



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Insurance Company of New Jersey

(Name)

NAIC Group Code 0936 (Current Period) , 0936 (Prior Period) NAIC Company Code 60061 Employer's ID Number 22-3338404

Organized under the Laws of New Jersey, State of Domicile or Port of Entry New Jersey

Country of Domicile United States

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

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M (Street and Number), Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M (Street and Number)
Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code) 609-662-2400 (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M (Street and Number or P.O. Box), Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M (Street and Number)
Cranbury, NJ, US 08512-3706 (City or Town, State, Country and Zip Code) 609-662-2400 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealth.com

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

OFFICERS

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

OTHER OFFICERS

Stephen Paul Fera	Senior Vice President	Daphne Klausner #	Senior Vice President
Kenneth Edwin Kobylowski	Senior Vice President	Michael Anthony Munoz	Senior Vice President
Ryan Jeffrey Petrizzi	Vice President	G. Kenneth Robinson, III	Vice President
Richard Lamar Snyder, M.D.	Executive Vice President		

DIRECTORS OR TRUSTEES

Gregory Eugene Deavens	Brian Loble	Regina Heffernan #	Richard Lamar Snyder, M.D.
Michael Walsh Sullivan			

State of Pennsylvania

County of Philadelphia

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

Michael Walsh Sullivan
President & C.E.O.

Russell Paul Heid
Vice President & Treasurer

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

Subscribed and sworn to before me this
25 day of February, 2020

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

Marla Matteo, Notary Public
April 27, 2022

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	9,758,326	12,802,968		10,543,442	9,758,326	9,561,214
2. Claim overpayment receivables	5,624,756	(1,461,940)	1,116,635	2,010,828	6,741,391	2,463,169
3. Loans and advances to providers				1,107,290	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables		(71,555)		71,555	0	0
7. Totals (Lines 1 through 6)	15,383,082	11,269,473	1,116,635	13,733,115	16,499,717	12,024,383

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)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

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
1. Administrative furniture and equipment	301,156		42,588	258,568	258,568	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	301,156	0	42,588	258,568	258,568	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Insurance Company of New Jersey 2. (LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019				NAIC Company Code		60061
	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,483	88,155	65,239	7,089						
2 First Quarter	184,880	114,608	63,276	6,996						
3 Second Quarter	177,812	108,417	62,442	6,953						
4. Third Quarter	170,601	103,282	60,389	6,930						
5. Current Year	164,323	98,227	59,275	6,821						
6 Current Year Member Months	2,068,366	1,250,087	735,281	82,998						
Total Member Ambulatory Encounters for Year:										
7. Physician	3,664,637	1,935,637	1,399,835	329,165						
8. Non-Physician	366,095	188,073	131,903	46,119						
9. Total	4,030,732	2,123,710	1,531,738	375,284	0	0	0	0	0	0
10. Hospital Patient Days Incurred	70,628	36,888	21,975	11,765						
11. Number of Inpatient Admissions	10,784	5,522	3,963	1,299						
12. Health Premiums Written (b).....	945,042,030	467,142,780	457,022,680	17,846,175	1,345,549	1,684,846				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	945,042,030	467,142,780	457,022,680	17,846,175	1,345,549	1,684,846				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	830,051,636	431,496,941	382,887,427	14,146,367	675,967	844,934				
18. Amount Incurred for Provision of Health Care Services	834,017,687	440,444,477	377,702,384	14,349,925	675,967	844,934				

(a) For health business: number of persons insured under PPO managed care products148,088 and number of persons insured under indemnity only products81
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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REPORT FOR: 1. CORPORATION AmeriHealth Insurance Company of New Jersey 2. (LOCATION)

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	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,483	88,155	65,239	7,089	0	0	0	0	0	0
2 First Quarter	184,880	114,608	63,276	6,996	0	0	0	0	0	0
3 Second Quarter	177,812	108,417	62,442	6,953	0	0	0	0	0	0
4. Third Quarter	170,601	103,282	60,389	6,930	0	0	0	0	0	0
5. Current Year	164,323	98,227	59,275	6,821	0	0	0	0	0	0
6 Current Year Member Months	2,068,366	1,250,087	735,281	82,998	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,664,637	1,935,637	1,399,835	329,165	0	0	0	0	0	0
8. Non-Physician	366,095	188,073	131,903	46,119	0	0	0	0	0	0
9. Total	4,030,732	2,123,710	1,531,738	375,284	0	0	0	0	0	0
10. Hospital Patient Days Incurred	70,628	36,888	21,975	11,765	0	0	0	0	0	0
11. Number of Inpatient Admissions	10,784	5,522	3,963	1,299	0	0	0	0	0	0
12. Health Premiums Written (b).....	945,042,030	467,142,780	457,022,680	17,846,175	1,345,549	1,684,846	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	945,042,030	467,142,780	457,022,680	17,846,175	1,345,549	1,684,846	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	830,051,636	431,496,941	382,887,427	14,146,367	675,967	844,934	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	834,017,687	440,444,477	377,702,384	14,349,925	675,967	844,934	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products148,088 and number of persons insured under indemnity only products81
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....	1,227	1,866	2,314	1,440	1,568
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	398	694	648	0	0
5. Total hospital and medical expenses.....	68,633	739	10,482	29,313	66,522
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	8,886	0	0	4,045	14,180
8. Reinsurance recoverable on paid losses.....	58,907	431	7,337	33,758	38,529
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	376,050,185		376,050,185
2. Accident and health premiums due and unpaid (Line 15).....	9,126,281		9,126,281
3. Amounts recoverable from reinsurers (Line 16.1).....	58,906,534	(58,906,534)	0
4. Net credit for ceded reinsurance.....	XXX	67,461,412	67,461,412
5. All other admitted assets (Balance).....	64,779,211		64,779,211
6. Total assets (Line 28)	508,862,211	8,554,878	517,417,089
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	125,361,717	8,885,865	134,247,582
8. Accrued medical incentive pool and bonus payments (Line 2).....	7,440,776		7,440,776
9. Premiums received in advance (Line 8).....	34,552,176		34,552,176
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	330,987	(330,987)	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).....	155,110,581		155,110,581
15. Total liabilities (Line 24).....	322,796,237	8,554,878	331,351,115
16. Total capital and surplus (Line 33).....	186,065,974	XXX	186,065,974
17. Total liabilities, capital and surplus (Line 34)	508,862,211	8,554,878	517,417,089
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	8,885,865		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	58,906,534		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	67,792,399		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	330,987		
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	330,987		
31. Total net credit for ceded reinsurance	67,461,412		

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	47-1233198				Independence Health Group, Inc.	PA	UIP	Independence Health Group, Inc.		0.0	Independence Health Group, Inc.	N	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)	Ownership	50.0	Independence Health Group, Inc. / Comcast Connected Health, LLC	N	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	N	0
		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	N	0
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	0
		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	0

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	23-2903313				Highway to Health, Inc.....	DE	NIA	International Plan Solutions, LLC.....	Ownership.....	13.0	Independence Health Group, Inc.....	N	0
		00000	98-0408753				HTH Re, Ltd.....	BMU	NIA	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	N	0
		00000	54-1867679				Worldwide Insurance Services, LLC.....	VA	NIA	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	N	0
		00000	23-2521508				AmeriHealth Administrators, Inc.....	PA	NIA	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
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	0
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	0
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	0
		00000	82-3774494				KHPE SubCo, Inc.....	PA	NIA	Keystone Health Plan East, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	Y	0
00936	Independence Health Group, Inc.....	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.....	PA	IA	Independence Blue Cross Foundation.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
		00000	36-4685801				Independence Hospital Indemnity Plan, Inc.....	PA	OTH	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc.....	N	0
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	0
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	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC.....	PA	NIA	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
		00000	25-1686685				CompServices, Inc.....	PA	NIA	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
		00000	25-1765486				CSI Services, Inc.....	PA	NIA	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.....	PA	UIP	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	N	0
		00000	61-1741302				AmeriHealth New Jersey, LLC.....	DE	UDP	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	N	0
		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC.....	NJ	NIA	AmeriHealth New Jersey, LLC.....	Ownership.....	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	N	0
00936	Independence Health Group, Inc.....	60061	22-3338404				AmeriHealth Insurance Company of New Jersey.....	NJ	RE	AmeriHealth New Jersey, LLC.....	Ownership.....	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	N	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

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

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska	N	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

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

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

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2. Will an actuarial opinion be filed by March 1?

.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8. Will an audited financial report be filed by June 1?

.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Reinsurance Receivable.....	3,299,679		3,299,679	
2597. Summary of remaining write-ins for Line 25 from Page 2	3,299,679	0	3,299,679	0

**SUPPLEMENT FOR THE YEAR 2019 OF THE AmeriHealth Insurance Company of New Jersey**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code	0936	NAIC Company Code	60061
Address (City, State and Zip Code)	Cranbury, NJ 08512-3706		
Person Completing This Exhibit	Stephen Tenaglio		
Title	Senior Actuary, Reserve & Planning	Telephone Number	215-241-3375

[illegible]

GENERAL INTERROGATORIES

- | | |
|---|--|
| 1. If response in Column 1 is no, give full and complete details | |
| 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state | |
| 2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480 | |
| 2.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413 | |
| 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). | |
| 3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480 | |
| 3.2 Contact Person and Phone Number: Mark Sobieski 215-241-3413 | |
| 4. Explain any policies identified above as policy type "O" | |

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