



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
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 1300 Amerigroup Way 757-490-6900  
(Street and Number) (Area Code) (Telephone Number)  
Virginia Beach, VA, US 23464  
(City or Town, State, Country and Zip Code)

Mail Address 1300 Amerigroup Way Virginia Beach, VA, US 23464  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1300 Amerigroup Way 757-490-6900  
(Street and Number) (Area Code) (Telephone Number)  
Virginia Beach, VA, US 23464  
(City or Town, State, Country and Zip Code)

Internet Website Address www.amerigroup.com

Statutory Statement Contact Bette Lou Gronseth 757-490-6900  
(Name) (Area Code) (Telephone Number)  
Bette.Gronseth@amerigroup.com (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 Indiana SS  
County of Johnson

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

DocuSigned by:  
Gregory S. Thompson  
40821208045E4D5...  
Gregory Seth Thompson  
Chairperson, President, & CEO

DocuSigned by:  
Vincent E. Scher  
A85A33722DA143E...  
Vincent Edward Scher  
Treasurer

DocuSigned by:  
Kathleen Kiefer  
34250324711044A...  
Kathleen Susan Kiefer  
Secretary

Subscribed and sworn to before me this 31st day of January 2022  
Rita F. Gentry

Rita F. Gentry  
Executive Assistant  
1/17/2029

- 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.....

Rita F. Gentry  
Notary Public  
SEAL  
Johnson County, State of Indiana  
My Commission Expires January 17, 2029  
Commission No: N19641321

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	572,380,964		572,380,964	271,912,757
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....25,632,010 , Schedule E - Part 1), cash equivalents (\$ .....57,997,400 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	83,629,410		83,629,410	87,567,614
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....	321,563		321,563	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	133
10. Securities lending reinvested collateral assets (Schedule DL) .....	51,275,494		51,275,494	14,457,766
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	707,607,431	0	707,607,431	373,938,270
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,695,025	0	3,695,025	2,114,065
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	7,687,229	0	7,687,229	20,290,395
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....3,372,128 ) and contracts subject to redetermination (\$ .....23,790,139 ) .....	27,162,267	0	27,162,267	1,838,713
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	47,397,211	0	47,397,211	17,777,942
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	10,654,013	197,981	10,456,032	2,536,393
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....8,664,493 ) and other amounts receivable .....	13,422,490	4,757,997	8,664,493	320,302
25. Aggregate write-ins for other than invested assets .....	3,957,646	3,957,646	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	821,583,312	8,913,624	812,669,688	418,816,080
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	821,583,312	8,913,624	812,669,688	418,816,080
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses .....	3,957,646	3,957,646	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,957,646	3,957,646	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded).....	273,143,065		273,143,065	186,130,386
2. Accrued medical incentive pool and bonus amounts.....		3,834,133	3,834,133	2,133,140
3. Unpaid claims adjustment expenses.....		4,333,558	4,333,558	2,829,235
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act.....		120,678,003	120,678,003	24,909,160
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	106,247
8. Premiums received in advance.....		302,357	302,357	362,095
9. General expenses due or accrued.....		4,246,073	4,246,073	4,746,428
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....		2,677,122	2,677,122	954,006
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....		2,394	2,394	2,656
13. Remittances and items not allocated.....		2,120,972	2,120,972	990,001
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....		18,394,125	18,394,125	4,404,401
16. Derivatives.....			0	
17. Payable for securities.....			0	315,000
18. Payable for securities lending.....		51,275,494	51,275,494	14,457,766
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$ ..... ) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....		932,792	932,792	526,261
23. Aggregate write-ins for other liabilities (including \$ .....4,324,033 current).....	0	5,701,703	5,701,703	10,615,010
24. Total liabilities (Lines 1 to 23).....	273,143,065	214,498,726	487,641,791	253,481,792
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2,100,000	2,100,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	269,107,053	124,107,053
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	53,820,844	39,127,235
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	325,027,897	165,334,288
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	812,669,688	418,816,080
<b>DETAILS OF WRITE-INS</b>				
2301. Other Premium Liability.....		3,822,006	3,822,006	7,626,911
2302. Escheat Liability.....		1,775,726	1,775,726	2,984,042
2303. Other Claims Payable.....		103,971	103,971	4,057
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above).....	0	5,701,703	5,701,703	10,615,010
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,349,789	2,054,491
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	2,406,740,940	1,246,585,981
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(64,871,818)	(17,334,419)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,341,869,122	1,229,251,562
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		1,377,229,960	605,317,197
10. Other professional services .....		233,351,654	188,102,236
11. Outside referrals .....			
12. Emergency room and out-of-area .....		178,849,848	86,193,539
13. Prescription drugs .....		250,274,047	174,008,078
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		7,612,251	1,596,265
16. Subtotal (Lines 9 to 15) .....	0	2,047,317,760	1,055,217,315
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,047,317,760	1,055,217,315
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....63,536,680 cost containment expenses .....		93,314,823	58,318,856
21. General administrative expenses .....		157,738,160	100,894,479
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		29,354,562	(8,511,094)
23. Total underwriting deductions (Lines 18 through 22) .....	0	2,327,725,305	1,205,919,556
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	14,143,817	23,332,006
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		11,535,058	8,297,565
26. Net realized capital gains (losses) less capital gains tax of \$ .....(65,306) .....		(616,533)	405,723
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	10,918,525	8,703,288
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....93,195 )] .....		(93,195)	(582)
29. Aggregate write-ins for other income or expenses .....	0	636,139	370,539
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	25,605,286	32,405,251
31. Federal and foreign income taxes incurred .....	XXX	11,933,423	8,736,749
32. Net income (loss) (Lines 30 minus 31) .....	XXX	13,671,863	23,668,502
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Miscellaneous (expense) income .....		636,139	370,539
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	636,139	370,539

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	165,334,288	142,477,161
34. Net income or (loss) from Line 32.....	13,671,863	23,668,502
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (133,664).....	(502,832)	62,132
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	7,969,933	(1,284,260)
39. Change in nonadmitted assets.....	(6,445,355)	410,753
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	145,000,000	0
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	159,693,609	22,857,127
49. Capital and surplus end of reporting period (Line 33 plus 48)	325,027,897	165,334,288
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	2,395,503,277	1,230,473,977
2. Net investment income .....	11,787,878	8,958,025
3. Miscellaneous income .....	0	
4. Total (Lines 1 through 3) .....	2,407,291,155	1,239,432,002
5. Benefit and loss related payments .....	1,969,741,198	978,425,264
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	278,754,879	163,251,623
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ .....(65,306) tax on capital gains (losses) .....	10,145,001	3,571,013
10. Total (Lines 5 through 9) .....	2,258,641,078	1,145,247,900
11. Net cash from operations (Line 4 minus Line 10) .....	148,650,077	94,184,102
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	101,372,806	59,642,832
12.2 Stocks .....	0	
12.3 Mortgage loans .....	0	
12.4 Real estate .....	0	
12.5 Other invested assets .....	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	26,184	(33,368)
12.7 Miscellaneous proceeds .....	133	315,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	101,399,123	59,924,464
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	404,452,495	84,102,657
13.2 Stocks .....	0	
13.3 Mortgage loans .....	0	
13.4 Real estate .....	0	
13.5 Other invested assets .....	0	
13.6 Miscellaneous applications .....	37,985,036	14,134,579
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	442,437,531	98,237,236
14. Net increase (decrease) in contract loans and premium notes .....	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(341,038,408)	(38,312,772)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	
16.2 Capital and paid in surplus, less treasury stock .....	145,000,000	10,000,000
16.3 Borrowed funds .....	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	
16.5 Dividends to stockholders .....	0	
16.6 Other cash provided (applied) .....	43,450,127	5,712,663
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	188,450,127	15,712,663
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(3,938,204)	71,583,993
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	87,567,614	15,983,621
19.2 End of year (Line 18 plus Line 19.1) .....	83,629,410	87,567,614

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. ....		
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,406,740,940		11,710,753				988,904,702	1,402,364,707	3,760,778	
2. Change in unearned premium reserves and reserve for rate credit	(64,871,818)		(290,431)				(2,782,717)	(63,343,535)	1,544,865	
3. Fee-for-service (net of \$ .....0 medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,341,869,122	0	11,420,322	0	0	0	986,121,985	1,339,021,172	5,305,643	0
8. Hospital/medical benefits	1,377,229,960		165,441				750,673,691	626,390,828		XXX
9. Other professional services	233,351,654		461				26,189,816	207,161,377		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	178,849,848		11,881,646				75,557,131	91,411,071		XXX
12. Prescription drugs	250,274,047		(43,159)				62,669,804	181,881,187	5,766,215	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	7,612,251						4,867,889	2,734,843	9,519	XXX
15. Subtotal (Lines 8 to 14)	2,047,317,760	0	12,004,389	0	0	0	919,958,331	1,109,579,306	5,775,734	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	2,047,317,760	0	12,004,389	0	0	0	919,958,331	1,109,579,306	5,775,734	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ .....63,536,680 cost containment expenses	93,314,823		1,749,207				37,838,271	53,355,041	372,304	
20. General administrative expenses	157,738,160		3,520,247				76,148,813	77,370,000	699,100	
21. Increase in reserves for accident and health contracts	29,354,562		4,410,746				24,943,816			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,327,725,305	0	21,684,589	0	0	0	1,058,889,231	1,240,304,347	6,847,138	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	14,143,817	0	(10,264,267)	0	0	0	(72,767,246)	98,716,825	(1,541,495)	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	0	0	0	0
2. Medicare Supplement .....	11,710,753	0	0	11,710,753
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	988,904,702	0	0	988,904,702
7. Title XIX - Medicaid .....	1,402,364,707	0	0	1,402,364,707
8. Other health .....	3,760,778	0	0	3,760,778
9. Health subtotal (Lines 1 through 8) .....	2,406,740,940	0	0	2,406,740,940
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	2,406,740,940	0	0	2,406,740,940

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,963,829,938	0	11,205,607	0	0	0	831,213,223	1,115,381,252	6,029,856	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	1,963,829,938	0	11,205,607	0	0	0	831,213,223	1,115,381,252	6,029,856	0
2. Paid medical incentive pools and bonuses	5,911,257	0	0	0	0	0	2,396,598	3,507,378	7,281	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	273,143,065	0	1,655,811	0	0	0	92,242,526	179,055,874	188,854	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	273,143,065	0	1,655,811	0	0	0	92,242,526	179,055,874	188,854	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	3,834,133	0	0	0	0	0	2,471,291	1,351,224	11,618	0
6. Net healthcare receivables (a)	11,030,861	0	20,151	0	0	0	8,365,307	2,281,614	363,789	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	186,130,386	0	834,610	0	0	0	0	185,207,071	88,705	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	186,130,386	0	834,610	0	0	0	0	185,207,071	88,705	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	106,247	0	2,268	0	0	0	0	103,979	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	106,247	0	2,268	0	0	0	0	103,979	0	0
10. Accrued medical incentive pools and bonuses, prior year	2,133,140	0	0	0	0	0	0	2,123,760	9,380	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	2,039,705,509	0	12,004,389	0	0	0	915,090,442	1,106,844,462	5,766,216	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,039,705,509	0	12,004,389	0	0	0	915,090,442	1,106,844,462	5,766,216	0
13. Incurred medical incentive pools and bonuses	7,612,250	0	0	0	0	0	4,867,889	2,734,842	9,519	0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	155,922,263		359,626				37,615,528	117,894,143	52,966	
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	155,922,263	0	359,626	0	0	0	37,615,528	117,894,143	52,966	0
2. Incurred but Unreported:										
2.1 Direct .....	117,220,802		1,296,185				54,626,998	61,161,731	135,888	
2.2 Reinsurance assumed .....	0									
2.3 Reinsurance ceded .....	0									
2.4 Net .....	117,220,802	0	1,296,185	0	0	0	54,626,998	61,161,731	135,888	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	273,143,065	0	1,655,811	0	0	0	92,242,526	179,055,874	188,854	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	273,143,065	0	1,655,811	0	0	0	92,242,526	179,055,874	188,854	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0			0	0
2. Medicare Supplement .....	1,052,182	10,153,426	1,736	1,654,074	1,053,918	836,878
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....		831,213,222	0	92,242,526	0	0
7. Title XIX - Medicaid .....	97,898,900	1,019,576,881	38,056,847	140,999,028	135,955,747	185,311,050
8. Other health .....	126,373	6,200,583		188,854	126,373	88,705
9. Health subtotal (Lines 1 to 8) .....	99,077,455	1,867,144,112	38,058,583	235,084,482	137,136,038	186,236,633
10. Healthcare receivables (a) .....	1,081,634	12,340,856			1,081,634	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	2,859,507	3,051,751	201,747	3,632,386	3,061,254	2,133,140
13. Totals (Lines 9 - 10 + 11 + 12)	100,855,328	1,857,855,007	38,260,330	238,716,868	139,115,658	188,369,773

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	
2. 2017		0			
3. 2018	XXX	14	33	32	32
4. 2019	XXX	XXX	1,967	2,321	2,476
5. 2020	XXX	XXX	XXX	5,517	6,415
6. 2021	XXX	XXX	XXX	XXX	10,133

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	
2. 2017		0			
3. 2018	XXX	46	33	33	32
4. 2019	XXX	XXX	2,439	2,322	2,476
5. 2020	XXX	XXX	XXX	6,352	6,416
6. 2021	XXX	XXX	XXX	XXX	11,787

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017				0.0	0	0.0			0	0.0
2. 2018	54	32		0.0	32	59.3			32	59.3
3. 2019	2,531	2,476	554	22.4	3,030	119.7			3,030	119.7
4. 2020	6,482	6,415	1,763	27.5	8,178	126.2	2		8,180	126.2
5. 2021	11,420	10,133	1,494	14.7	11,627	101.8	1,654	38	13,319	116.6

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior .....	0	0	0	0	
2.	2017 .....					
3.	2018 .....	XXX				
4.	2019 .....	XXX	XXX			
5.	2020 .....	XXX	XXX	XXX		
6.	2021 .....	XXX	XXX	XXX	XXX	825,245

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior .....	0	0	0	0	
2.	2017 .....					
3.	2018 .....	XXX				
4.	2019 .....	XXX	XXX			
5.	2020 .....	XXX	XXX	XXX		
6.	2021 .....	XXX	XXX	XXX	XXX	919,958

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017 .....				0.0	0	0.0			0	0.0
2. 2018 .....				0.0	0	0.0			0	0.0
3. 2019 .....				0.0	0	0.0			0	0.0
4. 2020 .....				0.0	0	0.0			0	0.0
5. 2021 .....	986,122	825,245	36,029	4.4	861,274	87.3	94,714	1,809	957,797	97.1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Title XIX**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	62,895	62,320	61,916	61,359	61,337
2.	2017	756,852	808,704	807,787	807,583	807,524
3.	2018	XXX	782,155	860,708	864,707	865,528
4.	2019	XXX	XXX	842,475	938,601	948,296
5.	2020	XXX	XXX	XXX	869,548	958,782
6.	2021	XXX	XXX	XXX	XXX	1,016,938

**Section B - Incurred Health Claims - Title XIX**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	64,538	61,955	61,917	61,362	61,337
2.	2017	826,878	809,273	808,891	807,620	807,531
3.	2018	XXX	853,810	863,353	872,515	865,976
4.	2019	XXX	XXX	950,230	961,734	981,997
5.	2020	XXX	XXX	XXX	1,026,000	962,885
6.	2021	XXX	XXX	XXX	XXX	1,159,086

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	963,580	807,524	33,946	4.2	841,470	87.3	7	6	841,477	87.3
2. 2018	1,014,344	865,528	57,582	6.7	923,110	91.0	448	6	923,564	91.1
3. 2019	1,038,931	948,296	58,070	6.1	1,006,366	96.9	33,701	466	1,040,533	100.2
4. 2020	1,218,549	958,782	52,683	5.5	1,011,465	83.0	4,103	53	1,015,621	83.3
5. 2021	1,339,021	1,016,938	46,431	4.6	1,063,369	79.4	142,149	1,949	1,207,467	90.2

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	0	0	0	0	
2.	2017					
3.	2018	XXX				
4.	2019	XXX	XXX			
5.	2020	XXX	XXX	XXX	4,043	4,177
6.	2021	XXX	XXX	XXX	XXX	5,540

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	0	0	0	0	
2.	2017					
3.	2018	XXX				
4.	2019	XXX	XXX			
5.	2020	XXX	XXX	XXX	4,141	4,177
6.	2021	XXX	XXX	XXX	XXX	5,740

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017				0.0	0	0.0			0	0.0
2. 2018				0.0	0	0.0			0	0.0
3. 2019				0.0	0	0.0			0	0.0
4. 2020	4,220	4,177	40	1.0	4,217	99.9			4,217	99.9
5. 2021	5,306	5,540	328	5.9	5,868	110.6	200	11	6,079	114.6

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	62,895	62,320	61,916	61,359	61,337
2. 2017	756,852	808,704	807,787	807,583	807,524
3. 2018	XXX	782,169	860,741	864,739	865,560
4. 2019	XXX	XXX	844,442	940,922	950,772
5. 2020	XXX	XXX	XXX	879,108	969,374
6. 2021	XXX	XXX	XXX	XXX	1,857,856

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	64,538	61,955	61,917	61,362	61,337
2. 2017	826,878	809,273	808,891	807,620	807,531
3. 2018	XXX	853,856	863,386	872,548	866,008
4. 2019	XXX	XXX	952,669	964,056	984,473
5. 2020	XXX	XXX	XXX	1,036,493	973,478
6. 2021	XXX	XXX	XXX	XXX	2,096,571

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	963,580	807,524	33,946	4.2	841,470	87.3	7	0	841,477	87.3
2. 2018	1,014,398	865,560	57,582	6.7	923,142	91.0	448	6	923,596	91.0
3. 2019	1,041,462	950,772	58,624	6.2	1,009,396	96.9	33,701	466	1,043,563	100.2
4. 2020	1,229,251	969,374	54,486	5.6	1,023,860	83.3	4,105	53	1,028,018	83.6
5. 2021	2,341,869	1,857,856	84,282	4.5	1,942,138	82.9	238,717	3,807	2,184,662	93.3

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	295,942		295,942						
2. Additional policy reserves (a) .....	32,735,262		7,791,446				24,943,816		
3. Reserve for future contingent benefits .....	0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	87,646,799						2,782,717	84,864,082	
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	120,678,003	0	8,087,388	0	0	0	27,726,533	84,864,082	0
7. Reinsurance ceded .....	0								
8. Totals (Net)(Page 3, Line 4) .....	120,678,003	0	8,087,388	0	0	0	27,726,533	84,864,082	0
9. Present value of amounts not yet due on claims .....	0								
10. Reserve for future contingent benefits .....	0								
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0								
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....32,735,262 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	1,370,846	845,104	(404,990)	(442)	1,810,518
2. Salary, wages and other benefits .....	46,116,366	13,119,093	30,431,558	33,197	89,700,214
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0	0	38,713,705	0	38,713,705
4. Legal fees and expenses .....	3,703	41	1,448,314	1,580	1,453,638
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	2,777,385	2,056,552	4,881,096	5,325	9,720,358
7. Traveling expenses .....	36,318	891	300,142	328	337,679
8. Marketing and advertising .....	426,748	134,999	11,764,328	12,833	12,338,908
9. Postage, express and telephone .....	573,805	399,161	1,457,410	1,590	2,431,966
10. Printing and office supplies .....	64,471	12,768	171,872	187	249,298
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....	944	6,155	447,168	488	454,755
13. Cost or depreciation of EDP equipment and software .....	582,285	271,685	3,797,221	4,142	4,655,333
14. Outsourced services including EDP, claims, and other services .....	8,489,722	2,749,399	12,934,955	14,110	24,188,186
15. Boards, bureaus and association fees .....	6,500	183	126,225	138	133,046
16. Insurance, except on real estate .....	0	0	544,627	594	545,221
17. Collection and bank service charges .....	0	0	92,392	101	92,493
18. Group service and administration fees .....	109,315	122	(20,638)	(23)	88,776
19. Reimbursements by uninsured plans .....	(25,376)	(16,183)	(9,216)		(50,775)
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....	19,445	5,746	767,027	837	793,055
22. Real estate taxes .....	0	0	119,275	0	119,275
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	(803,844)	0	(803,844)
23.2 State premium taxes .....	0	0	24,667,941	0	24,667,941
23.3 Regulatory authority licenses and fees .....	16,145	1,315	461,490	0	478,950
23.4 Payroll taxes .....	2,748,885	788,983	1,927,958	0	5,465,826
23.5 Other (excluding federal income and real estate taxes) .....	0	0	278,445	0	278,445
24. Investment expenses not included elsewhere .....	0	0	0	337,229	337,229
25. Aggregate write-ins for expenses .....	219,173	9,402,129	23,643,699	25,792	33,290,793
26. Total expenses incurred (Lines 1 to 25) .....	63,536,680	29,778,143	157,738,160	438,006	(a) 251,490,989
27. Less expenses unpaid December 31, current year .....		4,333,558	4,246,073		8,579,631
28. Add expenses unpaid December 31, prior year .....		2,829,235	4,746,428		7,575,663
29. Amounts receivable relating to uninsured plans, prior year .....			17,777,942		17,777,942
30. Amounts receivable relating to uninsured plans, current year .....			47,397,212		47,397,212
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	63,536,680	28,273,820	187,857,785	438,006	280,106,291
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous expenses .....	219,173	9,402,129	23,643,699	25,792	33,290,793
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	219,173	9,402,129	23,643,699	25,792	33,290,793

(a) Includes management fees of \$ .....147,148,653 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 0	0
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 10,242,333	11,801,068
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 66,868	66,868
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	82,902	105,128
10. Total gross investment income	10,392,103	11,973,064
11. Investment expenses		(g) 438,006
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		438,006
17. Net investment income (Line 10 minus Line 16)		11,535,058
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Income	10	10
0902. Securities Lending	82,892	105,118
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	82,902	105,128
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 490,055 accrual of discount less \$ 2,287,765 amortization of premium and less \$ 907,526 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	164,358	0	164,358	(978,130)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	6,101	0	6,101	20,083	0
7. Derivative instruments	(852,295)	0	(852,295)	321,551	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(681,836)	0	(681,836)	(636,496)	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....		0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	197,981	14,023	(183,958)
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	4,757,997	2,071,325	(2,686,672)
25. Aggregate write-ins for other than invested assets .....	3,957,646	382,921	(3,574,725)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	8,913,624	2,468,269	(6,445,355)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	8,913,624	2,468,269	(6,445,355)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. Prepaid Expenses .....	3,957,646	382,921	(3,574,725)
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	3,957,646	382,921	(3,574,725)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	191,905	253,665	264,190	273,573	279,420	3,183,435
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....		5,698	6,270	7,050	7,646	77,716
6. Aggregate write-ins for other lines of business .....	0	0	0	0	7,946	88,638
7. Total	191,905	259,363	270,460	280,623	295,012	3,349,789
<b>DETAILS OF WRITE-INS</b>						
0601. Stand Alone Med Pt D .....					7,946	88,638
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	7,946	88,638

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of AMERIGROUP Insurance Company (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Texas Department of Insurance (“TDI”).

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the TDI is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2021</u>	<u>2020</u>
<b><u>Net Income</u></b>					
(1) AMERIGROUP Insurance Company state basis (Page 4, Line 32, Columns 2 & 3)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 13,671,863</u>	<u>\$ 23,668,502</u>
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 13,671,863</u>	<u>\$ 23,668,502</u>
<b><u>Surplus</u></b>					
(5) AMERIGROUP Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$325,027,897</u>	<u>\$165,334,288</u>
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$325,027,897</u>	<u>\$165,334,288</u>

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**C. Accounting Policies**

Health premiums are earned over the term of the related insurance policies. Premiums written are reported net of experience rating refunds. Premiums paid prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

subject to approval by the Centers for Medicare and Medicaid Services. Expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (3) The Company has no investments in common stocks of unaffiliated companies.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no mortgage loans - real estate.
- (6) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) The Company holds 11 SVO-Identified bond exchange trade funds (“ETFs”) reported on Schedule D-1. The Company has made an irrevocable decision to report ETFs at systematic value. Systematic valuation has been consistently applied to all ETFs held at December 31, 2021 and previous periods.
- (8) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (9) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (10) All derivatives are stated at fair value.
- (11) The Company recognizes losses from other-than-temporary impairments (“OTTI”) of investments in accordance with Statements of Standard Accounting Practice (“SSAP”) No. 26R, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32R, *Preferred Stock*.
- (12) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (13) Unpaid claims and claims adjustment expenses include management’s best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
- (14) The Company has not modified its capitalization policy from the prior period.
- (15) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

**D. Going Concern**

Not applicable.

**2. Accounting Changes and Corrections of Errors**

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

There were no accounting changes or corrections of errors during the years ended December 31, 2021 and 2020.

**3. Business Combinations and Goodwill**

**A. Statutory Purchase Method**

Not applicable.

**B. Statutory Merger**

Not applicable.

**C. Assumption Reinsurance**

Not applicable.

**D. Impairment Loss**

Not applicable.

**E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill**

Not applicable.

**4. Discontinued Operations**

The Company had no operations that were discontinued during 2021 or 2020.

**5. Investments**

**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have investments in mortgage loans at December 31, 2021 or 2020.

**B. Debt Restructuring**

The Company did not have invested assets that were restructured debt at December 31, 2021 or 2020.

**C. Reverse Mortgages**

The Company did not have investments in reverse mortgages at December 31, 2021 or 2020.

**D. Loan-Backed Securities**

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2021 and 2020.
- (3) The Company did not recognize OTTI on its loan-backed securities at December 31, 2021 and 2020.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	(378,684)
2. 12 Months or Longer	\$	(181,967)

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	75,944,220
2. 12 Months or Longer	\$	12,110,315

(5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at December 31, 2021 or 2020.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

(1) The Company did not enter into repurchase agreements at December 31, 2021 or 2020.

(2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company's Investment Policy.

(3) Collateral Received

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

a. Aggregate amount collateral received

	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$ 48,818,704
(b) 30 days or less	—
(c) 31 to 60 days	—
(d) 61 to 90 days	—
(e) Greater than 90 days	—
(f) Sub-total	\$ 48,818,704
(g) Securities received	2,457,492
(h) Total collateral received	\$ 51,276,196

2. Dollar repurchase agreement - Not applicable.

b. The fair value of that collateral and of the portion of that collateral that it has sold or replighted	<u>\$ 51,276,196</u>
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c. The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral according to guidelines of the Company's Investment Policy.

(4) Not applicable.

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

	<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$ —	\$ —
(b) 30 days or less	16,218,598	16,218,647
(c) 31 to 60 days	19,653,741	19,653,787
(d) 61 to 90 days	5,469,575	5,470,196
(e) 91 to 120 days	4,558,783	4,558,744
(f) 121 to 180 days	963,135	963,160
(g) 181 to 365 days	1,954,170	1,954,170
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	\$ 48,818,002	\$ 48,818,704
(l) Securities received	2,457,492	2,457,492
(m) Total collateral reinvested	\$ 51,275,494	\$ 51,276,196

2. Dollar repurchase agreement - Not applicable.

b. Not applicable.

(6) Not applicable.

(7) Not applicable.

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at December 31, 2021 or 2020.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2021 or 2020.

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2021 or 2020.

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2021 or 2020.

**J. Real Estate**

The Company did not have investments in real estate and did not engage in retail land sales operations during 2021 or 2020.

**K. Investments in Low-Income Housing Tax Credits**

The Company did not invest in properties generating low-income housing tax credits during 2021 or 2020.

**L. Restricted Assets**

(1) Restricted assets (including pledged)

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown						0.00 %	0.00 %
b. Collateral held under security lending agreements	\$ 51,275,494	\$ 14,457,766	\$ 36,817,728	\$ —	\$ 51,275,494	6.24 %	6.31 %
c. Subject to repurchase agreements						0.00 %	0.00 %
d. Subject to reverse repurchase agreements						0.00 %	0.00 %
e. Subject to dollar repurchase agreements						0.00 %	0.00 %
f. Subject to dollar reverse repurchase agreements						0.00 %	0.00 %
g. Placed under option contracts						0.00 %	0.00 %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock						0.00 %	0.00 %
i. FHLB capital stock						0.00 %	0.00 %
j. On deposit with states	2,048,761	1,603,027	445,734	—	2,048,761	0.25 %	0.25 %
k. On deposit with other regulatory bodies						0.00 %	0.00 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)						0.00 %	0.00 %
m. Pledged as collateral not captured in other categories						0.00 %	0.00 %
n. Other restricted assets						0.00 %	0.00 %
o. Total Restricted Assets	53,324,255	16,060,793	37,263,462	—	53,324,255	6.50 %	6.50 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Not applicable.

(3) Not applicable.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets **
a. Cash	\$ —	\$ —	— %	— %
b. Schedule D, Part 1	—	—	—	—
c. Schedule D, Part 2 Section 1	—	—	—	—
d. Schedule D, Part 2 Section 2	—	—	—	—
e. Schedule B	—	—	—	—
f. Schedule A	—	—	—	—
g. Schedule BA, Part 1	—	—	—	—
h. Schedule DL, Part 1	51,275,494	51,276,196	6.2 %	6.3 %
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 51,275,494	\$ 51,276,196	6.2 %	6.3 %

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

	<u>1</u>	<u>2</u>
	<u>Amount</u>	<u>% of Liability to Total Liabilities *</u>
k. Recognized Obligation to Return Collateral Asset	\$ 51,275,494	10.5 %

\* Column 1 divided by Liability Page, Line 24 (Column 3)

#### M. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2021 and 2020.

#### N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2021 and 2020.

#### O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2021 and 2020.

#### P. Short Sales

The Company did not have any short sales at December 31, 2021 and 2020.

#### Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	6
(2) Aggregate Amount of Investment Income	\$ 125,584

#### R. Reporting Entity's Share of Cash Pool by Asset Type

The Company did not participate in a cash pool at December 31, 2021.

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

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

A. The Company has no investments in joint ventures, partnerships or LLCs.

B. Not applicable.

**7. Investment Income**

A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.

B. At December 31, 2021 and 2020 there was no nonadmitted accrued investment income.

**8. Derivative Instruments**

**A. Derivatives under SSAP No. 86 - *Derivatives***

***Short Treasury Futures***

(1) Market Risk: The short treasury futures were added with the purpose of altering the interest rate exposure of the overall portfolio. In isolation, a short position in treasury futures will benefit when interest rates rise. However, the market risk of this position is evaluated in conjunction with the overall portfolio's bond holdings.

Credit Risk: These futures contracts are traded on the Chicago Board of Trade ("CBT"). Purchasers and sellers contract with the exchange and are required to post and maintain margin on a daily basis. As such, the credit risk is that of the futures exchanges, which is considered to be minimal.

(2) Objective: The purpose of holding these futures is to reduce interest rate risk and to enhance the overall characteristics of the portfolio.

(3) Accounting: These derivatives are considered hedging other instruments and thus, income, gains and losses are recognized monthly based on cash settlement amounts.

(4) The Company does not have derivative contracts with financing premiums.

(5) Not applicable.

(6) The total net loss recognized during 2021 was \$852,295.

(7) Not applicable.

(8) The Company does not have aggregate, non-discounted total premium cost for these contracts at December 31, 2021 or premium cost due in future years.

***Long Treasury Futures***

Not applicable.

***Interest Rate Swaps***

Not applicable.

**B. Derivatives under SSAP No. 108 - *Derivative Hedging Variable Annuity Guarantees***

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**9. Income Taxes**

**A. The components of net deferred tax assets (liabilities):**

(1) The components of net deferred tax asset (liabilities) are as follows:

	12/31/2021		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 10,199,910	\$ 457,058	\$ 10,656,968
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	10,199,910	457,058	10,656,968
(d) Deferred Tax Assets Nonadmitted	2,099	195,882	197,981
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	10,197,811	261,176	10,458,987
(f) Deferred Tax Liabilities	2,955	—	2,955
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 10,194,856</u>	<u>\$ 261,176</u>	<u>\$ 10,456,032</u>

	12/31/2020		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 2,475,664	\$ 98,162	\$ 2,573,826
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	2,475,664	98,162	2,573,826
(d) Deferred Tax Assets Nonadmitted	—	14,023	14,023
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,475,664	84,139	2,559,803
(f) Deferred Tax Liabilities	23,410	—	23,410
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 2,452,254</u>	<u>\$ 84,139</u>	<u>\$ 2,536,393</u>

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 7,724,246	\$ 358,896	\$ 8,083,142
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	7,724,246	358,896	8,083,142
(d) Deferred Tax Assets Nonadmitted	2,099	181,859	183,958
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	7,722,147	177,037	7,899,184
(f) Deferred Tax Liabilities	(20,455)	—	(20,455)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 7,742,602</u>	<u>\$ 177,037</u>	<u>\$ 7,919,639</u>

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* (“SSAP No. 101”) are as follows:

12/31/2021		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 10,194,856	\$ 261,176	\$ 10,456,032
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	31,457,187
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	2,955	—	2,955
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 10,197,811</u>	<u>\$ 261,176</u>	<u>\$ 10,458,987</u>

12/31/2020		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 2,461,065	\$ 84,139	\$ 2,545,204
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	24,419,684
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	14,599	—	14,599
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 2,475,664</u>	<u>\$ 84,139</u>	<u>\$ 2,559,803</u>

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 7,733,791	\$ 177,037	\$ 7,910,828
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	7,037,503
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	(11,644)	—	(11,644)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 7,722,147</u>	<u>\$ 177,037</u>	<u>\$ 7,899,184</u>

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

	2021	2020
(3) (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	422 %	375 %

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 314,571,865	\$ 162,797,895
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	12/31/2021		12/31/2020		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	<b>Ordinary</b>	<b>Capital</b>	<b>Ordinary</b>	<b>Capital</b>	<b>(Col 1-3) Ordinary</b>	<b>(Col 2-4) Capital</b>

Impact of Tax-Planning Strategies

(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$10,199,910	\$457,058	\$2,475,664	\$ 98,162	\$7,724,246	\$358,896
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$10,197,811	\$261,176	\$2,475,664	\$ 84,139	\$7,722,147	\$177,037
4. Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %

(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____	No <u>  X  </u>
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**B.** The Company has no unrecognized deferred tax liabilities at December 31, 2021 and 2020.

**C. Current income taxes incurred consist of the following major components:**

	(1) 12/31/2021	(2) 12/31/2020	(3) (Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 11,933,423	\$ 8,736,749	\$ 3,196,674
(b) Foreign	—	—	—
(c) Subtotal	11,933,423	8,736,749	3,196,674
(d) Federal income tax expense on net capital gains	(65,306)	294,904	(360,210)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	<u>\$ 11,868,117</u>	<u>\$ 9,031,653</u>	<u>\$ 2,836,464</u>
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 824,294	\$ 572,523	\$ 251,771
(2) Unearned premium reserve	25,129	15,471	9,658
(3) Policyholder reserves	1,134,000	649,615	484,385
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

(10) Receivables - nonadmitted	999,179	434,978	564,201
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	—	—	—
(14) Accrued future expenses	17	79	(62)
(15) Amortization	8,845	12,637	(3,792)
(16) Investment partnerships	—	—	—
(17) Premium deficiency reserves	6,874,405	709,948	6,164,457
(18) Prepaid expenses	334,041	80,413	253,628
(99) Subtotal	10,199,910	2,475,664	7,724,246
(b) Statutory valuation allowance adjustment	\$ —	—	—
(c) Nonadmitted	2,099	—	2,099
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	10,197,811	2,475,664	7,722,147
(e) Capital		—	
(1) Investments	\$ 457,058	98,162	358,896
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	457,058	98,162	358,896
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	195,882	14,023	181,859
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	261,176	84,139	177,037
(i) Admitted deferred tax assets (2d + 2h)	\$ 10,458,987	\$ 2,559,803	\$ 7,899,184

	(1)	(2)	(3)
	12/31/2021	12/31/2020	(Col 1-2) Change

(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	—	—	—
(6) Amortization	—	—	—
(7) Discount of coordination of benefits	2,955	23,410	(20,455)
(99) Subtotal	2,955	23,410	(20,455)
(b) Capital			
(1) Investments	\$ —	—	—
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	—	—	—
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,955	\$ 23,410	\$ (20,455)
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 10,456,032	\$ 2,536,393	\$ 7,919,639

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

D. The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	<u>2021</u>	<u>2020</u>
Tax expense computed using federal statutory rate	\$ 5,363,396	\$ 6,867,032
ACA health insurer fee	—	3,491,630
Change in nonadmitted assets	(1,314,893)	87,968
Tax exempt income and dividend received deduction net of proration	(150,319)	(130,716)
Prior year true-up and adjustments	—	(1)
Total	<u>\$ 3,898,184</u>	<u>\$ 10,315,913</u>
Federal income taxes incurred	11,868,117	\$ 9,031,653
Change in net deferred income taxes	(7,969,933)	1,284,260
Total statutory income taxes	<u>\$ 3,898,184</u>	<u>\$ 10,315,913</u>

E. **Operating loss carryforwards:**

- (1) The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2021 or 2020.
- (2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2021	\$ 11,785,626	\$ —	\$ 11,785,626
2020	8,736,517	294,904	9,031,421
2019	N/A	—	—

- (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2021 and 2020.

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. ("Anthem") as of December 31, 2021 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

Alliance Care Management, LLC	Designated Agent Company, Inc.
American Imaging Management, Inc.	EHC Benefits Agency, Inc.
America's 1st Choice of South Carolina, Inc.	Empire HealthChoice Assurance, Inc.
America's Health Management Services, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Community Care of New Mexico, Inc.	Federal Government Solutions, LLC
AMERIGROUP Corporation	FHC Health Systems, Inc.
Amerigroup Delaware, Inc.	Freedom Health, Inc.
Amerigroup District of Columbia, Inc.	Golden West Health Plan, Inc.
Amerigroup Health Plan of Louisiana, Inc.	Health Core, Inc.
Amerigroup Insurance Company	Health Management Corporation
AMERIGROUP Iowa, Inc.	Healthkeepers, Inc.
AMERIGROUP Maryland, Inc.	HealthLink HMO, Inc.
Amerigroup Mississippi, Inc.	HealthLink, Inc.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

AMERIGROUP New Jersey, Inc.	HealthLink Insurance Company
AMERIGROUP Ohio, Inc.	HealthPlus HP, LLC
Amerigroup Oklahoma, Inc.	HealthSun Health Plan, Inc.
Amerigroup Pennsylvania, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP Tennessee, Inc.	HEP AP Holdings, Inc.
AMERIGROUP Texas, Inc.	HMO Colorado, Inc.
AMERIGROUP Washington, Inc.	HMO Missouri, Inc.
AMGP Georgia Managed Care Company, Inc.	IEC Group Holdings, Inc.
Anthem Blue Cross Life and Health Insurance Company	IEC Group, Inc. d/b/a AmeriBen
Anthem Financial, Inc.	Imaging Management Holdings, LLC
Anthem Health Plans of Kentucky, Inc.	IngenioRx, Inc.
Anthem Health Plans of Maine, Inc.	Legato Health Technologies U.S., Inc.
Anthem Health Plans of New Hampshire, Inc.	Legato Holdings I, Inc.
Anthem Health Plans of Virginia, Inc.	Living Complete Technologies, Inc.
Anthem Health Plans, Inc.	Massachusetts Behavioral Health Partnership
Anthem Holding Corp.	Matthew Thornton Health Plan, Inc.
Anthem Insurance Companies, Inc.	Missouri Care, Incorporated
Anthem Kentucky Managed Care Plan, Inc.	myNEXUS Holdings, Inc.
Anthem Southeast, Inc.	myNEXUS, Inc.
Anthem UM Services, Inc.	myNEXUS Management, Inc.
Anthem, Inc.	Nash Holding Company, LLC
Arcus Enterprises, Inc.	National Government Services, Inc.
Aspire Health, Inc.	New England Research Institutes, Inc.
Associated Group, Inc.	Optimum Healthcare, Inc.
Beacon Health Financing, LLC	OPTIONS Health Care, Inc.
Beacon Health Options Care Services, Inc.	Park Square Holdings, Inc.
Beacon Health Options Holdco, Inc.	Park Square I, Inc.
Beacon Health Options, Inc.	Park Square II, Inc.
Beacon Health Options of California, Inc.	Resolution Health, Inc.
Beacon Health Options of Ohio, Inc.	RightCHOICE Managed Care, Inc.
Beacon Health Options of Pennsylvania, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Beacon Health Vista Parent, Inc.	SellCore, Inc.
BHS IPA, LLC	Simply Healthcare Plans, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Southeast Services, Inc.
Blue Cross Blue Shield of Wisconsin	State Sponsored Services, Inc.
Blue Cross of California	The Anthem Companies, Inc.
Blue Cross of California Partnership Plan, Inc.	The Anthem Companies of California, Inc.
CareMarket, Inc.	TrustSolutions, LLC
CareMore Health IPA of New York, Inc.	UNICARE Health Plan of West Virginia, Inc.
CareMore Health Plan	UNICARE Illinois Services, Inc.
CareMore Health Plan of Arizona, Inc.	UNICARE Life & Health Insurance Company
CareMore Health Plan of Nevada, Inc.	UNICARE National Services, Inc.
CareMore Health Plan of Texas, Inc.	UNICARE Specialty Services, Inc.
CareMore Health System	Value Health Reinsurance, Inc.
Cerulean Companies, Inc.	ValueOptions Federal Services, Inc.
CHCS IPA, Inc.	ValueOptions of Kansas, Inc.
Claim Management Services, Inc.	ValueOptions of New Jersey, Inc.
Community Care Health Plan of Kansas, Inc.	ValueOptions Texas, Inc.
Community Care Health Plan of Nebraska, Inc.	Valus, Inc.
Community Care Health Plan of Nevada, Inc.	WellPoint California Services, Inc.
Community Insurance Company	WellPoint Dental Services, Inc.
Compcare Health Services Insurance Corporation	WellPoint Health Solutions, Inc.
Crossroads Acquisition Corp.	WellPoint Holding Corporation
DBG Holdings, Inc.	WellPoint Information Technology Services, Inc.
DeCare Analytics, LLC	WellPoint Insurance Services, Inc.
DeCare Dental Health International, LLC	WellPoint Military Care Corporation
DeCare Dental Networks, LLC	ZipDrug, Inc.
DeCare Dental, LLC	

**G. Not applicable.**

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**H. Repatriation Transition Tax (RTT)**

Not applicable.

**I. Alternative Minimum Tax (AMT) Credit**

Not applicable.

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

**A. Nature of the Relationship**

The Company is a Texas domiciled stock insurance company and is a wholly-owned subsidiary of AMERIGROUP Corporation (“AGP”), which is an indirect wholly-owned subsidiary of Anthem, a publicly traded company.

**B. Significant Transactions for Each Period**

The following significant transactions took place between the Company and its affiliates:

On March 30, 2021, the Company's parent company, Anthem, authorized a capital contribution of \$20,000,000 that was paid to the Company on March 31, 2021. On June 25, 2021, the Company's parent company, Anthem, authorized a capital contribution of \$25,000,000 that was paid to the Company on June 30, 2021. On September 29, 2021, the Company's parent company, Anthem, authorized a capital contribution of \$60,000,000 that was paid to the Company on September 30, 2021. On December 23, 2021, the Company's parent company, Anthem, authorized a capital contribution of \$40,000,000 that was paid to the Company on December 27, 2021. On February 2, 2020, the Company's parent company, Anthem, authorized a capital contribution of \$10,000,000 that was paid to the Company on February 6, 2020.

For changes to the intercompany management and service arrangements see Note 10E. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

**C. Transactions with Related Parties who are not Reported on Schedule Y**

The Company has no transactions with related parties who are not reported on Schedule Y.

**D. Amounts Due to or from Related Parties**

At December 31, 2021 and 2020, the Company reported no amounts due from affiliates. At December 31, 2021 and 2020, the Company reported \$18,394,125 and \$4,404,401 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

**E. Management and Service Contracts and Cost Sharing Arrangements**

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting,

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

In addition, the Company is party to the Fair Market Value ("FMV") Services Attachment, to the master administrative services agreement with affiliates, the costs and expenses related to certain care management and other services are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

During 2020, the Company added the Beacon Management Services Agreement which will provide behavioral health services. The agreement was approved on July 20, 2020 and is effective beginning January 1, 2021.

The Company is party to a royalty agreement with its parent, AGP. Royalties charged to the Company for the year ended December 31, 2021 and 2020 were \$16,337,868 and \$31,613,031, respectively, which are included in general administrative expenses in the accompanying statutory basis statements of income.

**F. Guarantees or Contingencies for Related Parties**

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

**G. Nature of Control Relationships that Could Affect Operations or Financial Position**

AGP owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

**H. Amount Deducted for Investment in Upstream Company**

The Company does not own shares of upstream intermediate entities or Anthem.

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

At December 31, 2021 and 2020, the Company did not have investments in affiliates.

**J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies**

Not applicable.

**K. Investment in a Foreign Insurance Subsidiary**

The Company does not have investments in foreign insurance subsidiaries.

**L. Investment in Downstream Non-insurance Holding Companies**

The Company does not have investments in downstream non-insurance holding companies.

**M. All SCA Investments**

The Company has no SCA Investments.

**N. Investment in Insurance SCAs**

The Company does not have investments in Insurance SCAs.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**O. SCA or SSAP 48 Entity Loss Tracking**

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

**11. Debt**

**1. Capital Notes and Other Debt**

The Company had no capital notes or other debt outstanding at December 31, 2021 and 2020.

**B. FHLB (Federal Home Loan Bank) Agreements**

The Company had no FHLB agreements outstanding at December 31, 2021 and 2020.

**C. All Other Debt**

The Company had no other debt outstanding at December 31, 2021 and 2020.

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

**A. Defined Benefit Plan**

Not applicable - See Note 12G.

**B.** Not applicable - See Note 12G.

**C.** Not applicable - See Note 12G.

**D.** Not applicable - See Note 12G.

**E. Defined Contribution Plans**

Not applicable - See Note 12G.

**F. Multiemployer Plans**

The Company does not participate in a multiemployer plan.

**G. Consolidated/Holding Company Plans**

The Company participates in a nonqualified deferred compensation plan sponsored by Anthem which covers certain employees once the participant reaches the maximum contribution amount for the Anthem 401(k) Plan (the "401(k) Plan"). The deferred amounts are payable according to the terms and subject to the conditions of the deferred compensation plan. Anthem allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees subject to the deferred compensation plan. The Company has no legal obligation for benefits under this plan.

The Company participates in the Anthem 401(k) Plan, sponsored by ATH Holding Company, LLC ("ATH Holding") and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a stock incentive compensation plan, sponsored by Anthem, providing incentive awards to non-employee directors and employees, consisting of Anthem stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Anthem allocates a share of the total share-based compensation expense of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

During 2021 and 2020, the Company was allocated the following costs or (credits) for these retirement benefits:

	<u>2021</u>	<u>2020</u>
Deferred compensation plan	32,313	22,233
Defined contribution plan	2,445,659	1,550,141
Stock incentive compensation plan	1,580,806	1,022,421

**H. Post Employment Benefits and Compensated Absences**

Not applicable.

**I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)**

Not applicable.

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

**A. Outstanding Shares**

As of December 31, 2021, the Company has 700,000 shares of \$3.00 par value common stock authorized, issued and outstanding.

**B. Preferred Stock**

The Company has no preferred stock outstanding.

**C. Dividend Restrictions**

Under Texas DOI statutes, the Company is limited in the amount of dividends that can be declared without regulatory approval. Per the Texas Health Maintenance Organization Act, certain limitations exist on the Company's ability to pay dividends to its parent. The Company may pay funds only from earned surplus, which is the portion of surplus that represents net earnings, gains or profits after deduction of all losses and distributions of dividends to shareholders. Per the Texas Administrative Code, certain limitations exist on the Company's ability to pay dividends to its parent. Dividends may be declared by the Company at any time from any and all admitted assets in excess of all liabilities, as long as the Company meets or exceeds minimum deposit, net worth and risk-based capital requirements. The Texas DOI approval is not required if the dividend paid is less than the greater of 1) ten percent of the Company's net worth as of December 31st of the preceding year or 2) the Company's entire net gain from operations, for the immediately preceding year.

**D. Dividends Paid**

See Footnote 10B.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**E. Maximum Ordinary Dividend During 2022**

Within the limitations of (C) above, the Company may pay \$32,502,790 in ordinary dividends during 2022 without restrictions, other than state notification requirements.

**F. Unassigned Surplus Restrictions**

Unassigned surplus funds are not restricted at December 31, 2021.

**G. Mutual Surplus Advances**

Not applicable.

**H. Company Stock Held for Special Purpose**

There are no shares of stock held for special purposes at December 31, 2021.

**I. Changes in Special Surplus Funds**

There are no special surplus funds at December 31, 2021.

**J. Changes in Unassigned Funds**

The portion of unassigned funds represented by cumulative unrealized investment losses was \$524,052 at December 31, 2021.

**K. Surplus Notes**

The Company has not issued any surplus notes or debentures or similar obligations.

**L. Restatement due to Prior Quasi-reorganizations**

The Company had no restatements due to prior quasi-reorganizations.

**M. Quasi-reorganizations over Prior 10 Years**

The Company has not been involved in a quasi-reorganization during the past 10 years.

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

The Company had no contingent commitments at December 31, 2021 or 2020.

**B. Assessments**

(1) The Company is subject to guaranty fund and other assessments by the state(s) in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of the assessment or at the time the losses are incurred.

(2) Not applicable.

(3) Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**C. Gain Contingencies**

The Company has no gain contingencies at December 31, 2021 or 2020.

**D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits**

Not applicable.

**E. Joint and Several Liabilities**

Not applicable.

**F. All Other Contingencies**

***Litigation and regulatory proceedings***

Express Scripts, Inc. Pharmacy Benefit Management Litigation

In March 2016, Anthem filed a lawsuit against Express Scripts, Inc. (“Express Scripts”), their vendor at the time for PBM services, captioned *Anthem, Inc. v. Express Scripts, Inc.*, in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover over \$14,800,000,000 in damages for pharmacy pricing that is higher than competitive benchmark pricing under the agreement between the parties (the “ESI PBM Agreement”), over \$158,000,000 in damages related to operational breaches, as well as various declarations under the ESI PBM Agreement, including that Express Scripts: (i) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (ii) was required to provide competitive benchmark pricing to Anthem through the term of the ESI PBM Agreement; (iii) has breached the ESI PBM Agreement; and (iv) is required under the ESI PBM Agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination.

Express Scripts has disputed Anthem’s contractual claims and is seeking declaratory judgments: (i) regarding the timing of the periodic pricing review under the ESI PBM Agreement, and (ii) that it has no obligation to ensure that Anthem receives any specific level of pricing, that Anthem has no contractual right to any change in pricing under the ESI PBM Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith. In the alternative, Express Scripts claims that Anthem has been unjustly enriched by its payment of \$4,675,000,000 at the time they entered into the ESI PBM Agreement. In March 2017, the court granted Anthem’s motion to dismiss Express Scripts’ counterclaims for (i) breach of the implied covenant of good faith and fair dealing, and (ii) unjust enrichment with prejudice. The only remaining claims are for breach of contract and declaratory relief. In August 2021, ESI filed a motion for summary judgment, which Anthem opposed. Express Scripts’ motion for summary judgment is now fully briefed and no decision has been rendered. Anthem intends to vigorously pursue their claims and defend against any counterclaims, which they believe are without merit; however, the ultimate outcome cannot be presently determined.

In re Express Scripts/Anthem ERISA Litigation

Anthem is a defendant in a class action lawsuit that was initially filed in June 2016 against Anthem, Inc. and Express Scripts, which has been consolidated into a single multi-district lawsuit captioned *In Re Express Scripts/Anthem ERISA Litigation*, in the U.S. District Court for the Southern District of New York. The consolidated complaint was filed by plaintiffs against Express Scripts and Anthem on behalf of all persons who are participants in or beneficiaries of any ERISA or non-ERISA healthcare plan from December 1, 2009 to December 31, 2019 in which Anthem provided prescription drug benefits through the ESI PBM Agreement and paid a percentage based co-insurance payment in the course of using that prescription drug benefit. The plaintiffs allege that

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

Anthem breached their duties, either under ERISA or with respect to the implied covenant of good faith and fair dealing implied in the health plans, (i) by failing to adequately monitor Express Scripts' pricing under the ESI PBM Agreement, (ii) by placing their own pecuniary interest above the best interests of their insureds by allegedly agreeing to higher pricing in the ESI PBM Agreement in exchange for the purchase price for their NextRx PBM business, and (iii) with respect to the non-ERISA members, by negotiating and entering into the ESI PBM Agreement that was allegedly detrimental to the interests of such non-ERISA members. Plaintiffs seek to hold Anthem and Express Scripts jointly and severally liable and to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, attorney's fees and costs and interest.

In April 2017, Anthem filed a motion to dismiss the claims brought against them, and it was granted, without prejudice, in January 2018. Plaintiffs filed a notice of appeal with the United States Court of Appeals for the Second Circuit (the "Second Circuit"), which was heard in October 2018. In December 2020, the Court affirmed the trial court's decision dismissing the ERISA complaint. Plaintiffs filed a Petition for Rehearing and Rehearing En Banc, which was denied. Plaintiffs filed a writ of certiorari with the United States Supreme Court, which Anthem opposed, and the plaintiffs have replied. In December 2021, the United States Supreme Court requested that the Solicitor General submit a brief "expressing the views of the United States" as to whether the Court should grant plaintiffs' writ. Anthem intends to vigorously defend this suit, which they believe is without merit; however, its ultimate outcome cannot be presently determined.

***Other Contingencies***

From time to time, the Company is party to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like HMOs and health insurers generally, exclude certain healthcare and other services from coverage under our HMO, PPO, and other plans. The Company is, in the ordinary course of business, subject to the claims of our enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

In addition to the lawsuits described above, the Company is also involved in other pending and threatened litigation of the character incidental to their business, and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits, reviews and administrative proceedings include routine and special inquiries by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

The Company has no other known material contingencies.

***Provisions for uncollectible amounts***

At December 31, 2021 and 2020, the Company reported admitted assets of \$82,246,707 and \$39,907,050, respectively, in premium receivables and receivables due from uninsured plans. These receivables are not deemed to be uncollectible, therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**15. Leases**

The Company has no lessee leasing arrangements.

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

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2021, there were no significant concentrations.

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

**A. Transfers of Receivables Reported as Sales**

Not applicable at December 31, 2021 and 2020.

**B. Transfer and Servicing of Financial Assets**

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2021 the fair value of securities loaned was \$50,078,288 and the carrying value of securities loaned was \$48,827,755.

(2) - (7) Not applicable.

**C. Wash Sales**

(1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

(2) At December 31, 2021 and 2020, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

**A. Administrative Services Only ("ASO") Plans**

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2021 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ (332,372)	\$ —	\$ (332,372)
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ (332,372)	\$ —	\$ (332,372)
d. Total claim payment volume	\$ 19,903,706	\$ —	\$ 19,903,706

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**B. Administrative Services Contract ("ASC") Plans**

The gain or (loss) from operations from ASC uninsured plans and the uninsured portion of partially insured plans during 2021 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 20,598,682	\$ —	\$ 20,598,682
b. Gross administrative fees accrued	—	—	—
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	20,995,207	—	20,995,207
e. Total gain or (loss) from operations	<u>\$ (396,525)</u>	<u>\$ —</u>	<u>\$ (396,525)</u>

**C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract**

(1) The Company does not record revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2)

Receivable from	Related to	2021	2020
Centers for Medicare and Medicaid Services	Cost share and reinsurance components of administered Medicare products	\$ 19,979,956	\$ 1,821,975
U.S. Department of Health and Human Services	Cost share and reinsurance components of administered commercial ACA products	\$ —	\$ —
Uninsured plans	Uninsured business, not including pharmaceutical rebate receivables	\$ 27,417,255	\$ 15,955,967

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2021 and 2020.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**20. Fair Value Measurements**

**A.**

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
Industrial and misc	\$ —	\$55,735,798	\$ —	\$ —	\$ 55,735,798
Total bonds	\$ —	\$55,735,798	\$ —	\$ —	\$ 55,735,798
Cash equivalents					
Industrial and miscellaneous money market funds	\$ 57,997,400	\$ —	\$ —	\$ —	\$ 57,997,400
Total cash equivalents	\$ 57,997,400	\$ —	\$ —	\$ —	\$ 57,997,400
Derivative assets					
Futures contracts	\$ —	\$ 321,563	\$ —	\$ —	\$ 321,563
Total derivatives	\$ —	\$ 321,563	\$ —	\$ —	\$ 321,563
Total assets at fair value/NAV	\$ 57,997,400	\$56,057,361	\$ —	\$ —	\$114,054,761

(2) There are no investments in Level 3 as of December 31, 2021 and 2020.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

(4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature, these investments are designated as Level 1. The Company also holds bonds purchased with less than three months to maturity. Fair value of these bonds are based on quoted market prices obtained from third party pricing services which generally use Level 1 or Level 2 inputs.

Fair values of derivatives are based on the quoted market prices by the financial institution that is the counterparty to the derivative transaction. The Company independently verifies prices provided by the counterparties using valuation models that incorporate observable market inputs for similar derivative transactions. Derivatives are designated as Level 2 securities. Derivatives presented within the fair value hierarchy table below are presented on a gross basis and not on a master netting basis by counterparty.

There have been no significant changes in the valuation techniques during the current period.

**B. Fair Value Measurements Under Other Accounting Pronouncements**

Not applicable at December 31, 2021 and 2020.

**C. Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 584,207,250	\$ 572,380,964	\$ 99,537,304	\$ 484,669,946	\$ —	\$ —	\$ —
Cash equivalents	57,997,400	57,997,400	57,997,400	—	—	—	—
Derivative assets - futures	321,563	321,563	—	321,563	—	—	—
Securities lending collateral asset	51,276,196	51,275,494	—	51,276,196	—	—	—

**D. Not Practicable to Estimate Fair Value**

There are no financial instruments that were not practicable to estimate fair value.

**E. Investments Measured at Net Asset Value**

The Company has no investments measured at net asset value.

**21. Other Items**

**A. Unusual or Infrequent Items**

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

**B. Troubled Debt Restructuring: Debtors**

Not applicable at December 31, 2021 and 2020.

**C. Other Disclosures**

Assets in the amount of \$2,048,761 and \$1,603,027 at December 31, 2021 and 2020, respectively, were on deposit with government authorities or trustees as required by law.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**D. Business Interruption Insurance Recoveries**

The Company has reported no recoveries for business interruption for the years ended December 31, 2021 and 2020.

**E. State Transferable and Non-Transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2021 and 2020.

**F. Subprime Mortgage-Related Risk Exposure**

- (1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.
- (2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2021 or 2020.
- (3) The Company did not have subprime mortgage-related risk exposure at December 31, 2021 or 2020.
- (4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2021 or 2020.

**G. Retained Assets**

The Company does not have retained assets at December 31, 2021 and 2020.

**H. Insurance-Linked Securities Contracts**

Not applicable.

**I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy**

Not applicable.

**22. Events Subsequent**

Subsequent events have been considered through February 28, 2022 for the statutory statement issued on March 1, 2022. There were no events occurring subsequent to December 31, 2021 requiring recognition or disclosure.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

- (1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No (X)

If yes, give full details.

- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

**Section 2 - Ceded Reinsurance Report - Part A**

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

If yes, give full details.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

If yes, give full details.

**Section 3 - Ceded Reinsurance Report - Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

Not applicable.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, give full details.

**B. Uncollectible Reinsurance**

The Company has no uncollectible reinsurance at December 31, 2021 and 2020.

**C. Commutation of Ceded Reinsurance**

The Company has not commuted ceded reinsurance during 2021 and 2020.

**D. Certified Reinsurer Rating Downgraded or Status Subject Revocation**

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2021 and 2020.

**E. Reinsurance Credit**

Not applicable.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

**A.** The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.

**B.** The Company records accrued retrospective premium as an adjustment to earned premium.

**C.** 100% of the net premium written is subject to retrospective rating features.

**D.** Not applicable.

**E. Risk-Sharing Provisions of the ACA**

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?   No  

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

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

- A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$40,366,198 during 2021. This is approximately 21.1% of unpaid claims and claim adjustment expenses of \$191,199,007 as of December 31, 2020. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2021. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses. The impact from COVID-19 on healthcare utilization and medical claims submission patterns has increased estimation uncertainty on our incurred but not reported liability at December 31, 2021. Slowdowns in claims submission patterns and increases in utilization levels for COVID-19 testing and treatment during the fourth quarter of 2021 are the primary factors that lead to the increased estimation uncertainty.

**26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2021 and 2020.

**27. Structured Settlements**

Not applicable at December 31, 2021 and 2020.

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 8,664,493	\$ 25,685,614	\$ 16,673,671	\$ —	\$ —
9/30/2021	8,523,087	24,115,445	24,054,061	—	—
6/30/2021	8,792,038	17,500,872	17,437,661	63,211	—
3/31/2021	6,977,458	18,460,637	18,412,284	48,353	—
12/31/2020	\$ 320,302	\$ 1,028,385	\$ 1,022,831	\$ 5,554	\$ —
9/30/2020	344,053	935,168	925,459	9,709	—
6/30/2020	309,757	630,824	614,958	15,866	—
3/31/2020	339,937	300,353	296,731	3,622	—
12/31/2019	38,329	72,329	72,534	—	—
9/30/2019	—	58,826	42,445	—	46,831
6/30/2019	—	67,760	15,964	53,704	—
3/31/2019	—	53,714	6,491	45,837	—

ANNUAL STATEMENT FOR THE YEAR 2021  
OF AMERIGROUP Insurance Company  
NOTES TO FINANCIAL STATEMENTS

**B. Risk Sharing Receivables**

Not applicable at December 31, 2021 and 2020.

**29. Participating Policies**

Not applicable at December 31, 2021 and 2020.

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$	32,735,261
2. Date of the most recent evaluation of this liability		<u>December 31, 2021</u>
3. Was anticipated investment income utilized in the calculation?	Yes	<u>No</u> <u>X</u>

The Company recorded premium deficiency reserves of \$3,380,700 at December 31, 2020.

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$103,000 and \$1,005,000 at December 31, 2021 and 2020, respectively.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Texas
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0001156039
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ X ] No [ ]
- 2.2 If yes, date of change: ..... 04/20/2021
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/04/2019
- 3.4 By what department or departments?  
Texas Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information:  
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company  
**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
 .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Ernst & Young LLP, 111 Monument Circle Suite 4000, Indianapolis, IN 46204 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
 .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
 .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
 .....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Thomas Woodard, FSA, MAAA, Director and Actuary III (employee), 2354 18th Ave., San Francisco, CA 94116 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation:  
 .....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 .....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
 .....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 .....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
 .....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only).....\$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only).....\$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others.....\$ .....
  - 21.24 Other.....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses.....\$ .....
  - 22.23 Other amounts paid.....\$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) See Notes 5E and 17. ....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ 51,275,494
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes  No  N/A
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes  No  N/A
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes  No  N/A
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ 51,276,197
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ 51,275,494
- 25.093 Total payable for securities lending reported on the liability page. .... \$ 51,275,494

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes  No
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ .....
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ .....
- 26.28 On deposit with states ..... \$ 2,048,761
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ .....
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes  No
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  N/A   
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes  No
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes  No
- 27.42 Permitted accounting practice ..... Yes  No
- 27.43 Other accounting guidance ..... Yes  No
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes  No
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes  No
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes  No
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A .....	383 Madison Ave, New York, NY 10179 .....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**GENERAL INTERROGATORIES**

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Anthem, Inc. ....	I.....
Loomis, Sayles & Company, LP .....	U.....
Wellington Management Co. ....	U.....
Western Asset Management .....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
134852 .....	Loomis, Sayles & Company, LP .....	J1ZPN2RX3UMNOYID1313 .....	Securities Exchange Commission .....	NO.....
106595 .....	Wellington Management Co. ....	5493002CYKEKC8C01T66 .....	Securities Exchange Commission .....	NO.....
110441 .....	Western Asset Management .....	549300C5A561UXUICN46 .....	Securities Exchange Commission .....	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company  
**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	572,380,964	584,207,250	11,826,286
31.2 Preferred stocks .....	0		0
31.3 Totals	572,380,964	584,207,250	11,826,286

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 N/A .....

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

33.2 If no, list exceptions:  
 .....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The shares were purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds bonds in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ X ] N/A [ ]

**GENERAL INTERROGATORIES**

**OTHER**

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any? .....\$ .....1,489,606

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
NELSON MULLINS RILEYS & Total .....	373,499
OMELVENY & MYERS Total .....	564,599

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....220,896

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2021 Annual Statement. ....	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ X ] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. .... \$ 11,420,322

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$

1.31 Reason for excluding  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ 12,004,389

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ 11,201,524

1.62 Total incurred claims ..... \$ 11,724,022

1.63 Number of covered lives ..... 7,517

All years prior to most current three years:

1.64 Total premium earned ..... \$ 218,798

1.65 Total incurred claims ..... \$ 280,367

1.66 Number of covered lives ..... 129

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$ 0

1.72 Total incurred claims ..... \$ 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ 0

1.75 Total incurred claims ..... \$ 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	2,406,740,940	1,246,585,981
2.2 Premium Denominator .....	2,406,740,940	1,246,585,981
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	397,655,201	213,278,933
2.5 Reserve Denominator .....	397,655,201	213,278,933
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:  
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ ] No [ X ]

5.2 If no, explain:  
The Company became self-insured in 2018 when TDI approved a parental guaranty in lieu of requiring stop-loss reinsurance. ....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$

5.32 Medical Only ..... \$

5.33 Medicare Supplement ..... \$

5.34 Dental & Vision ..... \$

5.35 Other Limited Benefit Plan ..... \$

5.36 Other ..... \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Physician and hospital contracts contain provisions, including hold harmless agreements, to protect members and dependents against insolvency. ....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details  
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 29,344

8.2 Number of providers at end of reporting year ..... 31,263

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months. .... \$

9.22 Business with rate guarantees over 36 months ..... \$

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes  No

10.2 If yes:

10.21 Maximum amount payable bonuses ..... \$ 3,834,133

10.22 Amount actually paid for year bonuses ..... \$ 5,911,257

10.23 Maximum amount payable withholds ..... \$

10.24 Amount actually paid for year withholds ..... \$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes  No

11.13 An Individual Practice Association (IPA), or, ..... Yes  No

11.14 A Mixed Model (combination of above)? ..... Yes  No

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes  No

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Texas

11.4 If yes, show the amount required. .... \$ 260,702,887

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes  No

11.6 If the amount is calculated, show the calculation  
 Per the consent order from the Commissioner of Insurance, the required amount is the lesser of 350% of ACL or an amount that would maintain a gross written premium ratio of not more than 8 to 1. ....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alabama statewide .....
Arizona statewide .....
Arkansas statewide .....
Deleware statewide .....
Iowa statewide .....
Louisiana statewide .....
Maryland statewide .....
Michigan statewide .....
Mississippi statewide .....
Montana statewide .....
Nebraska statewide .....
New Hampshire statewide .....
New Jersey statewide .....
New Mexico statewide .....
North Dakota statewide .....
Oregon statewide .....
Pennsylvania statewide .....
South Dakota statewide .....
Tennessee statewide .....
Texas statewide .....
Utah statewide .....
Vermont statewide .....
Washington statewide .....
West Virginia statewide .....
Wyoming statewide .....

13.1 Do you act as a custodian for health savings accounts? ..... Yes  No

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

13.3 Do you act as an administrator for health savings accounts? ..... Yes  No

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes  No  N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company**

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....\$ .....  
 15.2 Total Incurred Claims .....\$ .....  
 15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company

**FIVE-YEAR HISTORICAL DATA**

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	812,669,688	418,816,080	297,348,819	267,620,504	382,607,053
2. Total liabilities (Page 3, Line 24) .....	487,641,791	253,481,792	154,871,658	121,312,417	239,251,712
3. Statutory minimum capital and surplus requirement .....	260,702,887	151,871,846	130,184,314	118,194,227	110,716,928
4. Total capital and surplus (Page 3, Line 33) .....	325,027,897	165,334,288	142,477,161	146,308,087	143,355,341
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	2,341,869,122	1,229,251,562	1,041,462,094	1,014,397,726	963,580,351
6. Total medical and hospital expenses (Line 18) .....	2,047,317,760	1,055,217,315	961,825,859	833,622,594	794,605,292
7. Claims adjustment expenses (Line 20) .....	93,314,823	58,318,856	55,524,007	58,384,881	57,311,629
8. Total administrative expenses (Line 21) .....	157,738,160	100,894,479	43,455,829	89,653,129	72,588,642
9. Net underwriting gain (loss) (Line 24) .....	14,143,817	23,332,006	(29,737,386)	31,239,114	39,074,788
10. Net investment gain (loss) (Line 27) .....	10,918,525	8,703,288	9,491,775	7,366,607	4,763,715
11. Total other income (Lines 28 plus 29) .....	542,944	369,957	303,328	(3,834)	0
12. Net income or (loss) (Line 32) .....	13,671,863	23,668,502	(17,193,630)	27,039,712	28,338,419
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	148,650,077	94,184,102	26,592,716	25,932,000	9,600,746
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	325,027,897	165,334,288	142,477,161	146,308,087	143,355,341
15. Authorized control level risk-based capital .....	74,486,539	43,391,956	39,513,804	33,769,779	31,633,410
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	295,012	191,905	152,917	152,030	152,884
17. Total members months (Column 6, Line 7) .....	3,349,789	2,054,491	1,817,834	1,826,014	1,874,701
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	87.4	85.8	92.4	82.2	82.5
20. Cost containment expenses .....	2.7	3.6	4.0	4.2	4.4
21. Other claims adjustment expenses .....	1.3	1.1	1.3	1.5	1.6
22. Total underwriting deductions (Line 23) .....	99.4	98.1	102.9	96.9	95.9
23. Total underwriting gain (loss) (Line 24) .....	0.6	1.9	(2.9)	3.1	4.1
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	139,115,658	130,700,528	81,001,606	51,480,668	64,538,083
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	188,369,773	111,977,316	71,844,651	71,668,759	96,810,391
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Amerigroup Insurance Company  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama AL	L									0	
2. Alaska AK	N									0	
3. Arizona AZ	L	4,099,608								4,099,608	
4. Arkansas AR	L									0	
5. California CA	N									0	
6. Colorado CO	N									0	
7. Connecticut CT	N									0	
8. Delaware DE	L									0	
9. District of Columbia DC	N									0	
10. Florida FL	N									0	
11. Georgia GA	N									0	
12. Hawaii HI	N									0	
13. Idaho ID	N									0	
14. Illinois IL	N									0	
15. Indiana IN	N									0	
16. Iowa IA	L									0	
17. Kansas KS	N									0	
18. Kentucky KY	N									0	
19. Louisiana LA	L									0	
20. Maine ME	N									0	
21. Maryland MD	L									0	
22. Massachusetts MA	N									0	
23. Michigan MI	L									0	
24. Minnesota MN	N									0	
25. Mississippi MS	L									0	
26. Missouri MO	N									0	
27. Montana MT	L									0	
28. Nebraska NE	L									0	
29. Nevada NV	N									0	
30. New Hampshire NH	L									0	
31. New Jersey NJ	L									0	
32. New Mexico NM	L									0	
33. New York NY	N									0	
34. North Carolina NC	N									0	
35. North Dakota ND	L									0	
36. Ohio OH	N									0	
37. Oklahoma OK	N									0	
38. Oregon OR	L									0	
39. Pennsylvania PA	L									0	
40. Rhode Island RI	N									0	
41. South Carolina SC	N									0	
42. South Dakota SD	L									0	
43. Tennessee TN	L									0	
44. Texas TX	L	11,371,923	988,904,702	1,402,364,707						2,402,641,332	
45. Utah UT	L									0	
46. Vermont VT	L									0	
47. Virginia VA	N									0	
48. Washington WA	L									0	
49. West Virginia WV	L									0	
50. Wisconsin WI	N									0	
51. Wyoming WY	L									0	
52. American Samoa AS	N									0	
53. Guam GU	N									0	
54. Puerto Rico PR	N									0	
55. U.S. Virgin Islands VI	N									0	
56. Northern Mariana Islands MP	N									0	
57. Canada CAN	N									0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	15,471,531	988,904,702	1,402,364,707	0	0	0	0	2,406,740,940	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	15,471,531	988,904,702	1,402,364,707	0	0	0	0	2,406,740,940	0	
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....25 R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....32

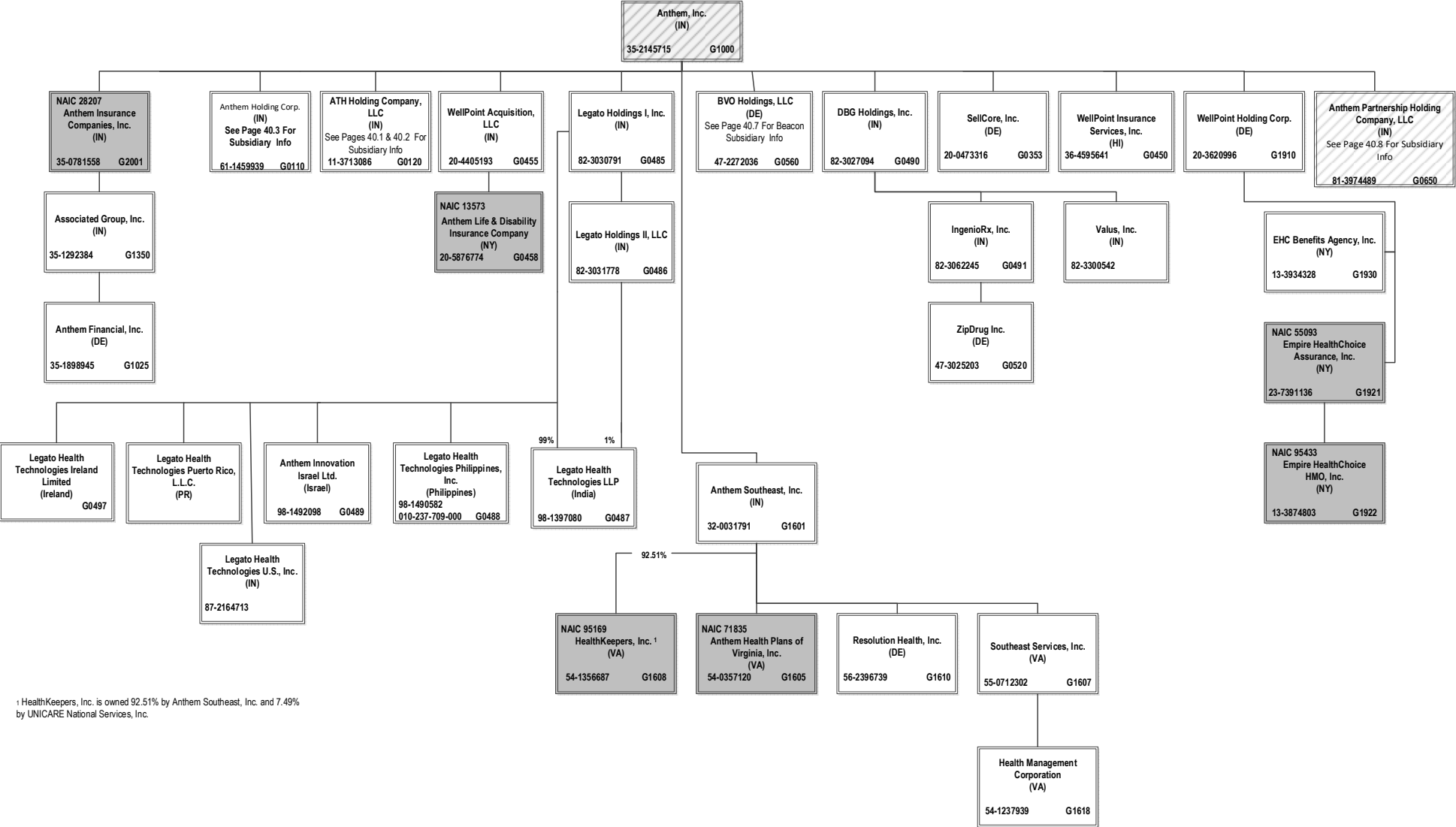
(b) Explanation of basis of allocation by states, premiums by state, etc.  
n/a

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



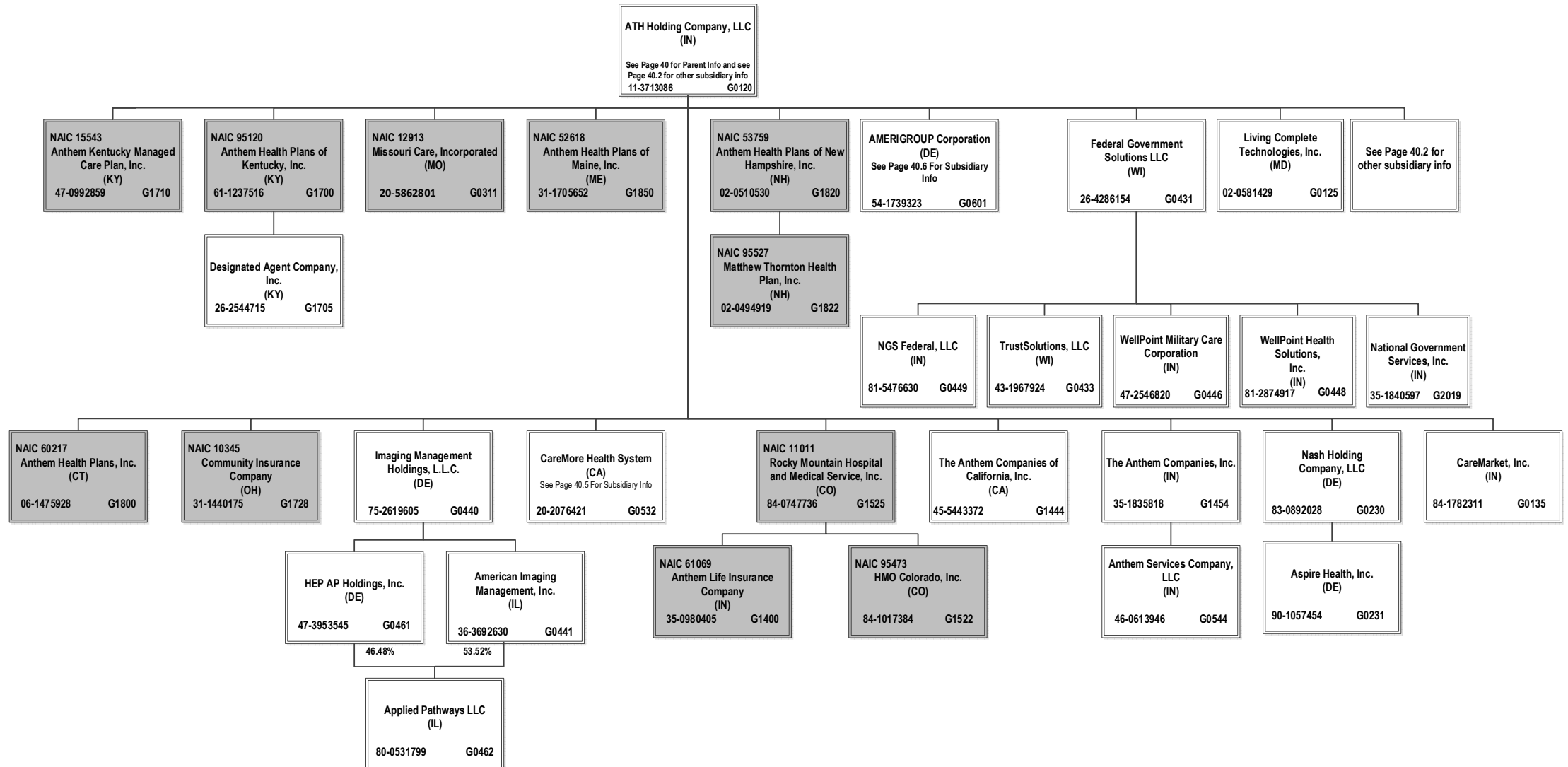
<sup>1</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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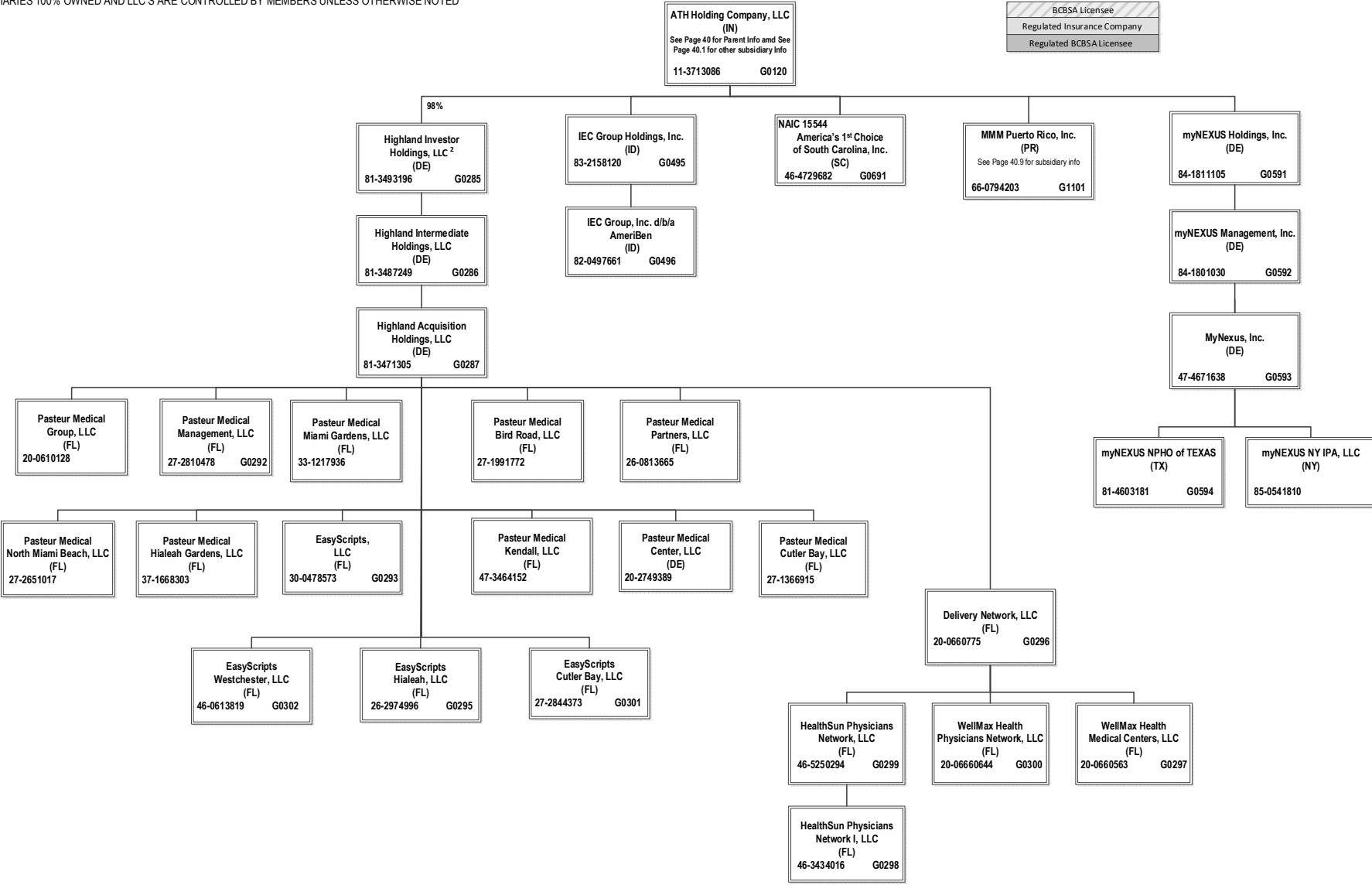
BCBSA Licensee
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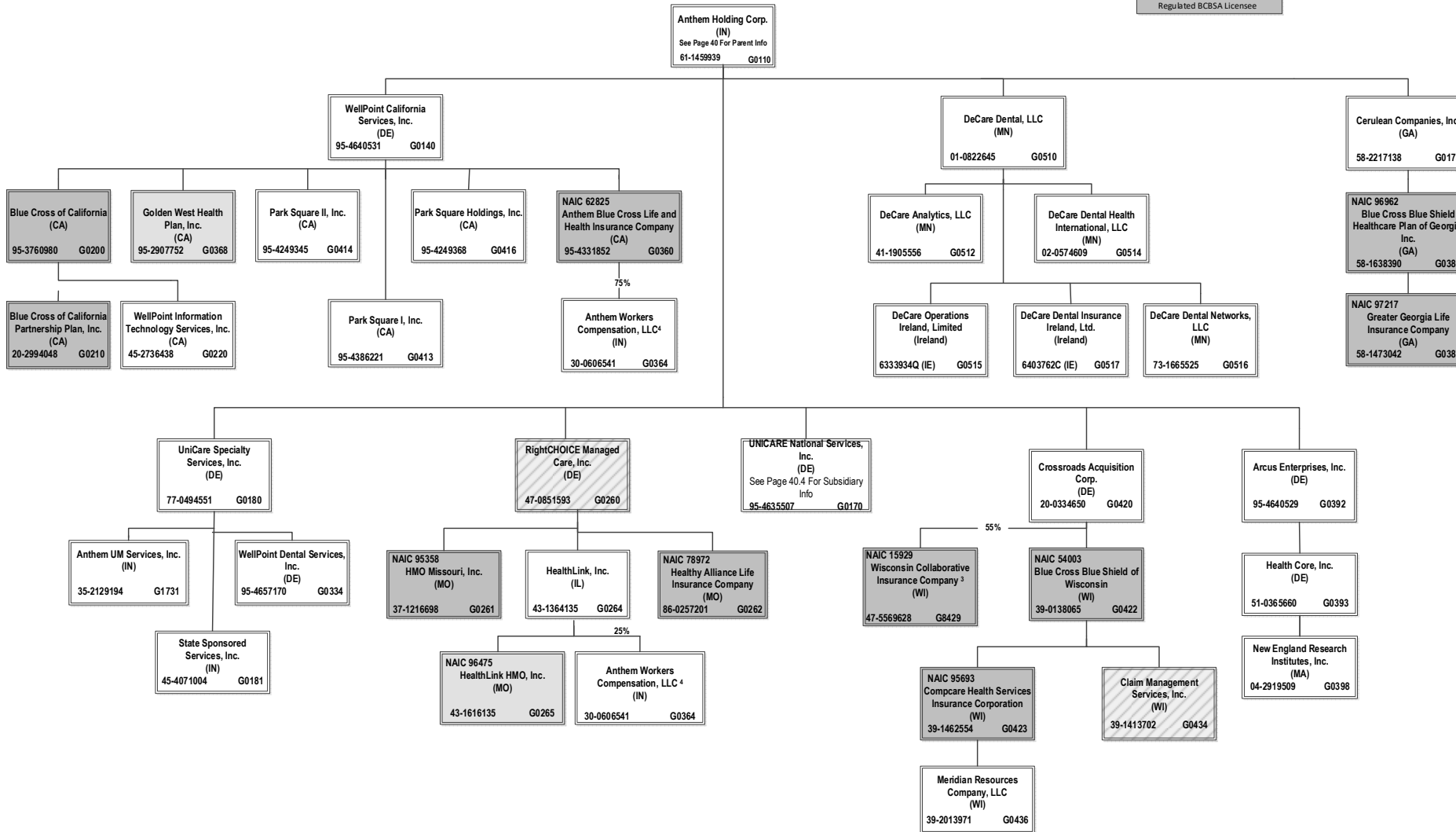
<sup>2</sup> ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

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<sup>3</sup> Wisconsin Collaborative Insurance Company is a joint venture 55% owned by Crossroads Acquisition Corp. and 45% owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

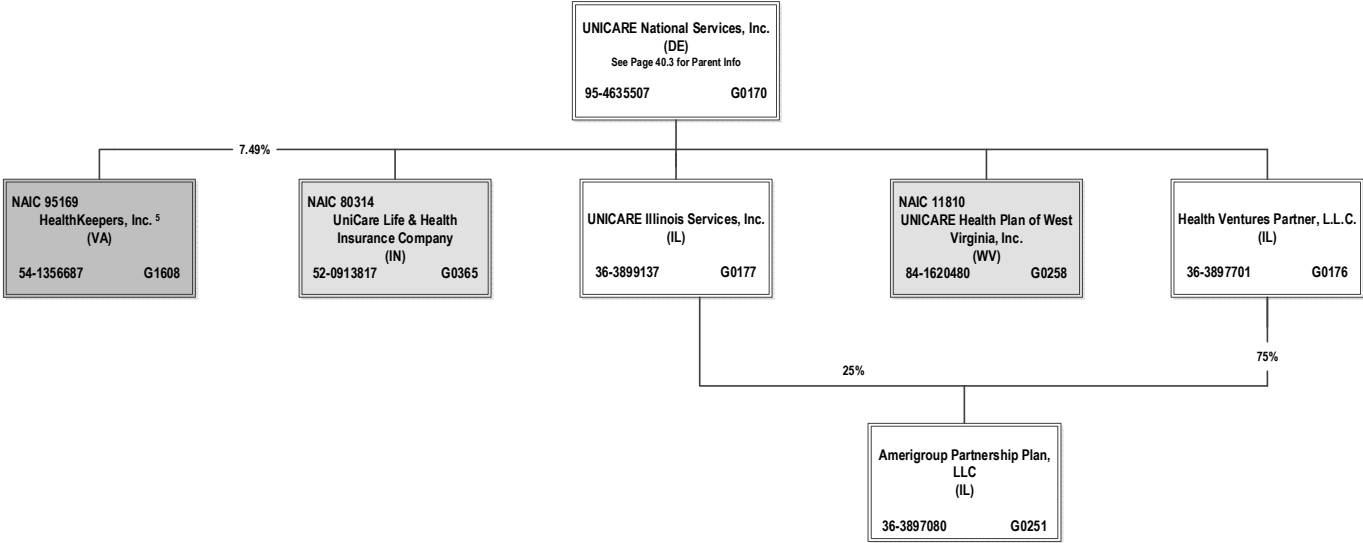
<sup>4</sup> Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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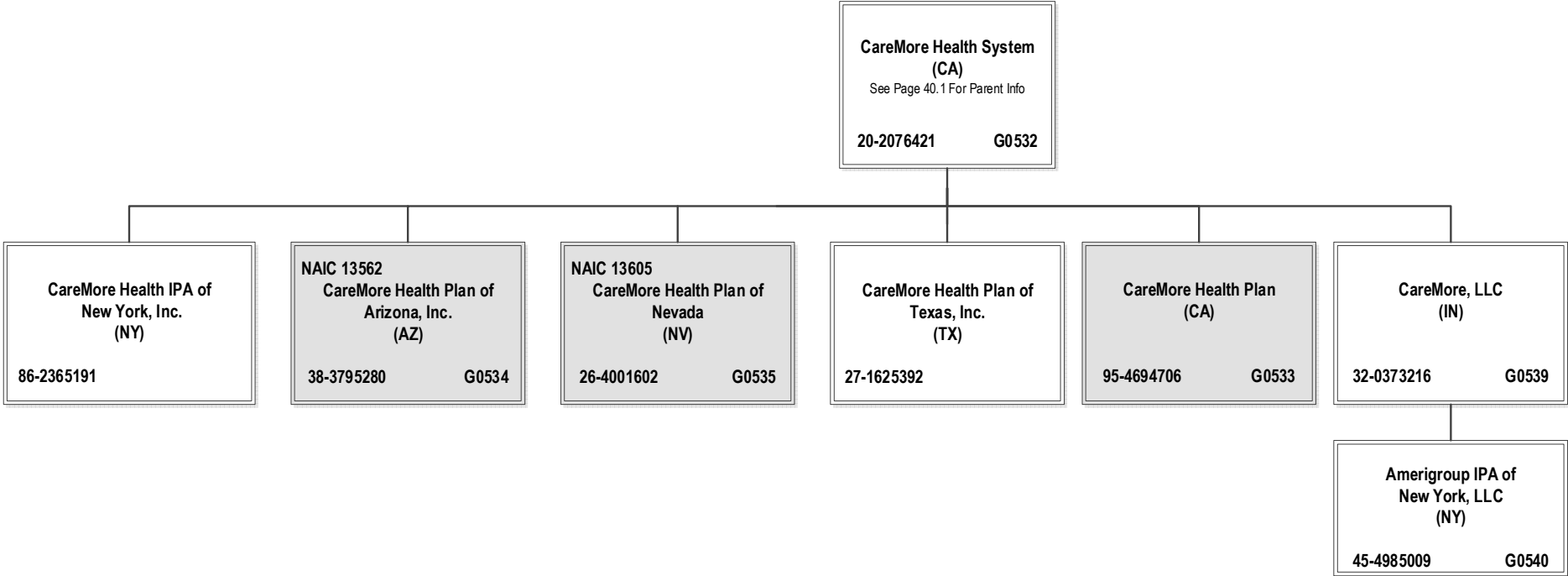
<sup>5</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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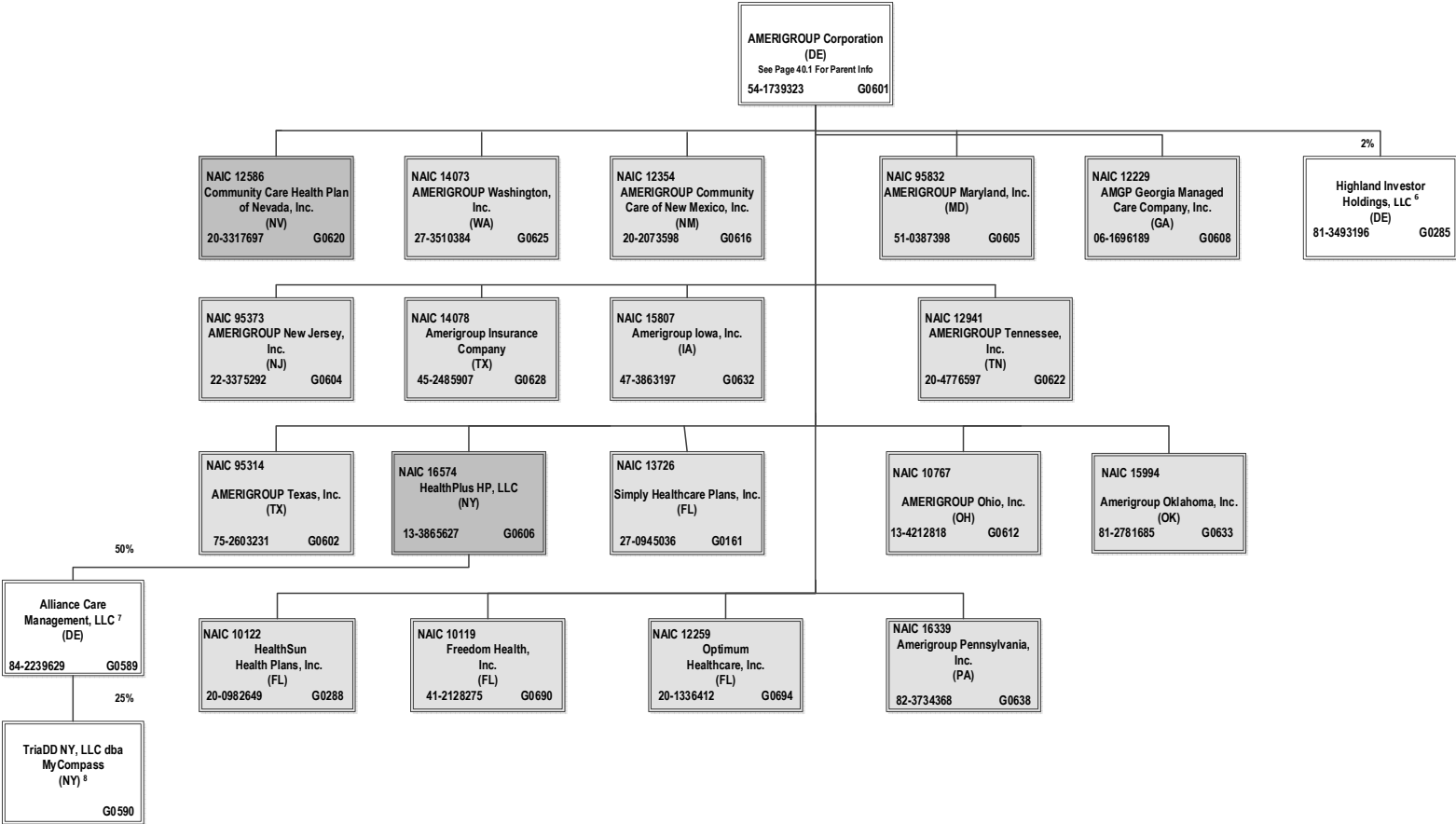


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<sup>6</sup> Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

<sup>7</sup> Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

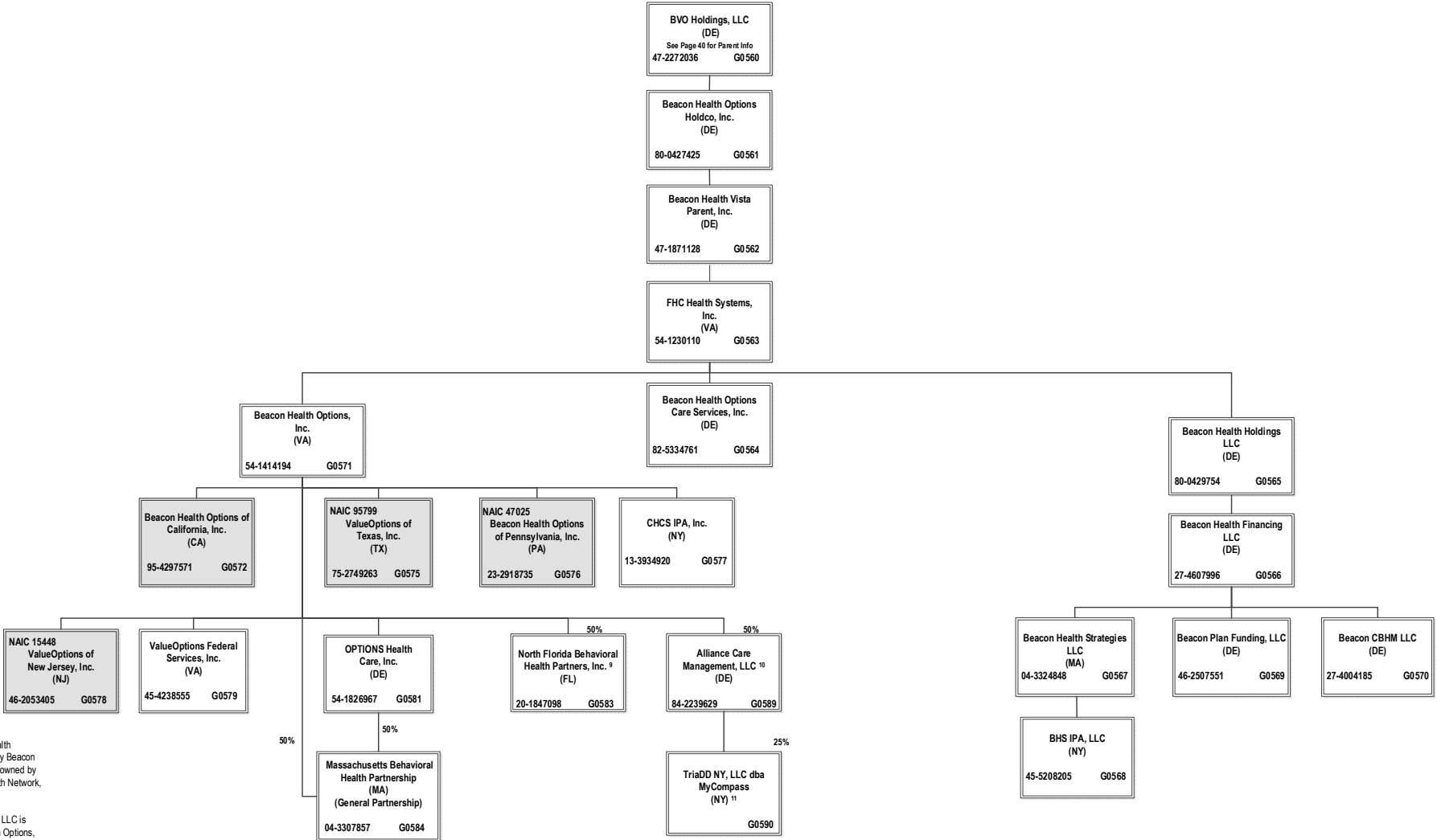
<sup>8</sup> TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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<sup>9</sup> 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)

<sup>10</sup> Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

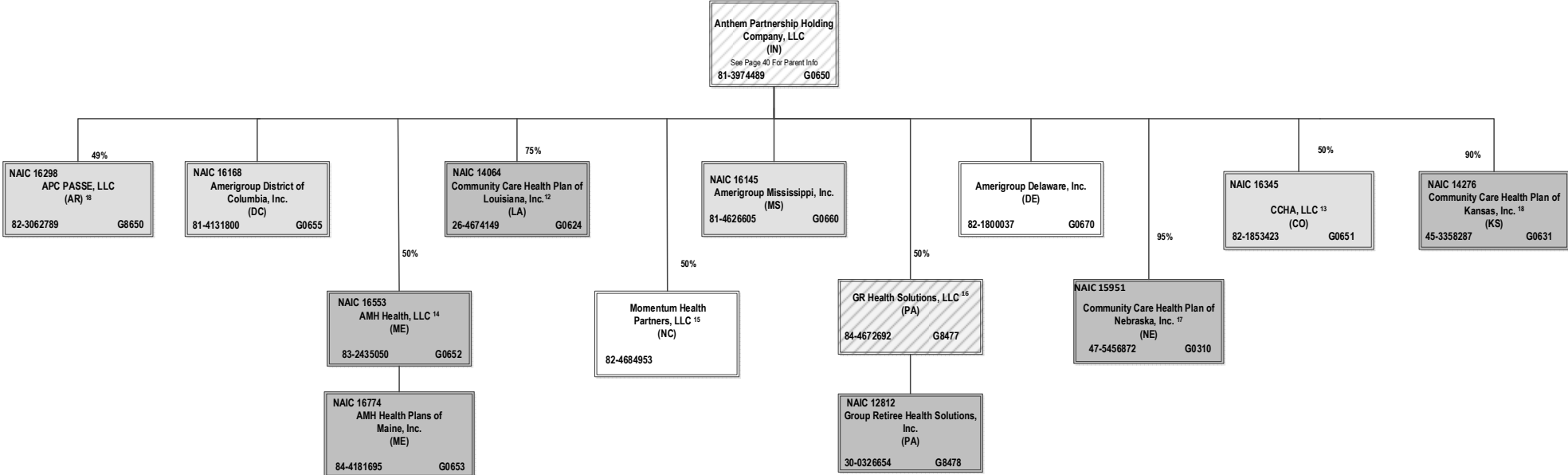
<sup>11</sup> TriaDD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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<sup>12</sup> Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>13</sup> CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

<sup>14</sup> AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

<sup>15</sup> Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

<sup>16</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

<sup>17</sup> Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

<sup>18</sup> APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

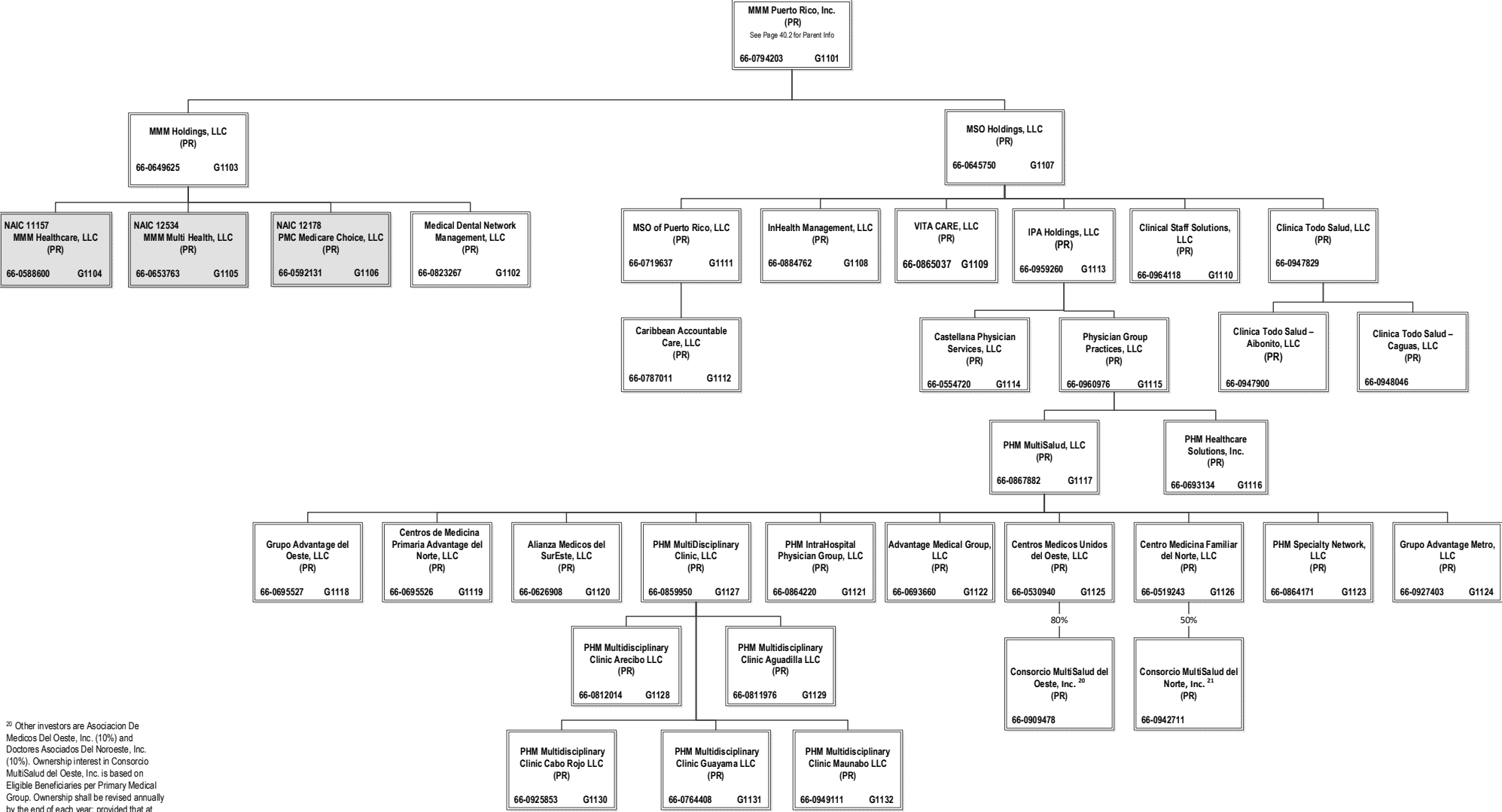
<sup>19</sup> Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



<sup>20</sup> Other investors are Asociacion De Medicos Del Oeste, Inc. (10%) and Doctores Asociados Del Noroeste, Inc. (10%). Ownership interest in Consortio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

<sup>21</sup> Other 50% owned by ACO del Norte, LLC (non-affiliate)

**OVERFLOW PAGE FOR WRITE-INS**