Wyoming WY | N | | | | | | | 0 | |
| 52. American Samoa AS | N | | | | | | | 0 | |
| 53. Guam GU | N | | | | | | | 0 | |
| 54. Puerto Rico PR | N | | | | | | | 0 | |
| 55. U.S. Virgin Islands VI | N | | | | | | | 0 | |
| 56. Northern Mariana Islands MP | N | | | | | | | 0 | |
| 57. Canada CAN | N | | | | | | | 0 | |
| 58. Aggregate other alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 37,041,933 | 0 | 0 | 0 | 0 | 37,041,933 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | XXX | 0 | 37,041,933 | 0 | 0 | 0 | 0 | 37,041,933 | 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 |

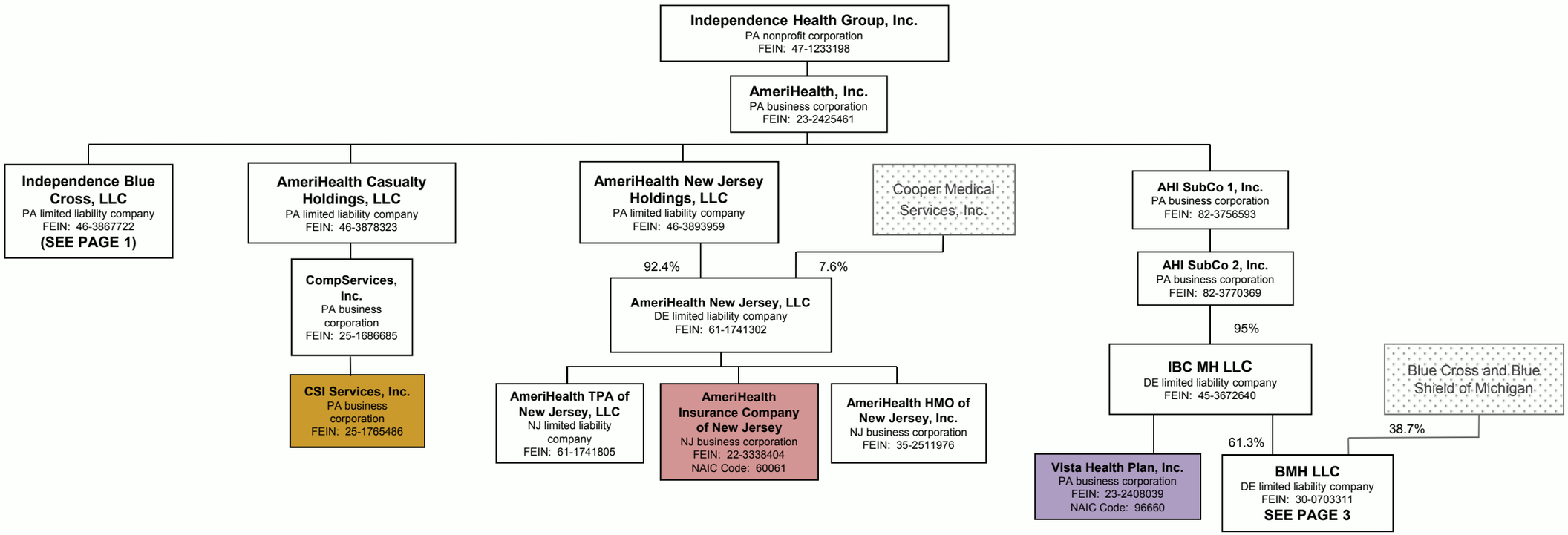
(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1
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 ..... 56

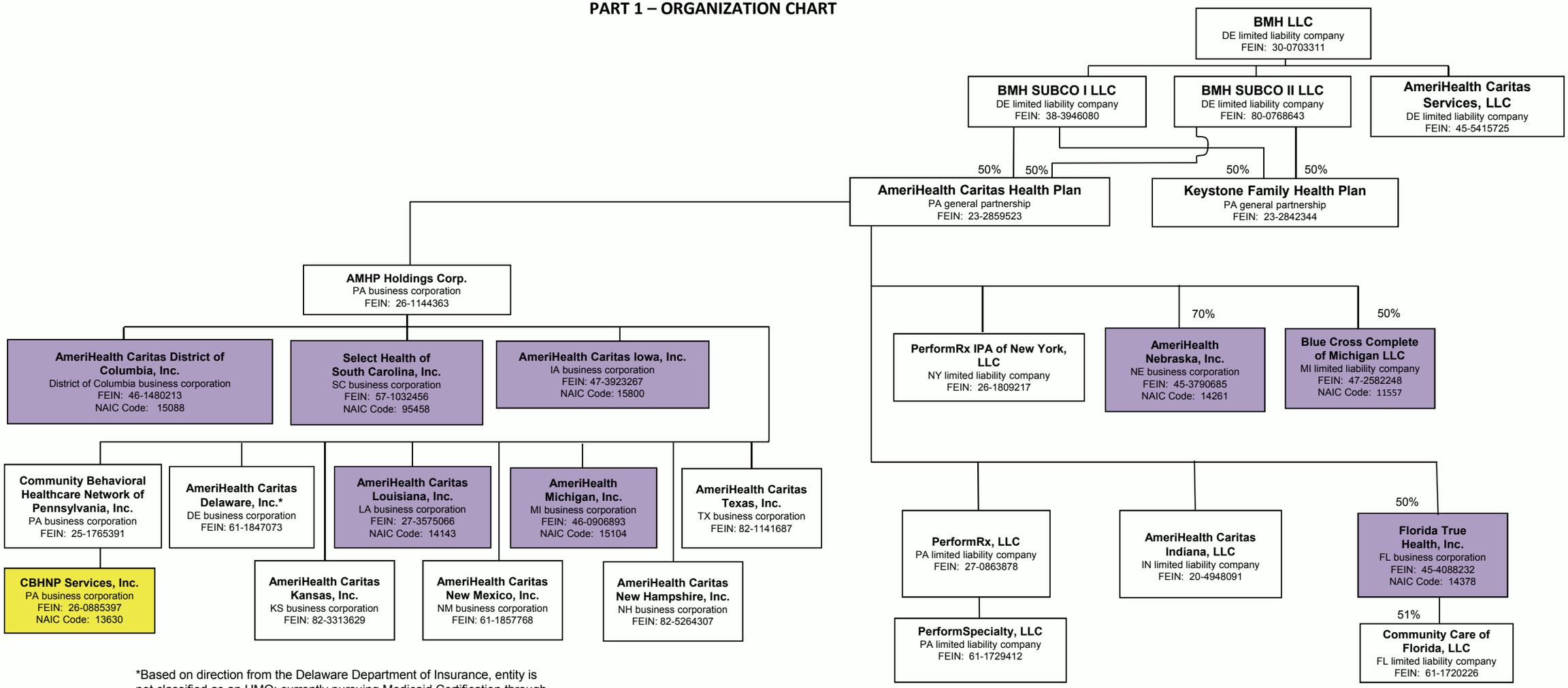
# STATEMENT AS OF JUNE 30, 2018 of AMERIHEALTH MICHIGAN, INC.
## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
## PART 1 – ORGANIZATION CHART



## STATEMENT AS OF JUNE 30, 2018 of AMERIHEALTH MICHIGAN, INC.
## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
## PART 1 – ORGANIZATION CHART



## STATEMENT AS OF JUNE 30, 2018 of AMERIHEALTH MICHIGAN, INC.
## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
## PART 1 – ORGANIZATION CHART




*Based on direction from the Delaware Department of Insurance, entity is not classified as an HMO; currently pursuing Medicaid Certification through the Delaware Division of Medicaid & Medical Assistance.

RANLI
HMO

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

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

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

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

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

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

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00936 | Independence Health Group, Inc. | 15104 | 46-0906893 | | | | AmeriHealth Michigan, Inc. | MI | RE | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00936 | Independence Health Group, Inc. | 95458 | 57-1032456 | | | | Select Health of South Carolina, Inc. | SC | IA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00936 | Independence Health Group, Inc. | 15088 | 46-1480213 | | | | AmeriHealth Caritas District of Columbia, Inc. | DC | IA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 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 | |
| 00000 | | 00000 | 61-1729412 | | | | PerformSpecialty, LLC | PA | NIA | PerformRx, LLC | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 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 | |
| 00000 | | 00000 | 26-1144363 | | | | AMHP Holdings Corp. | PA | UDP | AmeriHealth Caritas Health Plan | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 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 | |
| 00936 | Independence Health Group, Inc. | 13630 | 26-0885397 | | | | CBHNP Services, Inc. | PA | IA | Community Behavioral Healthcare Network of Pennsylvania, Inc. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 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 | |

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00936 | Independence Health Group, Inc. | 14261 | 45-3790685 | | | | AmeriHealth Nebraska, Inc. | NE | IA | AmeriHealth Caritas Health Plan | Ownership | 42.9 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska | N | |
| 00936 | Independence Health Group, Inc. | 14378 | 45-4088232 | | | | Florida True Health, Inc. | FL | IA | AmeriHealth Caritas Health Plan | Ownership | 30.6 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida | N | |
| 00000 | | 00000 | 61-1720226 | | | | Community Care of Florida, LLC | FL | NIA | Florida True Health, Inc. | Ownership | 15.6 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice | N | |
| 00572 | Blue Cross Blue Shield of Michigan | 11557 | 47-2582248 | | | | Blue Cross Complete of Michigan LLC | MI | IA | AmeriHealth Caritas Health Plan | Ownership | 30.6 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 00000 | 61-1847073 | | | | AmeriHealth Caritas Delaware, Inc. | DE | NIA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 00000 | 82-1141687 | | | | AmeriHealth Caritas Texas, Inc. | TX | NIA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 00000 | 61-1857768 | | | | AmeriHealth Caritas New Mexico, Inc. | NM | NIA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 00000 | 82-3313629 | | | | AmeriHealth Caritas Kanas, Inc. | KS | NIA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |
| 00000 | | 00000 | 83-0987716 | | | | AmeriHealth Caritas New Hampshire, Inc. | NH | NIA | AMHP Holdings Corp. | Ownership | 61.3 | Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan | N | |

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

| Asterisk | Explanation |
|---|---|
| 1 | Charity |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | RESPONSE |
|---|---|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

**Explanation:**

1. Business not written

**Bar Code:**

1. 1 5 1 0 4 2 0 1 8 3 6 5 0 0 0 0 2

# OVERFLOW PAGE FOR WRITE-INS

MQ004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1

| | 1<br>Current Year<br>To Date<br>Uncovered | 2<br>Current Year<br>To Date<br>Total | 3<br>Prior Year<br>To Date<br>Total | 4<br>Prior Year Ended<br>December 31<br>Total |
|---|---|---|---|---|
| 1404. Health Ed. and Pop. Mgmnt | | | 4,200 | 0 |
| 1405. | | | 0 | 0 |
| 1497. Summary of remaining write-ins for Line 14 from Page 04 | 0 | 0 | 4,200 | 0 |

# SCHEDULE A – VERIFICATION

**Real Estate**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Current year change in encumbrances | | 0 |
| 4. Total gain (loss) on disposals | | 0 |
| 5. Deduct amounts received on disposals | | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 8. Deduct current year's depreciation | | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

# SCHEDULE B – VERIFICATION

**Mortgage Loans**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 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 | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 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 | 0 |
| 12. Total valuation allowance | | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

# SCHEDULE BA – VERIFICATION

**Other Long-Term Invested Assets**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

# SCHEDULE D – VERIFICATION

**Bonds and Stocks**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,221,801 | 1,239,571 |
| 2. Cost of bonds and stocks acquired | 1,201,654 | 122,208 |
| 3. Accrual of discount | 3,600 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 1,220,000 | 120,000 |
| 7. Deduct amortization of premium | 1,801 | 19,978 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | 0 | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 1,205,254 | 1,221,801 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,205,254 | 1,221,801 |

# SCHEDULE D - PART 1B

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

| NAIC Designation | 1<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| **BONDS** | | | | | | | | |
| 1. NAIC 1 (a) | 1,202,956 | 0 | 0 | 2,298 | 1,202,956 | 1,205,254 | 0 | 1,221,801 |
| 2. NAIC 2 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 1,202,956 | 0 | 0 | 2,298 | 1,202,956 | 1,205,254 | 0 | 1,221,801 |
| **PREFERRED STOCK** | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 1,202,956 | 0 | 0 | 2,298 | 1,202,956 | 1,205,254 | 0 | 1,221,801 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ 0 ; NAIC 2 $ 0 ;
NAIC 3 $ 0 ; NAIC 4 $ 0 ; NAIC 5 $ 0 ; NAIC 6 $ 0

# SCHEDULE DA - PART 1

**Short-Term Investments**

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 9199999 | | XXX | | | |

# SCHEDULE DA - VERIFICATION

**Short-Term Investments**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 1,014 |
| 2. Cost of short-term investments acquired | 0 | 112,653,621 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 2,613 |
| 6. Deduct consideration received on disposals | 0 | 112,657,248 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 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

**(Cash Equivalents)**

| | 1<br>Year To<br>Date | 2<br>Prior Year<br>Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 872,912 | 0 |
| 2. Cost of cash equivalents acquired | 85,764,631 | 24,173,924 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 141 | (64) |
| 5. Total gain (loss) on disposals | 3,766 | (948) |
| 6. Deduct consideration received on disposals | 86,031,024 | 23,300,000 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 610,426 | 872,912 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 610,426 | 872,912 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

# SCHEDULE D - PART 3

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

| 1<br>CUSIP Identification | 2<br>Description | 3<br>Foreign | 4<br>Date Acquired | 5<br>Name of Vendor | 6<br>Number of Shares of Stock | 7<br>Actual Cost | 8<br>Par Value | 9<br>Paid for Accrued Interest and Dividends | 10<br>NAIC Designation or Market Indicator [a] |
|---|---|---|---|---|---|---|---|---|---|
| 9999999 Totals | | | | | | 0 | XXX | 0 | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0 .

# SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identi-fication | 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's (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 | NAIC Desig-nation or Market Indicator (a) |
| 9999999 Totals | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

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

# SCHEDULE E - PART 1 - CASH

**Month End Depository Balances**

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | |
| PNC Bank 249 5th Ave. Pittsburgh, PA 15222 | | | | | (947,949) | (704,338) | 16,158,381 | XXX |
| Bank of New York Mellon 4400 Computer Drive, Westborough, MA 01581 | | | | | | | 23,791 | XXX |
| 0199998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 0 | 0 | (947,949) | (704,338) | 16,182,172 | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | 0 | 0 | (947,949) | (704,338) | 16,182,172 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| **0599999 Total** | XXX | XXX | 0 | 0 | (947,949) | (704,338) | 16,182,172 | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>CUSIP | 2<br>Description | 3<br>Code | 4<br>Date Acquired | 5<br>Rate of Interest | 6<br>Maturity Date | 7<br>Book/Adjusted Carrying Value | 8<br>Amount of Interest Due & Accrued | 9<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|---|
| Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | | |
| 09248U-70-0 | BLACKROCK LIQUIDITY FDS FEDFUNDS | | 06/14/2018 | 0.000 | XXX | 153,529 | 0 | 37,494 |
| 8599999 - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | 153,529 | 0 | 37,494 |
| All Other Money Market Mutual Funds | | | | | | | | |
| 09248U-61-9 | BLACKROCK LIQUIDITY FDS TEMP FUNDS | | 06/14/2018 | 0.000 | XXX | 456,897 | 0 | 100,256 |
| 8699999 - All Other Money Market Mutual Funds | | | | | | 456,897 | 0 | 100,256 |
| 8899999 Total Cash Equivalents | | | | | | 610,426 | 0 | 137,750 |