



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
AMERIGROUP Insurance Company

NAIC Group Code 0671 0671 NAIC Company Code 14078 Employer's ID Number 45-2485907
(Current) (Prior)
Organized under the Laws of Texas, State of Domicile or Port of Entry TX
Country of Domicile United States of America
Licensed as business type: Life, Accident & Health
Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized 06/03/2011 Commenced Business 03/01/2012
Statutory Home Office 2505 N Highway 360, Suite 300, Grand Prairie, TX, US 75050
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 4425 Corporation Lane
(Street and Number)
Virginia Beach, VA, US 23462, 757-490-6900
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 4425 Corporation Lane, Virginia Beach, VA, US 23462
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 4425 Corporation Lane
(Street and Number)
Virginia Beach, VA, US 23462, 757-490-6900
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.amerigroup.com
Statutory Statement Contact Bette Lou Gronseth, 757-518-3638
(Name) (Area Code) (Telephone Number)
Bette.Gronseth@amerigroup.com, 757-557-6742
(E-mail Address) (FAX Number)

OFFICERS

Chairperson, President, & CEO Gregory Seth Thompson # Secretary Kathleen Susan Kiefer
Treasurer Vincent Edward Scher Vice President/Asst. Secretary Jack Louis Young

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer Cealee Antrea Thomas, Medical Director

DIRECTORS OR TRUSTEES

Gregory Seth Thompson Jack Louis Young # Ronald William Penczek
Heather Chockley Steinmeyer Cealee Antrea Thomas #

State of Texas SS:
County of Houston

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

DocuSigned by:
Gregory S. Thompson Vincent E. Scher Kathleen Kiefer
1DB3130B945E4D5... A85A33722D4143E... 34259124741844A...
Gregory Seth Thompson Vincent Edward Scher Kathleen Susan Kiefer
Chairperson, President, & CEO Treasurer Secretary

Subscribed and sworn to before me this _____ day of _____
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.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals..... Group Subscribers:						
	39,271					39,271
0299997. Group subscriber subtotal	39,271	0	0	0	0	39,271
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	39,271	0	0	0	0	39,271
0399999. Premiums due and unpaid from Medicare entities	35,027	2,087	1,515	8,438	0	47,067
0499999. Premiums due and unpaid from Medicaid entities	19,847,230	255,077	101,750	0		20,204,057
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	19,921,528	257,164	103,265	8,438	0	20,290,395

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

Type of Health Care Receivable	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 Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	131,241	1,040,775		320,302	131,241	38,329
2. Claim overpayment receivables	956,716	3,839,623	649,826	1,421,489	1,606,542	2,752,892
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....		711,030		10	0	0
7. Totals (Lines 1 through 6)	1,087,957	5,591,428	649,826	1,741,801	1,737,783	2,791,221

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

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
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		0
2. Intermediaries	0	0.0		0.0		0
3. All other providers	3,327,415	0.3	191,905	100.0		3,327,415
4. Total capitation payments	3,327,415	0.3	191,905	100.0	0	3,327,415
Other Payments:						
5. Fee-for-service	162,847,531	16.6	XXX	XXX		162,847,531
6. Contractual fee payments	334,205,942	34.1	XXX	XXX		334,205,942
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	478,443,969	48.9	XXX	XXX		478,443,969
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		0
12. Total other payments	975,497,442	99.7	XXX	XXX	0	975,497,442
13. TOTAL (Line 4 plus Line 12)	978,824,857	100%	XXX	XXX	0	978,824,857

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
NONE					
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	18,140		18,140	0	0	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	18,140	0	18,140	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Alabama		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AMERIGROUP Insurance Company

2. Grand Prairie, TX

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arizona		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1.	Prior Year	687			687							
2.	First Quarter	970			970							
3.	Second Quarter	1,096			1,096							
4.	Third Quarter	1,257			1,257							
5.	Current Year	1,418			1,418							
6.	Current Year Member Months	13,705			13,705							
Total Member Ambulatory Encounters for Year:												
7.	Physician	12,508			12,508							
8.	Non-Physician	15,022			15,022							
9.	Total	27,530	0	0	27,530	0	0	0	0	0		
10.	Hospital Patient Days Incurred	553			553							
11.	Number of Inpatient Admissions	123			123							
12.	Health Premiums Written (b)	2,859,822			1,739,742					1,120,080		
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	3,828,144			1,738,626					2,089,517		
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	3,565,595			1,640,986					1,924,609		
18.	Amount Incurred for Provision of Health Care Services	3,696,634			1,732,339					1,964,295		

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Arkansas		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1 Total	Delaware		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	
		Comprehensive (Hospital & Medical)									NAIC Company Code
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2020				(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Louisiana			DURING THE YEAR 2020						(LOCATION)	
	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											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2020						(LOCATION)	
	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											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Michigan		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Mississippi		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	2 Individual	3 Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Nebraska		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
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18. Amount Incurred for Provision of Health Care Services											

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	New Jersey		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
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17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	New Mexico		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	2 Individual	3 Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
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8. Non-Physician											
9. Total											
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13. Life Premiums Direct											
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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	North Dakota		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
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12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2020						(LOCATION)	
	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											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	Pennsylvania		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	South Dakota		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2020						(LOCATION)	
	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											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AMERIGROUP Insurance Company

2. Grand Prairie, TX

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	152,230			1,855					150,375			
2. First Quarter	151,682			2,186					149,496			
3. Second Quarter	166,933			2,389					164,544			
4. Third Quarter	179,935			2,771					177,164			
5. Current Year	190,487			3,105					187,382			
6. Current Year Member Months	2,040,786			30,311					2,010,475			
Total Member Ambulatory Encounters for Year:												
7. Physician	691,610			34,437					657,173			
8. Non-Physician	2,728,514			44,811					2,683,703			
9. Total	3,420,124	0	0	79,248	0	0	0	0	3,340,876	0		
10. Hospital Patient Days Incurred	108,968			1,899					107,069			
11. Number of Inpatient Admissions	20,246			320					19,926			
12. Health Premiums Written (b)	1,243,726,159			4,743,482					1,237,709,524	1,273,153		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	1,225,423,418			4,743,482					1,218,548,957	2,130,980		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	975,259,262			4,229,525					968,911,050	2,118,687		
18. Amount Incurred for Provision of Health Care Services	1,051,520,681			4,502,737					1,044,840,857	2,177,087		

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	Utah		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2020				(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	West Virginia		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2020						(LOCATION)	
	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											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(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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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AMERIGROUP Insurance Company

2. Grand Prairie, TX

NAIC Group Code	0671	BUSINESS IN THE STATE OF	(LOCATION)							
			Grand Total		DURING THE YEAR			2020		
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	152,917	0	0	2,542	0	0	0	0	150,375	0
2. First Quarter	152,652	0	0	3,156	0	0	0	0	149,496	0
3. Second Quarter	168,029	0	0	3,485	0	0	0	0	164,544	0
4. Third Quarter	181,192	0	0	4,028	0	0	0	0	177,164	0
5. Current Year	191,905	0	0	4,523	0	0	0	0	187,382	0
6. Current Year Member Months	2,054,491	0	0	44,016	0	0	0	0	2,010,475	0
Total Member Ambulatory Encounters for Year:										
7. Physician	704,118	0	0	46,945	0	0	0	0	657,173	0
8. Non-Physician	2,743,536	0	0	59,833	0	0	0	0	2,683,703	0
9. Total	3,447,654	0	0	106,778	0	0	0	0	3,340,876	0
10. Hospital Patient Days Incurred	109,521	0	0	2,452	0	0	0	0	107,069	0
11. Number of Inpatient Admissions	20,369	0	0	443	0	0	0	0	19,926	0
12. Health Premiums Written (b)	1,246,585,981	0	0	6,483,223	0	0	0	0	1,237,709,524	2,393,234
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	1,229,251,562	0	0	6,482,108	0	0	0	0	1,218,548,957	4,220,497
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	978,824,857	0	0	5,870,511	0	0	0	0	968,911,050	4,043,296
18. Amount Incurred for Provision of Health Care Services	1,055,217,315	0	0	6,235,076	0	0	0	0	1,044,840,857	4,141,381

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(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 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

SCHEDULE S - PART 6

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	33	63	57
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	373,938,270		373,938,270
2. Accident and health premiums due and unpaid (Line 15)	22,129,108		22,129,108
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)	22,748,702		22,748,702
6. Total assets (Line 28)	418,816,080	0	418,816,080
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	186,130,386		186,130,386
8. Accrued medical incentive pool and bonus payments (Line 2)	2,133,140		2,133,140
9. Premiums received in advance (Line 8)	362,095		362,095
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)	64,856,171		64,856,171
15. Total liabilities (Line 24)	253,481,792	0	253,481,792
16. Total capital and surplus (Line 33)	165,334,288	XXX	165,334,288
17. Total liabilities, capital and surplus (Line 34)	418,816,080	0	418,816,080
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Ownership	50.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3692630		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15544	46-4729682		0001156039		America's 1st Choice of South Carolina, Inc.	SC	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-0308991		0001156039		America's Health Management Services, Inc.	SC	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12354	20-2073598		0001156039		AMERIGROUP Corporation	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Delaware, Inc.	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-1800037		0001156039		AMERIGROUP District of Columbia, Inc.	DC	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16455	82-3743168		0001156039		Amerigroup Insurance Company	TX	RE	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14078	45-2485907		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16339	82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95314	75-2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14073	27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	0102
.0671	Anthem, Inc.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	IA	AMH Health, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	62825	95-4331852		0001156039		Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	60217	06-1475928		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		61-1459939		0001156039		Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.		98-1492098		0001156039		Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.		IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613946		0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Anthem, Inc.	N	0109
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	N	0109

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc.	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc.	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc.	PA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		85-4218041		0001156039		Beacon Health Options of Ohio, Inc.	OH	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	96962	58-1638390		0001156039		Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16345	82-1853423		0001156039		COHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.				0001156039		CHCS IPA, Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14064	26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem, Inc.	N	.0104
.0671	Anthem, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc.	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	95.000	Anthem, Inc.	N	.0116
.0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95693	39-1462554		0001156039		CompCare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660775		0001156039		Delivery Network, LLC		NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	N	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0671	Anthem, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	16244	82-1454637		0001156039		Empower Healthcare Solutions, LLC	AR	IA	Beacon Health Options, Inc.	Ownership	16.600	Anthem, Inc.	.N	.0115
.0671	Anthem, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		54-1230110		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		59-3537092		0001156039		Florida Health Partners, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	.N	.0112
.0671	Anthem, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		33-0884790		0001156039		GeriNet Physician Services, Inc.	CA	NIA	CareMore Health System	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	.N	
.0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-4966088		0001156039		HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	16574	13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	.0100
.0671	Anthem, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-3434016		0001156039		HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3487249		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3471305		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	98.000	Anthem, Inc.	.N	.0107
.0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Ownership	2.000	Anthem, Inc.	.N	.0107
.0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-2157122		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3062245		0001156039		IngeniORX, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0105
.0671	Anthem, Inc.		98-1490582		0001156039		Legato Health Technologies Philippines, Inc.	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0106
.0671	Anthem, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	NIA	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	.N	.0111
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Anthem, Inc.	.N	.0111
.0671	Anthem, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Anthem, Inc.	.N	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	0102
.0671	Anthem, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-1847098		0001156039		North Florida Behavioral Health Partners, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	0113
.0671	Anthem, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1826967		0001156039		OPTIONS Health Care, Inc.	DE	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	11011	84-0747736		0001156039		Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1835818		0001156039		The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.				0001156039		TriadDD NY, LLC dba MyCompass	NY	NIA	Alliance Care Management, LLC	Ownership	25.000	Anthem, Inc.	N	0114
.0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	89518	86-0684895		0001156039		Value Health Reinsurance, Inc.	AZ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-8819392		0001156039		ValueOptions of Kansas, Inc.	KS	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15448	46-2053405		0001156039		ValueOptions of New Jersey, Inc.	NJ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95799	75-2749263		0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3300542		0001156039		Valus, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-2736438		0001156039		WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	55.000	Anthem, Inc.	N	.0110
.0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc.	N	.0103
.0671	Anthem, Inc.		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Anthem, Inc.	N	

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	50% owned by unaffiliated investors
0103	30.09% owned by unaffiliated investors
0104	25% owned by an unaffiliated investor
0105	Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 98% owned by ATH Holding Company, LLC. an Indiana limited liability company, and Amerigroup Corporation holds the remaining 2% interest.
0108	Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation.
0109	Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp
0111	Massachusetts Behavioral Health Partnership is a General Partnership formed under the laws of Massachusetts, and is 50% owned by Beacon Health Options, Inc., a Virginia corporation, and 50% owned by OPTIONS Health Care, Inc., a Delaware corporation.
0112	Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)
0113	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)
0114	75% owned by an unaffiliated investor
0115	83.4% owned by unaffiliated investors
0116	(BCBSNE) purchased 5% of the common stock of Community Care Health Plan of Nebraska, Inc. (CCHPNE). With this purchase, BCBSNE now owns 5% of CCHPNE and Anthem Partnership Holding Company, LLC owns the remaining 95%.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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	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)
	36-3692630	American Imaging Management, Inc.					(320,933,939)				(320,933,939)	
15544	46-4729682	America's 1st Choice of South Carolina, Inc.		1,500,000			590,647				2,090,647	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.	(1,700,000)			(3,561,645)					(5,261,645)	
	54-1739323	AMERIGROUP Corporation	18,700,000			79,759,611					98,459,611	
16168	81-4131800	Amerigroup District of Columbia, Inc.	(10,300,000)			(22,288,625)					(32,588,625)	
16455	82-3743168	Amerigroup Health Plan of Louisiana, Inc.										
							818				818	
14078	45-2485907	Amerigroup Insurance Company		10,000,000		(126,680,505)					(116,680,505)	
15807	47-3863197	AMERIGROUP Iowa, Inc.				(262,534,064)					(262,534,064)	
14276	45-3358287	Amerigroup Kansas, Inc.				5,005,030					5,005,030	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(70,000,000)			(137,828,540)					(207,828,540)	
16145	81-4626605	Amerigroup Mississippi, Inc.				1,966					1,966	
95373	22-3375292	AMERIGROUP New Jersey, Inc.	(18,700,000)			(163,439,174)					(182,139,174)	
10767	13-4212818	AMERIGROUP Ohio, Inc.				(41,514)					(41,514)	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.				(4,795)					(4,795)	
	36-3897080	Amerigroup Partnership Plan, LLC				(127,088,014)					(127,088,014)	
16339	82-3734368	Amerigroup Pennsylvania, Inc.				1,844					1,844	
12941	20-4776597	AMERIGROUP Tennessee, Inc.				(202,884,259)					(202,884,259)	
95314	75-2603231	AMERIGROUP Texas, Inc.				(842,437,724)					(842,437,724)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(17,400,000)			(86,337,675)					(103,737,675)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(27,800,000)			(195,930,963)					(223,730,963)	
16553	83-2435050	AMH Health, LLC		9,100,000		(9,307,621)					(207,621)	
16774	84-4181695	AMH Health Plans of Maine, Inc.		2,400,000							2,400,000	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company	(259,800,000)			(1,128,793,830)		609,553,336			(779,040,494)	(66,836,081)
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(24,800,000)			(425,367,054)		(12,144,836)			(462,311,890)	35,053,934
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(71,900,000)			(126,165,917)					(198,065,917)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.				(113,823,407)					(113,823,407)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(370,000,000)			(591,128,292)		(42,736,438)			(1,003,864,730)	214,460,343
60217	06-1475928	Anthem Health Plans, Inc.	(70,000,000)			(347,749,490)					(417,749,490)	
28207	35-0781558	Anthem Insurance Companies, Inc.	(250,000,000)			(1,514,930,101)		9,308,919			(1,755,621,182)	(12,379,593)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.				(85,810,404)					(85,810,404)	
13573	20-5876774	Anthem Life & Disability Insurance Company		4,500,000		(1,975,248)					2,524,752	
61069	35-0980405	Anthem Life Insurance Company	(23,200,000)	30,000,000		(43,274,183)		21,514,349			(14,959,834)	(156,650,533)
	81-3974489	Anthem Partnership Holding Company, LLC				(23,483,306)					(23,483,306)	
	46-0613946	Anthem Services Company, LLC				54,868,466					54,868,466	
	35-2129194	Anthem UM Services				(83,370,775)					(83,370,775)	
	35-2145715	Anthem, Inc.	3,617,500,000	(30,000,000)		7,753,571,849					11,341,071,849	
16298	82-3062789	APC Passe, LLC						(84,643,749)			(84,643,749)	123,221,255
	90-1057454	Aspire Health, Inc.				(71,399,880)					(71,399,880)	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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	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)
	11-3713086	ATH Holding Company, LLC					(46,915,268)				(46,915,268)	
	54-1414194	Beacon Health Options, Inc.	4,500,000	(300,000)			64,758,324				68,958,324	
	95-4297571	Beacon Health Options of California, Inc.										
47025	23-2918735	Beacon Health Options of Pennsylvania, Inc.	(1,500,000)				(1,525,500)				(3,025,500)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.		(10,000,000)	(72,000,000)		(857,704,518)				(1,268,004,518)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(75,900,000)				(137,773,812)	(7,814,568)			(221,488,380)	63,144,726
	95-3760980	Blue Cross of California	(625,000,000)	(320,000,000)			(2,242,526,843)				(3,187,526,843)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.	(75,000,000)		72,000,000		(304,253,852)				(307,253,852)	
	95-4694706	CareMore Health Plan					791,075,680				791,075,680	
13562	38-3795280	CareMore Health Plan of Arizona, Inc.					118,429,576				118,429,576	
13605	26-4001602	CareMore Health Plan of Nevada					81,651,684				81,651,684	
16345	82-1853423	CCHA, LLC					(3,230,264)	(186,762,691)			(189,992,955)	30,886,713
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.					(140,916,438)				(140,916,438)	
15951	47-5456872	Community Care Health Plan of Nebraska, Inc.	(15,000,000)	2,500,000			(18,574,858)				(31,074,858)	
12586	20-3317697	Community Care Health Plan of Nevada, Inc.					(81,255,150)	16,111			(81,239,039)	274,225
10345	31-1440175	Community Insurance Company	(165,000,000)				(1,105,118,481)	(32,550,690)			(1,302,669,171)	70,057,233
95693	39-1462554	Compcare Health Services Insurance Corporation	(2,100,000)				(218,626,165)				(220,726,165)	
	20-0660775	Delivery Network, LLC					(30,067,290)				(30,067,290)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(32,000,000)				(552,263,658)				(584,263,658)	
95433	13-3874803	Empire HealthChoice HMO, Inc.					(121,895,267)				(121,895,267)	
16244	82-1454637	Empower Healthcare Solutions, LLC		300,000			(57,578,802)				(57,278,802)	
10119	41-2128275	Freedom Health, Inc.	(61,500,000)				(127,263,533)				(188,763,533)	
	95-2907752	Golden West Health Plan, Inc.	(10,000,000)				(770,929)				(10,770,929)	
97217	58-1473042	Greater Georgia Life Insurance Company		10,000,000			(9,527,340)				472,660	
12812	30-0326654	Group Retiree Health Solutions, Inc.		4,082,993							4,082,993	
	84-4672692	GR Health Solutions LLC		(4,082,993)							(4,082,993)	
	51-0365660	Health Core, Inc.					(28,816,778)				(28,816,778)	
	54-1237939	Health Management Corporation					(303,978,149)				(303,978,149)	
95169	54-1356687	HealthKeepers, Inc.	(350,000,000)				(721,424,139)	(10,892,830)			(1,082,316,969)	1,769,906
96475	43-1616135	HealthLink HMO, Inc.	(7,000,000)				4,505,076				(2,494,924)	
	43-1364135	HealthLink, Inc.					(39,719,797)				(39,719,797)	
16574	13-3865627	HealthPlus HP, LLC	(75,000,000)				(255,549,594)	(159,986)			(330,709,580)	
10122	20-0982649	HealthSun Health Plans, Inc.	(80,000,000)				(346,675,197)				(426,675,197)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(181,100,000)				(330,951,926)				(512,051,926)	
95473	84-1017384	HMO Colorado, Inc.	(70,000,000)				(219,178,570)	(3,519,722)			(292,698,292)	4,897,559
95358	37-1216698	HMO Missouri, Inc.	(1,900,000)				(8,967,005)				(10,867,005)	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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	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)
	82-3062245	IngenioRX, Inc.					(329,831,019)				(329,831,019)	
	98-1397080	Legato Health Technologies LLP					180,970,464				180,970,464	
	98-1490582	Legato Health Technologies Philippines, Inc.					47,380,440				47,380,440	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(60,000,000)				(92,746,168)				(152,746,168)	
	39-2013971	Meridian Resource Company, LLC	(17,000,000)				(31,693,432)				(48,693,432)	
12913	20-5862801	Missouri Care, Incorporated					(31,277,213)				(31,277,213)	
12259	20-1336412	Optimum Healthcare, Inc.	(45,600,000)				(85,618,589)				(131,218,589)	
	27-2810478	Pasteur Medical Management, LLC					166,922,955				166,922,955	
	47-0851593	RightCHOICE Managed Care, Inc.					8,279,804				8,279,804	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(56,800,000)	(30,000,000)			(273,316,491)	(6,798,624)			(366,915,115)	104,629,238
13726	27-0945036	Simply Healthcare Plans, Inc.	(76,800,000)				(420,104,173)				(496,904,173)	
	45-5443372	The Anthem Companies of California, Inc.					139,245,491				139,245,491	
	35-1835818	The Anthem Companies, Inc.					6,983,351,930				6,983,351,930	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(9,600,000)				(69,959,919)				(79,559,919)	
80314	52-0913817	UNICARE Life & Health Insurance Company					(75,931,929)	(362,697,412)			(438,629,341)	70,155,666
89518	86-0684895	Value Health Reinsurance, Inc.									0	
15448	46-2053405	ValueOptions of New Jersey, Inc.	(3,000,000)				(9,052,705)				(12,052,705)	
95799	75-2749263	ValueOptions of Texas, Inc.					(2,979)				(2,979)	
	20-0660563	WellMax Health Medical Centers, LLC					48,823,918				48,823,918	
	45-2736438	WellPoint Information Technology Services, Inc.		320,000,000			286,724,347				606,724,347	
	36-4595641	WellPoint Insurance Services, Inc.					(1,129,675)	110,328,831			109,199,156	(482,684,591)
15929	47-5569628	Wisconsin Collaborative Insurance Company					(18,901,756)				(18,901,756)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company

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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES







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

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:
 12.
 13.
 14.
 15.
 17.
 18.
 19.
 20.
 21.
 23.

Bar Codes:

12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	
23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	



SUPPLEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
 (To Be Filed by March 1)

FOR THE STATE OF Arizona.....
 NAIC Group Code 0671..... NAIC Company Code 14078.....
 ADDRESS (City, State and Zip Code) Grand Prairie , TX 75050.....
 Person Completing This Exhibit Robert Sevilla.....
 Title Regulatory Reporting Manager..... Telephone Number 757-618-5907.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	AGPLANAM(18)-AZ	A	NO	0034060	03/16/2018				Mod A	0	0	0.0	0	0	0.0	0	
N/A	AGPLANFM(18)-AZ	F	NO	0034000	03/16/2018				Mod F	0	0	0.0	0	399,125	433,023	108.5	229
N/A	AGPLANGM(18)-AZ	G	NO	0034000	03/16/2018				Mod G	0	0	0.0	0	1,229,498	1,184,086	96.3	1,099
N/A	AGPLANNM(18)-AZ	N	NO	0034000	03/16/2018				Mod N	0	0	0.0	0	111,118	115,231	103.7	89
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,739,741	1,732,340	99.6	1,417

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0671..... NAIC Company Code 14078.....
 ADDRESS (City, State and Zip Code) Grand Prairie, TX 75050.....
 Person Completing This Exhibit Robert Sevilla.....
 Title Regulatory Reporting Manager..... Telephone Number 757-618-5907.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	AGPLANAM(18)-TX	A		0034060	02/28/2018				Mod A		0.0		652,233	673,221	103.2	83	
N/A	AGPLANFM(18)-TX	F		0034000	02/28/2018				Mod F		0.0		1,189,653	1,214,644	102.1	631	
N/A	AGPLANGM(18)-TX	G		0034000	02/28/2018				Mod G		0.0		2,643,549	2,441,100	92.3	2,212	
N/A	AGPLANNM(18)-TX	N		0034000	02/28/2018				Mod N		0.0		258,047	173,772	67.3	179	
0199999. Total Experience on Individual Policies										0	0	0.0	0	4,743,482	4,502,737	94.9	3,105

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2020 OF THE Amerigroup Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0671

(To Be Filed by March 1)

NAIC Company Code 14078

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage	4,173,430	XXX		XXX	4,173,430
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage	47,067	XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	4,220,497	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	4,220,497	XXX	0	XXX	4,173,430
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage	4,340,397	XXX		XXX	4,340,397
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage	98,085	XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage	297,100	XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	4,141,382	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	4,141,382	XXX	0	XXX	4,340,397
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	0
15. Expenses Incurred	857,780	XXX		XXX	XXX
16. Underwriting Gain/Loss	(778,665)	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(166,967)