



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2013**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth District of Columbia, Inc.**

NAIC Group Code 00936 , 00936 NAIC Company Code 15088 Employer's ID Number 46-1480213  
(Current Period) (Prior Period)

Organized under the Laws of District of Columbia , State of Domicile or Port of Entry District of Columbia  
 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 11/30/2012 Commenced Business 03/18/2013

Statutory Home Office 1120 Vermont Avenue Suite 200 , Washington, DC, US 20005  
(Street and Number) (City or Town, State, Country and Zip Code)

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

Mail Address 1120 Vermont Avenue Suite 200 , Washington, DC, US 20005  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.amerihhealthdc.com

Statutory Statement Contact Colleen Jeanette McCabe , 215-863-5582  
(Name) (Area Code) (Telephone Number) (Extension)  
cmccabe@amerihealthcaritas.com 215-937-5349  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Jay Feldstein D.O. #</u>	<u>President</u>	<u>Robert Howard Gilman Esquire #</u>	<u>Vice President and Secretary</u>
<u>Steven Harvey Bohner #</u>	<u>Vice President and Treasurer</u>	<u>Susan Hampshire Overton #</u>	<u>Vice President and CFO</u>

**OTHER OFFICERS**

<u>Karen Margaret Dale #</u>	<u>Executive Director</u>	<u>George Dennis Mulligan #</u>	<u>Assistant Secretary</u>
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**DIRECTORS OR TRUSTEES**

<u>Jay Feldstein D.O. #</u>	<u>Steven Harvey Bohner #</u>	<u>Anne Maureen Morrissey #</u>
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State of Pennsylvania  
 County of Delaware

**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.

Jay Feldstein D.O.  
 President

Robert Howard Gilman Esquire  
 Vice President and Secretary

Steven Harvey Bohner  
 Vice President and Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2014

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 \_\_\_\_\_

Alayne Bowe, Notary Public  
 December 30, 2014





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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....		20,940		778,560	0	
2. Claim overpayment receivables .....		9,844,465		414,327	0	
3. Loans and advances to providers .....		6,745,376		356,462	0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	0	16,610,781	0	1,549,349	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
THE GEORGE WASHINGTON UNIV.....	1,699,545					1,699,545
SPECIALTY HOSPITAL OF WASH.....	441,600					441,600
CHILDRENS HOSPITAL.....	405,550					405,550
HOWARD UNIVERSITY HOSPITAL.....	384,587					384,587
PRINCE GEORGES HOSPITAL CENTER.....	211,232					211,232
PROVIDENCE HOSPITAL.....	207,197					207,197
WASHINGTON HOSPITAL CENTER.....	134,312					134,312
UNITED MEDICAL CENTER.....	111,916					111,916
DC FIRE AND EMS DEPARTMENT.....	100,027					100,027
PSYCHIATRIC INSTITUTE OF WASHINGTON.....	27,930					27,930
MEDSTAR SO MD HOSP.....	24,644					24,644
FORT WASHINGTON HOSPITAL.....	24,643					24,643
GEORGETOWN UNIVERSITY HOSPITAL.....	18,855					18,855
HOLY CROSS HOSPITAL.....	16,555					16,555
WARREN YU.....	14,289					14,289
NASCOTT INC.....	11,523					11,523
NATIONS HOME INFUSION LLC.....	10,946					10,946
SUSAN THEUT.....	10,500					10,500
CHILDRENS HOSPITAL.....	0	115,680				115,680
THE GEORGE WASHINGTON UNIV.....	0	55,887				55,887
PRINCE GEORGES HOSPITAL CENTER.....	0	17,133				17,133
HOWARD UNIVERSITY HOSPITAL.....	0	12,634				12,634
AMEET SINGH.....	0	12,452				12,452
0199999 Individually listed claims unpaid.....	3,855,850	213,786	0	0	0	4,069,636
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	748,900	33,120	6,677	134		788,831
0499999 Subtotals.....	4,604,750	246,906	6,677	134	0	4,858,467
0599999 Unreported claims and other claim reserves.....						39,387,196
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						44,245,663
0899999 Accrued medical incentive pool and bonus amounts.....						0

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>NONE</b>							
0199999 Individually listed receivables .....	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.**

**EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	5,347,925	3.1	35,710	33.9		5,347,925
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	22,102,712	12.7	188,695	179.3		22,102,712
4. Total capitation payments .....	27,450,637	15.8	224,405	213.2	0	27,450,637
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	146,605,835	84.2	XXX	XXX		146,605,835
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	146,605,835	84.2	XXX	XXX	0	146,605,835
13. Total (Line 4 plus Line 12)	174,056,472	100 %	XXX	XXX	0	174,056,472

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	429,853		134,180	295,673	295,673	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	429,853	0	134,180	295,673	295,673	0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth District of Columbia, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2013					NAIC Company Code	15088
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0								0	
2. First Quarter .....	0								0	
3. Second Quarter .....	99,881								99,881	
4. Third Quarter .....	101,301								101,301	
5. Current Year .....	105,240								105,240	
6. Current Year Member Months	817,684								817,684	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	405,275								405,275	
8. Non-Physician .....	35,910								35,910	
9. Total	441,185	0	0	0	0	0	0	0	441,185	0
10. Hospital Patient Days Incurred	17,822								17,822	
11. Number of Inpatient Admissions	4,341								4,341	
12. Health Premiums Written (b) .....	255,497,282								255,497,282	
13. Life Premiums Direct .....	0								0	
14. Property/Casualty Premiums Written .....	0								0	
15. Health Premiums Earned .....	255,497,282								255,497,282	
16. Property/Casualty Premiums Earned .....	0								0	
17. Amount Paid for Provision of Health Care Services .....	174,056,472								174,056,472	
18. Amount Incurred for Provision of Health Care Services	218,302,135								218,302,135	

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

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

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth District of Columbia, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2013							NAIC Company Code	15088
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter .....	99,881	0	0	0	0	0	0	0	99,881	0		
4. Third Quarter .....	101,301	0	0	0	0	0	0	0	101,301	0		
5. Current Year .....	105,240	0	0	0	0	0	0	0	105,240	0		
6. Current Year Member Months	817,684	0	0	0	0	0	0	0	817,684	0		
Total Member Ambulatory Encounters for Year:												
7. Physician .....	405,275	0	0	0	0	0	0	0	405,275	0		
8. Non-Physician .....	35,910	0	0	0	0	0	0	0	35,910	0		
9. Total	441,185	0	0	0	0	0	0	0	441,185	0		
10. Hospital Patient Days Incurred	17,822	0	0	0	0	0	0	0	17,822	0		
11. Number of Inpatient Admissions	4,341	0	0	0	0	0	0	0	4,341	0		
12. Health Premiums Written (b) .....	255,497,282	0	0	0	0	0	0	0	255,497,282	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 .....	255,497,282	0	0	0	0	0	0	0	255,497,282	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 .....	174,056,472	0	0	0	0	0	0	0	174,056,472	0		
18. Amount Incurred for Provision of Health Care Services	218,302,135	0	0	0	0	0	0	0	218,302,135	0		

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

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

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**Schedule S - Part 6**

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

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	218,302	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	82,733,397		82,733,397
2. Accident and health premiums due and unpaid (Line 15).....	2,109,938		2,109,938
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	(1,051,877)		(1,051,877)
6. Total assets (Line 28)	83,791,458	0	83,791,458
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	44,245,663	0	44,245,663
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	14,737,151		14,737,151
15. Total liabilities (Line 24).....	58,982,814	0	58,982,814
16. Total capital and surplus (Line 33).....	24,808,644	XXX	24,808,644
17. Total liabilities, capital and surplus (Line 34)	83,791,458	0	83,791,458
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						.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 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
00936	Independence Blue Cross	54704	23-0370270				Independence Blue Cross	PA	UIP					
00936	Independence Blue Cross	00000	45-3672640				IBC MH LLC (53%) (See BMH LLC on Page 16.1)	DE	UIP	Independence Blue Cross	Ownership	53.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	22-2724721				IBC/HBS Caring Foundation For Children (50%) InsPro Technologies Corp (f/k/a Health Benefits Direct Corp.) (30.2%)	PA	OTH	Independence Blue Cross	Board	0.0	Independence Blue Cross	1
00936	Independence Blue Cross	00000	98-0438502				Independence Blue Cross Foundation	DE	NIA	Independence Blue Cross	Ownership	30.2	Independence Blue Cross	
00936	Independence Blue Cross	00000	36-4685801				Inter-County Health Plan, Inc. (50%)	PA	OTH	Independence Blue Cross	Board	0.0	Independence Blue Cross	1
00936	Independence Blue Cross	53252	23-2063810				Inter-County Hospitalization Plan, Inc. (50%)	PA	IA	Independence Blue Cross	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	54763	23-0724427				Preferred Health Systems, Incorporated	PA	IA	Independence Blue Cross	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2219720				AmeriHealth, Inc.	PA	NIA	Inter-county Hospitalization Plan, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2425461				AmeriHealth Administrators, Inc	PA	UIP	Independence Blue Cross	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2521508				Self Funded Benefits, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	13-3155962				AmeriHealth Administrators, Inc	NJ	NIA	AmeriHealth Administrators, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	10975	06-1505051				AmeriHealth Casualty Insurance Company	DE	IA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	95794	51-0296135				Healthcare Delaware, Inc	DE	IA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2671650				Independence Healthcare Management, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	60254	23-2865349				Independence Insurance, Inc	DE	IA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	90-0799945				3BE Holdings, LLC	DE	NIA	AmeriHealth, Inc	Ownership	29.2	Independence Blue Cross	
00936	Independence Blue Cross	00000	04-3355932				NaviNet	DE	NIA	3BE Holdings, LLC	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	12812	30-0326654				Region 6 Rx Corp	PA	IA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	25-1686685				CompServices, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	25-1765486				CSI Services, Inc	PA	NIA	CompServices, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2982367				Independence Holdings, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
00936	Independence Blue Cross	00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	27-4534612				Brandywine 1919 Ventures (50%) NS Assisted Living Communities, Inc.	DE	NIA	AmeriHealth Services, Inc.	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	93688	23-2184623				QCC Insurance Company IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	PA	IA	AmeriHealth, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	45-3672640				IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	DE	UIP	QCC Insurance Company	Ownership	23.5	Independence Blue Cross	
00936	Independence Blue Cross	00000	81-0681081				Veridign Health Solutions, LLC International Plan Solutions, LLC (38.2%)	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	27-0204996				International Plan Solutions, LLC (38.2%)	DE	NIA	QCC Insurance Company International Plan Solutions, LLC	Ownership	38.2	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2903313				Highway to Health, Inc. Worldwide Insurance Services, Inc.	DE	NIA	Highway to Health, Inc.	Ownership	34.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	54-1867679				Worldwide Insurance Services, Inc.	VA	NIA	Highway to Health, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	98-0408753				HTH Re, Ltd. AmeriHealth Integrated Benefits, Inc.	BMU	NIA	Highway to Health, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2317715				AmeriHealth Integrated Benefits, Inc.	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	95044	23-2314460				AmeriHealth HMO, Inc. AmeriHealth Integrated Case Management, Inc.	PA	IA	AmeriHealth Integrated Benefits, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2754696				AmeriHealth Integrated Case Management, Inc.	PA	NIA	AmeriHealth HMO, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	AmeriHealth HMO, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	95056	23-2405376				Keystone Health Plan East, Inc. IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	PA	IA	AmeriHealth HMO, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	45-3672640				IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	DE	UIP	Keystone Health Plan East, Inc.	Ownership	23.5	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2864737				Keystone Benefits, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Keystone Benefits, Inc.	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	30-0703311				BMH LLC (61.3%)	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
00936	Independence Blue Cross	00000	45-5415725				AmeriHealth Caritas Services LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	30-0703311				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH Subco I, LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH Subco I, LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14692	20-2467931				AmeriHealth Caritas Georgia, Inc	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	77-0632420				Shore Points AmeriHealth Mercy of Louisiana, LLC	LA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

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00936	Independence Blue Cross	00000	45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/BlueCross / BlueShield of Northeastern Pennsylvania	
00936	Independence Blue Cross	15088	46-1480213				AmeriHealth District of Columbia, Inc	DC	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	20-4948091				AmeriHealth Mercy of Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	26-1809217				PerformRx IPA of NY, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14261	45-3790685				AmeriHealth Nebraska, Inc	NE	IA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Nebraska	

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00936	Independence Blue Cross	14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida	
00936	Independence Blue Cross	00000	45-0563075				Prestige Health Choice, L.L.C.	FL	NIA	Florida True Health, Inc.	Ownership	12.3	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice	
00936	Independence Blue Cross	00000	61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	15.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice	
00936	Independence Blue Cross	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00936	Independence Blue Cross	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	46-4191591				Regence AmeriHealth Caritas, Inc	WA	NIA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/Regence Blue Shield	
00936	Independence Blue Cross	00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH Subco II, LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH Subco II, LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14692	20-2467931				AmeriHealth Caritas Georgia, Inc	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00936	Independence Blue Cross	00000	77-0632420				Shore Points AmeriHealth Mercy of Louisiana, LLC	LA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/BlueCross / BlueShield of Northeastern Pennsylvania	
00936	Independence Blue Cross	15088	46-1480213				AmeriHealth District of Columbia, Inc	DC	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	20-4948091				AmeriHealth Mercy of Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	26-1809217				PerformRx IPA of NY, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	14261	45-3790685				AmeriHealth Nebraska, Inc	NE	RE	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Blue Cross / BlueCross BlueShield of Nebraska	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00936	Independence Blue Cross	14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida	
00936	Independence Blue Cross	00000	45-0563075				Prestige Health Choice, L.L.C.	FL	NIA	Florida True Health, Inc.	Ownership	12.3	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice	
00936	Independence Blue Cross	00000	61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	15.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice	
00936	Independence Blue Cross	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
00936	Independence Blue Cross	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	



**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95458	57-1032456	Select Health of South Carolina, Inc.	(12,000,000)				(34,448,496)				(46,448,496)	
00000	25-1765391	Community Behav Health Network of PA					6,910,110				6,910,110	
13630	26-0885397	CBHNP Services, Inc					(4,496,557)				(4,496,557)	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		5,000,000			(28,591,387)				(23,591,387)	
14378	45-4088232	Florida True Health, Inc.		7,200,816			(10,943,478)			(5,000)	(3,747,662)	
14261	45-3790685	AmeriHealth Nebraska, Inc.					(3,874,472)				(3,874,472)	
15088	46-1480213	AmeriHealth District of Columbia, Inc.		39,500,000			(14,860,752)				24,639,248	
15104	46-0906893	AmeriHealth Michigan, Inc.		1,625,000							1,625,000	
00000	23-2859523	AmeriHealth Caritas Health Plan	12,000,000	(56,475,000)			81,473,727				36,998,727	
00000	27-0863878	PerformRx, LLC					8,831,305				8,831,305	
00000	59-2468517	Diversified Health Services, Inc.		(10,350,000)							(10,350,000)	
00000	45-0563075	Prestige Health Choice, LLC		12,700,000							12,700,000	
00000	61-1720226	Prestige MSO, LLC		799,184						5,000	804,184	
<b>9999999 Control Totals</b>			0	0	0	0	0	0	XXX	0	0	0

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

- |   | <u>Responses</u> |
|---|------------------|
| 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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

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.

### MARCH FILING

- |  |              |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO..... |
| 15. 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..... |
| 16. 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..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |
| 18. 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?                                   | .....NO..... |
| 19. 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?   | .....NO..... |
| 20. 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?  | .....NO..... |

### APRIL FILING

- |  |              |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | .....NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....NO..... |
| 25. 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? | .....NO..... |

### AUGUST FILING

- |  |              |
|--|--------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....NO..... |
|--|--------------|

### Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24.

25.

26. direct written and assumed premium is less than \$500 million

Bar code:

11.   
1 5 0 8 8 2 0 1 3 3 6 0 5 9 0 0 0

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22.   
1 5 0 8 8 2 0 1 3 2 1 1 5 9 0 0 0

23.   
1 5 0 8 8 2 0 1 3 2 1 3 0 0 0 0 0

24.   
1 5 0 8 8 2 0 1 3 2 1 6 5 9 0 0 0

25.   
1 5 0 8 8 2 0 1 3 2 1 7 0 0 0 0 0

26.   
1 5 0 8 8 2 0 1 3 2 2 3 0 0 0 0 0

**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. Intangible assets.....	7,988,686	7,988,686	0	
2597. Summary of remaining write-ins for Line 25 from Page 2	7,988,686	7,988,686	0	0

M014 Additional Aggregate Lines for Page 14 Line 25.

\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Donations.....	0	0	21,245		21,245
2505. Purchased Services.....	0	0	(20,290)		(20,290)
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	955	0	955

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