



QUARTERLY STATEMENT

AS OF JUNE 30, 2014
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth District of Columbia, Inc.

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

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 Philadelphia, PA, US 19113 215-937-8000
(Street and Number) (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 Philadelphia, PA, US 19113 215-937-8000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.amerihealthdc.com

Statutory Statement Contact Uma Ganesan 215-937-8861
(Name) (Area Code) (Telephone Number) (Extension)
Uma.Ganesan@amerihealthcaritas.com 215-937-5366
(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Anne Maureen Morrissey #</u>	<u>Interim 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>		

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>Peter Andrew Jacuk #</u>	<u>Steven Harvey Bohner</u>	<u>Anne Maureen Morrissey</u>
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State ofPennsylvania.....

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County ofDelaware.....

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.

Anne Maureen Morrissey
Interim President

Robert Howard Gilman Esquire
Vice President and Secretary

Steven Harvey Bohner
Vice President and Treasurer

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 _____

Subscribed and sworn to before me this _____ day of August, 2014

Altynne Bowe, Notary Republic
12/30/214

STATEMENT AS OF JUNE 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
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 (\$38,496,056), cash equivalents (\$0) and short-term investments (\$45,536,067)	84,032,123		84,032,123	82,733,397
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			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)	84,032,123	0	84,032,123	82,733,397
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,202,692		7,202,692	2,109,938
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			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	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	540,000		540,000	0
18.2 Net deferred tax asset	7,789,255	5,254,174	2,535,081	1,048,618
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	104,623		104,623	108,081
21. Furniture and equipment, including health care delivery assets (\$)	253,129	253,129	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 (\$358,000) and other amounts receivable	4,594,945	4,236,945	358,000	332,030
25. Aggregate write-ins for other-than-invested assets	5,496,607	7,901,108	(2,404,501)	(2,540,606)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	110,013,374	17,645,356	92,368,018	83,791,458
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	110,013,374	17,645,356	92,368,018	83,791,458
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. Security Deposit on Leased Office Space	343,728	343,728	0	0
2502. Prepaid Expenses	177,179	177,179	0	0
2503. Goodwill	(2,404,501)		(2,404,501)	(2,540,606)
2598. Summary of remaining write-ins for Line 25 from overflow page	7,380,201	7,380,201	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,496,607	7,901,108	(2,404,501)	(2,540,606)

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	52,681,278		52,681,278	44,245,663
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	395,613		395,613	307,471
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			0	0
9. General expenses due or accrued	6,558,254		6,558,254	744,455
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	2,290,000
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	4,665,192		4,665,192	6,284,436
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)	1,749,022	0	1,749,022	5,110,789
24. Total liabilities (Lines 1 to 23).....	66,049,359	0	66,049,359	58,982,814
25. Aggregate write-ins for special surplus funds	XXX	XXX	4,457,035	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	42,000,000	39,500,000
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	(20,138,376)	(14,691,356)
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	26,318,659	24,808,644
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	92,368,018	83,791,458
DETAILS OF WRITE-INS				
2301. Premium Assessment.....	1,615,579		1,615,579	5,109,946
2302. Stale Dated Checks.....	133,443		133,443	843
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)	1,749,022	0	1,749,022	5,110,789
2501. 2015 Health Insurer Fee Payable.....	XXX	XXX	4,457,035	
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	4,457,035	0
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 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	637,421	195,881	817,684
2. Net premium income (including \$ non-health premium income).....	XXX	209,268,803	64,761,406	255,497,282
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	209,268,803	64,761,406	255,497,282
Hospital and Medical:				
9. Hospital/medical benefits		84,408,565	46,381,034	125,531,681
10. Other professional services		39,973,373	3,241,566	44,488,461
11. Outside referrals			0	0
12. Emergency room and out-of-area		23,553,160	916,327	25,625,355
13. Prescription drugs		21,220,824	4,955,332	20,648,109
14. Aggregate write-ins for other hospital and medical.....	0	2,514,672	113,005	2,008,529
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15)	0	171,670,594	55,607,264	218,302,135
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	171,670,594	55,607,264	218,302,135
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 4,957,843 cost containment expenses.....		8,803,281	722,295	7,285,125
21. General administrative expenses.....		25,921,693	10,231,927	33,592,140
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	206,395,568	66,561,486	259,179,400
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,873,235	(1,800,080)	(3,682,118)
25. Net investment income earned		25,414	0	10,653
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	25,414	0	10,653
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	2,898,649	(1,800,080)	(3,671,465)
31. Federal and foreign income taxes incurred	XXX	3,080,000	0	2,290,000
32. Net income (loss) (Lines 30 minus 31)	XXX	(181,351)	(1,800,080)	(5,961,465)
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.....		1,636,466	113,005	1,481,191
1402. Alternate Medical Cost.....		872,283	0	527,338
1403. Affordable Care Act Pass Thru- Expense.....		5,923	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	2,514,672	113,005	2,008,529
2901.				
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	24,808,644	0	0
34. Net income or (loss) from Line 32	(181,351)	(1,800,080)	(5,961,465)
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 \$	136,104	0	181,473
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	930,097	0	6,859,158
39. Change in nonadmitted assets	(1,874,835)	(8,092,490)	(15,770,522)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		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	2,500,000	36,500,000	39,500,000
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)	1,510,015	26,607,430	24,808,644
49. Capital and surplus end of reporting period (Line 33 plus 48)	26,318,659	26,607,430	24,808,644
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	204,176,049	56,863,354	253,387,344
2. Net investment income	25,414	0	10,653
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	204,201,463	56,863,354	253,397,997
5. Benefit and loss related payments	166,280,574	13,391,102	175,605,821
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	28,753,459	10,442,511	39,649,795
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	5,910,000	0	0
10. Total (Lines 5 through 9)	200,944,033	23,833,613	215,255,616
11. Net cash from operations (Line 4 minus Line 10)	3,257,430	33,029,741	38,142,381
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
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	0	0	0
12.7 Miscellaneous proceeds	136,104	0	181,473
12.8 Total investment proceeds (Lines 12.1 to 12.7)	136,104	0	181,473
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
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)	0	0	0
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)	136,104	0	181,473
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.....	2,500,000	36,500,000	39,500,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(4,594,808)	5,450,573	4,909,543
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(2,094,808)	41,950,573	44,409,543
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)	1,298,726	74,980,314	82,733,397
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	82,733,397	0	0
19.2 End of period (Line 18 plus Line 19.1)	84,032,123	74,980,314	82,733,397

STATEMENT AS OF JUNE 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	105,240	.0	.0	.0	.0	.0	.0	.0	105,240	.0
2. First Quarter	106,002	.0	.0	.0	.0	.0	.0	109	105,893	.0
3. Second Quarter	108,743	.0	.0	.0	.0	.0	.0	135	108,608	.0
4. Third Quarter .....	.0									
5. Current Year	637,421							671	636,750	
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician	343,494							326	343,168	
8. Non-Physician	59,948							172	59,776	
9. Total	403,442	0	0	0	0	0	0	498	402,944	0
10. Hospital Patient Days Incurred	13,728							44	13,684	
11. Number of Inpatient Admissions	3,159							9	3,150	
12. Health Premiums Written (a).....	209,273,383							745,742	208,527,641	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	209,273,383							745,742	208,527,641	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	163,234,980							252,029	162,982,951	
18. Amount Incurred for Provision of Health Care Services	171,670,594							660,786	171,009,808	

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

STATEMENT AS OF JUNE 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

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
Claims unpaid (Reported)						
PRINCE GEORGES HOSPITAL CENT.....	487,829					487,829
SPECIALTY HOSPITAL OF WASHIN.....	135,700					135,700
CHILDRENS HOSPITAL.....	125,703					125,703
THE GEORGE WASHINGTON UNIVER.....	121,261					121,261
SPECIALTY HOSPITAL OF WASHIN.....	80,500					80,500
HOWARD UNIVERSITY HOSPITAL.....	42,088					42,088
WASHINGTON HOSPITAL CENTER.....	41,260					41,260
MEDSTAR SO MD HOSP.....	30,295					30,295
DC FIRE AND EMS DEPARTMENT.....	24,235					24,235
PROVIDENCE HOSPITAL.....	22,752					22,752
ALFRED BURRIS.....	18,959					18,959
ADVENTIST HEALTHCARE INC.....	13,552					13,552
GEORGETOWN UNIVERSITY HOSPIT.....	11,377					11,377
0199999 Individually listed claims unpaid.....	1,155,511	0	0	0	0	1,155,511
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	168,436	4,561				172,997
0499999 Subtotals	1,323,947	4,561	0	0	0	1,328,509
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	51,352,769
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	52,681,278
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF JUNE 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the 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		252,027		408,758	.0	.0
7. Title XIX - Medicaid	30,548,811	137,029,086	8,723,638	43,548,882	39,272,449	44,245,663
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	30,548,811	137,281,113	8,723,638	43,957,640	39,272,449	44,245,663
10. Health care receivables (a)		4,594,945			.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	30,548,811	132,686,168	8,723,638	43,957,640	39,272,449	44,245,663

6

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

AmeriHealth District of Columbia, Inc. (the Company) was incorporated on November 30, 2012 in the District of Columbia for the purpose of providing prepaid managed care to Medicaid enrollees in the District of Columbia. The Company is a wholly-owned subsidiary of AmeriHealth Caritas Health Plan (AHP). On May 1, 2013, the Company acquired certain tangible and intangible assets from DC Chartered Health Plan (DC Chartered) and assumed responsibility for medical coverage of the acquired Medicaid population on that date.

The Company operates under a license issued by the Government of the District of Columbia Department of Insurance, Securities and Banking (DISB). The Company's premiums revenue for the year ended June 30, 2014 is comprised of revenue received from the District of Columbia Department of Health Care Finance (DHCF). The Company did not have any premium revenue prior to May 1, 2013. The Company's contract with DHCF relating to the Medicaid managed care program expires on April 30, 2015, and includes three one-year options to renew through April 30, 2018.

Effective January 1, 2014, the Company entered into a contract with the Centers for Medicare and Medicaid Services (CMS) to provide prepaid healthcare services, including Medicare Part D prescription drug coverage, to eligible Medicare enrollees. The Company's contract with CMS expires on December 31, 2014.

A. Accounting Practices

The Company prepares its statutory financial statements in accordance with the accounting practices prescribed or permitted by the DISB. The DISB recognizes only statutory accounting practices prescribed or permitted by the Government of the District of Columbia for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the District of Columbia 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 Government of the District of Columbia.

Currently, "prescribed" statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future.

The Company's net loss and capital and surplus as stated on a NAIC SAP basis and on the basis of practices prescribed or permitted by the District of Columbia are the same at June 30, 2014 and December 31, 2013.

A reconciliation of the Company's net loss and capital and surplus between the NAIC SAP and practices prescribed and permitted by the District of Columbia is shown below.

	State of Domicile	20 14	20 13
<u>NET INCOME</u>			
(1) Amerihealth District of Columbia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	District of Columbia	\$ (181,351)	\$ (5,961,465)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	_____	_____	_____
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property	_____	_____	_____
(4) NAIC SAP(1-2-3=4)	District of Columbia	\$ (181,351)	\$ (5,961,465)
<u>SURPLUS</u>			
(5) Amerihealth District of Columbia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	District of Columbia	\$ 26,318,659	\$ 24,808,644
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net ; e.g., Fixed Assets, net	_____	_____	_____
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	_____	_____	_____
(8) NAIC SAP(5-6-7=8)	District of Columbia	\$ 26,318,659	\$ 24,808,644

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

No significant changes since December 31, 2013.

C. Accounting Policy

The Company uses the following accounting policies:

Cash and Short-term Investments

NOTES TO FINANCIAL STATEMENTS

No significant changes since December 31, 2013.

Fixed Assets

No significant changes since December 31, 2013.

Premiums Revenue

No significant changes since December 31, 2013.

Accrued Medical Expenses/Unpaid Claim Adjustment Expenses

No significant changes since December 31, 2013.

Provider Contracting

No significant changes since December 31, 2013.

Premium Assessment

No significant changes since December 31, 2013.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

No significant changes since December 31, 2013.

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. Loan Back Securities

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.

None

E. Repurchase Agreements

None

F. Real Estate

None

G. Low-income housing tax credits (LHITC)

None

H. Restricted Assets

No significant changes since December 31, 2013.

I. Working Capital Finance Investment

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant changes since December 31, 2013.

8. Derivative Instruments

None

9. Income Taxes

NOTES TO FINANCIAL STATEMENTS

No significant changes since December 31, 2013.

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company received a capital contribution in the amount of \$2,500,000 from ACHP during the year ended June 30, 2014.

11. Debt

None

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

None

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

No significant changes since December 31, 2013.

14. Contingencies

A. Contingent Commitments

No significant changes since December 31, 2013.

B. Assessments

None

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

E All Other Contingencies

None

15. Leases

No significant changes since December 31, 2013.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

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

None

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

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

Statement of Statutory Accounting Principles No. 100, *Fair Value Measurements*, which defines fair value, sets out a framework for measuring fair value, and requires additional disclosures about fair value measurements. An asset's fair value is defined as the price at which the asset could be exchanged in an orderly transaction between market participants at the balance sheet date. A liability's fair value is defined as the amount that would be paid to transfer the liability to a market participant, not the amount that would be paid to settle the liability with the creditor.

The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with significant unobservable inputs (Level 3). An asset's or liability's classification is based on the lowest level input that are both observable (Level 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets. Market price data is generally obtained from a major exchange or dealer markets.

Level 2 – Input other than quoted market prices included in Level 1 that are observable for the asset through corroboration with market data at the measurable date. Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in nonactive markets, interest rates, and yield curves. An instrument is classified as Level 2 if the Company determines that unobservable inputs are insignificant.

Level 3 – Unobservable inputs that are supported by little or no market activity that reflect management's best estimate of what market participants would use in hypothetically pricing the asset at the measurement date.

NOTES TO FINANCIAL STATEMENTS

The Company has no financial assets or financial liabilities that are required to be measured at fair value on a recurring basis.

The fair value of other financial assets, principally cash and short-term investments, premiums receivable, health care receivables, claims unpaid, unpaid claims adjustment expenses, general expenses due or accrued, current federal income tax payable, premium assessment, and amounts due to parent, subsidiaries and affiliates, approximate their carrying value at June 30, 2014 and December 31, 2013 because of the short maturity of such items.

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures and Unusual Items

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. Offsetting and Netting of Assets and Liabilities

None

22. Events Subsequent

In August 2013, Independence Blue Cross (IBC) filed a request with the Pennsylvania Insurance Department (PID) to redesign its corporate structure. IBC will remain a nonprofit, taxpaying corporation. Under the redesigned structure, Independence Health Group, Inc., a nonprofit holding company, will be the new parent company. Its wholly-owned subsidiary, AmeriHealth Inc., is a for-profit holding company. AmeriHealth Inc.'s wholly owned subsidiaries are IBC's existing subsidiaries, which will be organized into four sub-holding companies based on geography and product (Pennsylvania health insurance, New Jersey health insurance, workers' compensation, and Medicaid). The primary reasons for redesigning the corporate structure are to provide IBC and its subsidiaries with increased flexibility and efficiency, as well as to provide greater transparency. The redesign will impact the standalone financial statements of certain of IBC's subsidiaries, but will not have an impact on IBC's consolidated financial statements. The PID approved the corporate restructure effective July 1, 2014. This redesign will not impact the Company's statutory financial statements.

23. Reinsurance

Effective January 1, 2014, the Company maintains (stop-loss) reinsurance for its Medicare plan from a commercial insurance carrier. Under this agreement, the Company is reimbursed for 90% of covered services exceeding \$250,000 per member per year. Under this policy, the maximum reinsurance recovery on a per member basis is \$2,000,000 per contract period for covered services. The reinsurance coverage does not relieve the Company of its primary obligation to the plan members. Reinsurance premiums were \$4,581 for the period ended June 30, 2014, and are presented as a reduction to premiums revenue in the 2014 statutory statement of revenues and expenses.

A. Ceded Reinsurance Report

None

B. Uncollectable Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Reinsurer Downgraded or Status Subject to Revocation

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$44,553,134 for incurred claims and claim adjustment expenses. As of June 30, 2014 \$30,856,282 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$8,723,638 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$4,973,214 during 2014

NOTES TO FINANCIAL STATEMENTS

for the year ended December 31, 2013. The decrease is 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, 2013.

B. Risk Sharing Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserve

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
- 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
- 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 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
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
AmeriHealth Caritas Health Plan ownership of AmeriHealth Northeast, LLC increased from 50% to 100%.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 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 Name of Entity	2 NAIC Company Code	3 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 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.
- 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.
- 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).
- 6.4 By what department or departments?
- 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
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 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
- 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
- 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
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 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

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

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted 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

- 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 \$
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
 - 16.3 Total payable for securities lending reported on the liability page \$

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 Name of Custodian(s)	2 Custodian Address
PNC Bank.....	620 Liberty Ave. Pittsburgh, PA.....
Bank of New York Mellon.....	Westborough, MA 015811.....

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- | | |
|------------------------------------------------------------------|--------|
| 1.1 A&H loss percent..... | 84.4 % |
| 1.2 A&H cost containment percent | 2.4 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | 12.4 % |
- 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..... \$ _____

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

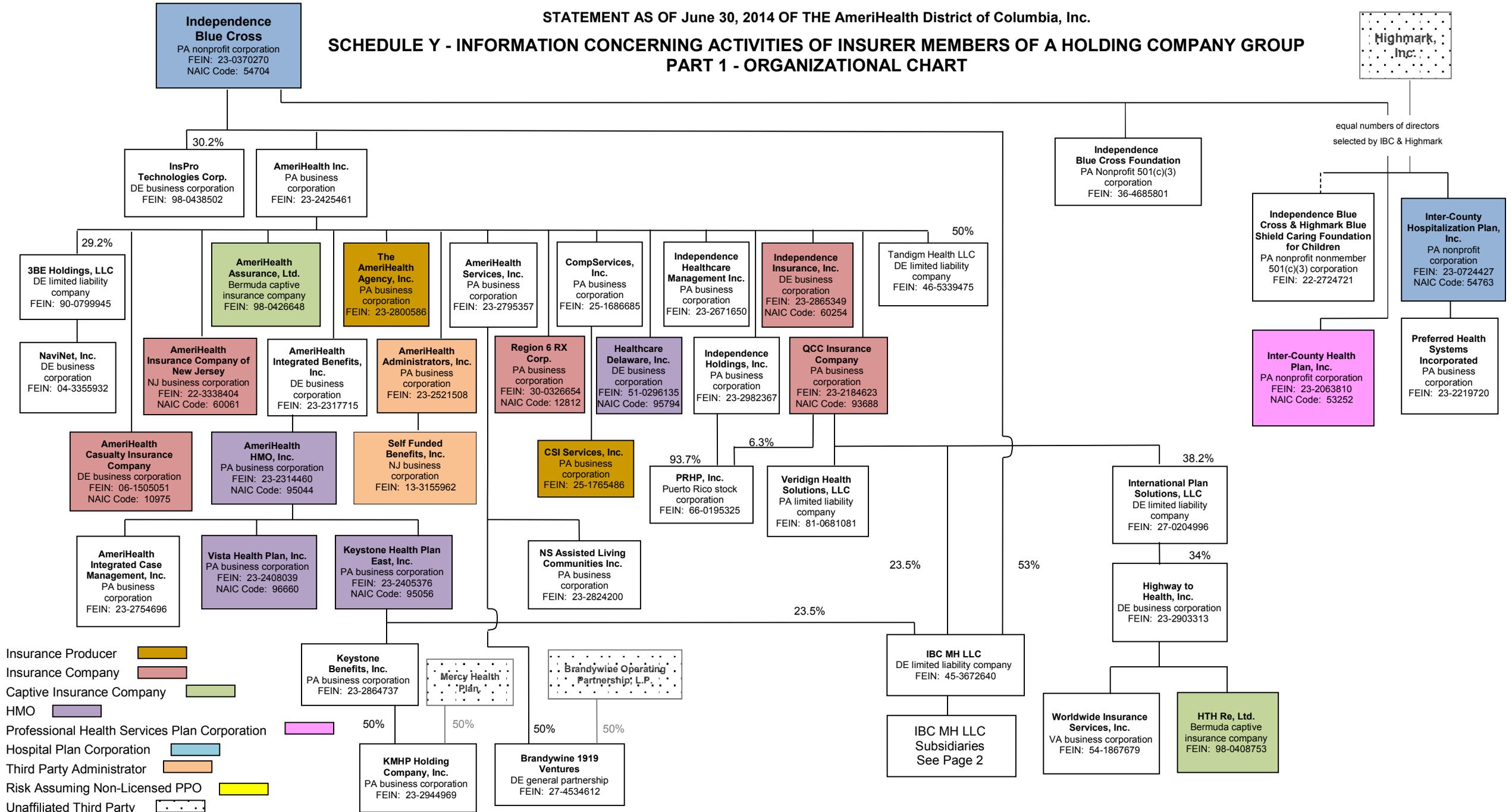
States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
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. Dist. Columbia	DC	L	745,742	208,527,641					209,273,383	
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. U.S. Virgin Islands	VI								0	
56. Northern Mariana Islands	MP								0	
57. Canada	CAN								0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	745,742	208,527,641	0	0	0	209,273,383	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	745,742	208,527,641	0	0	0	209,273,383	0	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	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

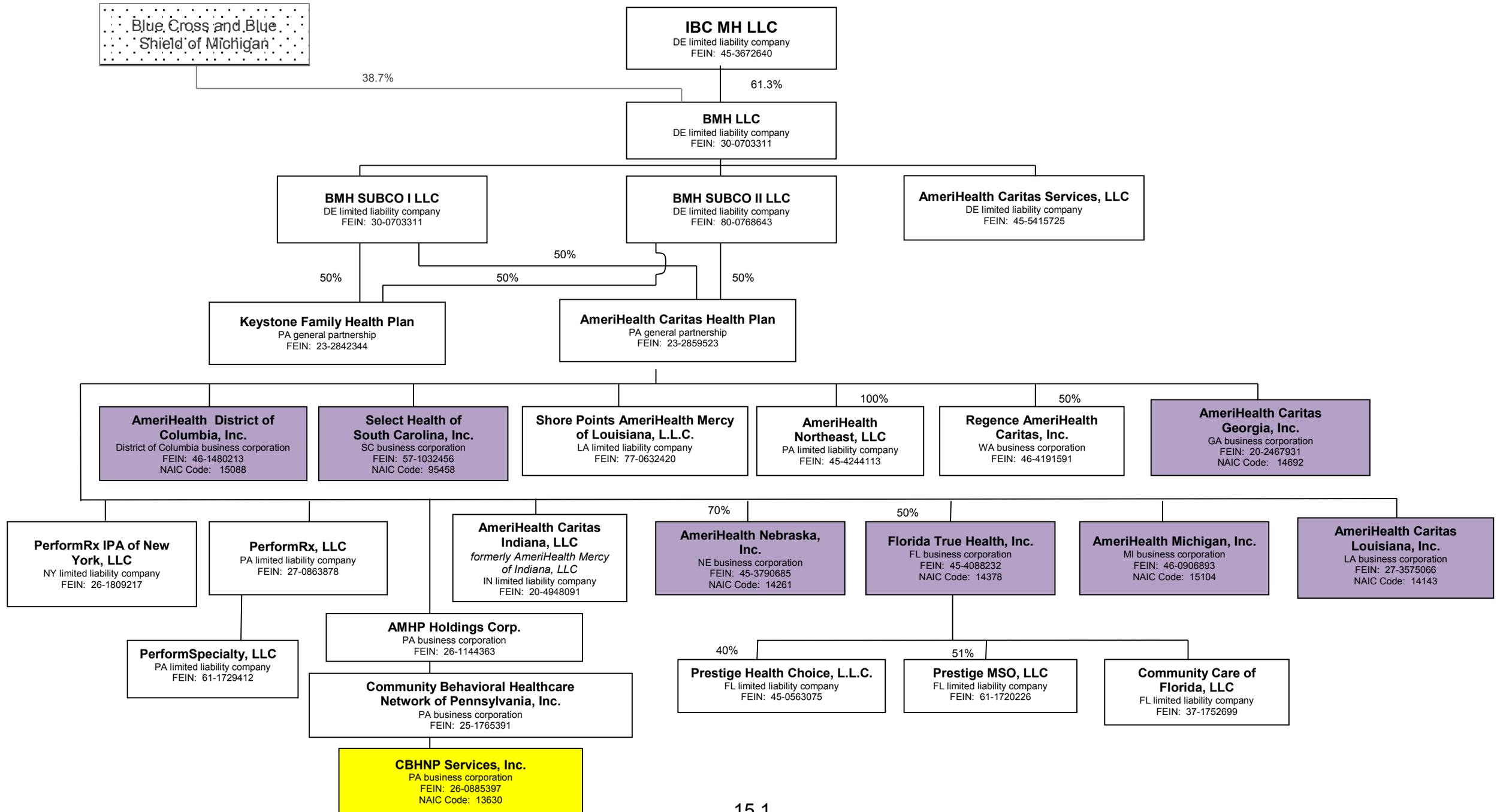
(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF June 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF June 30, 2014 OF THE AmeriHealth District of Columbia, Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF JUNE 30, 2014 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 IBC MH LLC (53%)	PA	UIP				Independence Blue Cross	
00936	Independence Blue Cross	00000	45-3672640				(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				Independence Blue Cross & Highmark Blue Shield Caring Foundation For Children (50%)	PA		Independence Blue Cross	Board	0.0	Independence Blue Cross	1
00936	Independence Blue Cross	00000	98-0438502				InsPro Technologies Corp (f/k/a Health Benefits Direct Corp.) (30.2%)	DE	NIA	Independence Blue Cross	Ownership	30.2	Independence Blue Cross	
00936	Independence Blue Cross	00000	36-4685801				Independence Blue Cross Foundation	PA		Independence Blue Cross	Board	0.0	Independence Blue Cross	1
00936	Independence Blue Cross	53252	23-2063810				Inter-County Health Plan, Inc. (50%)	PA	IA	Independence Blue Cross	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	54763	23-0724427				Inter-County Hospitalization Plan, Inc. (50%)	PA	IA	Independence Blue Cross	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2219720				Preferred Health Systems, Incorporated	PA	NIA	Independence Blue Cross	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Blue Cross	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	13-3155962				Self Funded Benefits, 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, Inc.	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	

STATEMENT AS OF JUNE 30, 2014 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	23-2982367				Independence Holdings, Inc.	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Blue Cross	
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				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	93688	23-2184623				Veridign Health Solutions, LLC International Plan Solutions, LLC (38.2%)	DE	NIA	QCC Insurance Company	Ownership	23.5	Independence Blue Cross	
00936	Independence Blue Cross	00000	45-3672640				Highway to Health, Inc. Worldwide Insurance Services, Inc.	DE	NIA	QCC Insurance Company International Plan Solutions, LLC	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	81-0681081				HTH Re, Ltd. AmeriHealth Integrated Benefits, Inc.	DE	NIA	Highway to Health, Inc.	Ownership	34.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	27-0204996				AmeriHealth HMO, Inc. AmeriHealth Integrated Case Management, Inc.	VA	NIA	AmeriHealth, Inc. AmeriHealth Integrated Benefits, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2903313				AmeriHealth HMO, Inc. AmeriHealth Integrated Case Management, Inc.	PA	IA	AmeriHealth HMO, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	95044	23-2314460				Vista Health Plan, Inc.	PA	IA	AmeriHealth HMO, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2754696				Keystone Health Plan East, Inc. IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	PA	IA	AmeriHealth HMO, Inc. Keystone Health Plan East, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	96660	23-2408039				Keystone Benefits, Inc.	DE	UIP	Keystone Health Plan East, Inc.	Ownership	23.5	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2405376				Keystone Health Plan East, Inc. IBC MH LLC (23.5%) (See BMH LLC on Page 16.1)	PA	IA	AmeriHealth HMO, Inc. Keystone Health Plan East, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	45-3672640				Keystone Benefits, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2864737				KMHP Holding Company, Inc.	PA	NIA	Keystone Benefits, Inc.	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	23-2944969				Tandigm Health LLC	PA	NIA	AmeriHealth, Inc.	Ownership	50.0	Independence Blue Cross	
00936	Independence Blue Cross	00000	46-5339475					DE	NIA	AmeriHealth, Inc.	Ownership	50.0	Independence Blue Cross	

STATEMENT AS OF JUNE 30, 2014 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	30-0703311				BMH LLC (61.3%)	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
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	

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STATEMENT AS OF JUNE 30, 2014 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	45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
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 Caritas 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	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	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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STATEMENT AS OF JUNE 30, 2014 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	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	00000	37-1752699				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc.	Ownership	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida	
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	

STATEMENT AS OF JUNE 30, 2014 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	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	
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	

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STATEMENT AS OF JUNE 30, 2014 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	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	
00936	Independence Blue Cross	00000	45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	
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 Caritas 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	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan	

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STATEMENT AS OF JUNE 30, 2014 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	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	
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	

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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.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Intangible assets.....	7,380,201	7,380,201	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	7,380,201	7,380,201	0	0

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other-than-temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	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	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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	0	0
2. Cost of bonds and stocks acquired	0	0
3. Accrual of discount	0	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	0	0
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

NONE

STATEMENT AS OF JUNE 30, 2014 OF THE AmeriHealth District of Columbia, Inc.

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	92,527,362	58,008,705	105,000,000		92,527,362	45,536,067	0	86,510,653
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	92,527,362	58,008,705	105,000,000	0	92,527,362	45,536,067	0	86,510,653
PREFERRED STOCK								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	92,527,362	58,008,705	105,000,000	0	92,527,362	45,536,067	0	86,510,653

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

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	45,536,067	XXX	45,536,067	25,414	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	86,510,653	0
2. Cost of short-term investments acquired	146,025,414	155,010,653
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	187,000,000	68,500,000
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	45,536,067	86,510,653
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	45,536,067	86,510,653

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 - Verification

NONE

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

NONE

Schedule D - Part 4

NONE

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 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0