



# QUARTERLY STATEMENT

AS OF MARCH 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## AmeriHealth Caritas Iowa, Inc.

NAIC Group Code 00936 , 00936 NAIC Company Code 15800 Employer's ID Number 47-3923267  
(Current Period) (Prior Period)

Organized under the Laws of Iowa , State of Domicile or Port of Entry Iowa

Country of Domicile United States

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

Incorporated/Organized 05/05/2015 Commenced Business 08/19/2015

Statutory Home Office Two Ruan Center, 601 Locust Street, Suite 900 , Des Moines, IA, US 50309  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive Philadelphia, PA, US 19113 515-330-4836  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Two Ruan Center, 601 Locust Street, Suite 900 , Des Moines, IA, US 50309  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive Philadelphia, PA, US 19113 515-330-3795  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.amerhealthcaritasia.com

Statutory Statement Contact Sharon Elaine Duncan 717-671-6552  
(Name) (Area Code) (Telephone Number) (Extension)  
sduncan@amerhealthcaritas.com 215-937-5353  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>Steven Harvey Bohner</u>	<u>Treasurer</u>	<u>Robert Edward Tootle, Esquire</u>	<u>Secretary</u>
<u>Russell Raymond Gianforcaro</u>	<u>President</u>		

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

Steven Harvey Bohner Eileen Mary Coggins Russell Raymond Gianforcaro

State of Pennsylvania

County of Philadelphia

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

Steven Harvey Bohner  
Treasurer

Robert Edward Tootle, Esquire  
Secretary

Russell Raymond Gianforcaro  
President

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ May, 2018

STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 12,221,518 ), cash equivalents (\$ ..... 18,867,688 ) and short-term investments (\$ ..... 52,809,392 ) .....	83,898,598		83,898,598	129,967,958
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	83,898,598	0	83,898,598	129,967,958
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	102,314		102,314	226,666
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	95,989,169		95,989,169	107,587,968
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	815,913		815,913	597,366
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	522,205		522,205	1,638,500
18.2 Net deferred tax asset .....	0		0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	145,776		145,776	206,064
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	299,797	299,797	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,474,670	1,474,670	0	5,000,000
24. Health care (\$ ..... 8,381,751 ) and other amounts receivable .....	15,100,980	6,719,229	8,381,751	10,135,641
25. Aggregate write-ins for other-than-invested assets .....	631,457	440,511	190,946	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	198,980,879	8,934,207	190,046,672	255,360,163
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	198,980,879	8,934,207	190,046,672	255,360,163
<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 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	166,522	166,522	0	0
2502. Leasehold Improvement .....	273,989	273,989	0	0
2503. Reimbursement for Parking Expense .....	190,946		190,946	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	631,457	440,511	190,946	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	32,350,758		32,350,758	96,624,590
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	1,154,764		1,154,764	3,169,887
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	17,207,424		17,207,424	994,510
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	39,875		39,875	7,449,388
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	180,624	0	180,624	569,261
24. Total liabilities (Lines 1 to 23).....	50,933,445	0	50,933,445	108,807,636
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	14,798,963
26. Common capital stock .....	XXX	XXX	1,000	1,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	648,000,000	648,000,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(508,887,773)	(516,247,436)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	139,113,227	146,552,527
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	190,046,672	255,360,163
<b>DETAILS OF WRITE-INS</b>				
2301. Stale Dated Checks.....	180,624		180,624	569,261
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	180,624	0	180,624	569,261
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		14,798,963
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	14,798,963
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX		677,510	2,447,330
2. Net premium income (including \$ non-health premium income).....	XXX	3,967,048	487,599,538	1,748,319,046
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		.0	.0
5. Risk revenue .....	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues .....	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues .....	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7) .....	XXX	3,967,048	487,599,538	1,748,319,046
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		(22,368,268)	302,983,740	1,061,447,380
10. Other professional services .....		12,849,481	134,606,957	542,627,141
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....		2,198,804	18,129,000	59,267,875
13. Prescription drugs .....		(1,355,716)	53,667,551	181,619,145
14. Aggregate write-ins for other hospital and medical.....	.0	600,664	12,715,572	45,368,917
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	(8,075,035)	522,102,820	1,890,330,458
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,027,535	(75,928)	1,350,873
18. Total hospital and medical (Lines 16 minus 17) .....	.0	(9,102,570)	522,178,748	1,888,979,585
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ (350,844) cost containment expenses.....		(101,795)	13,914,684	44,150,698
21. General administrative expenses.....		20,483,563	14,500,625	75,630,466
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			(38,599,774)	(77,199,548)
23. Total underwriting deductions (Lines 18 through 22) .....	.0	11,279,198	511,994,283	1,931,561,201
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(7,312,150)	(24,394,745)	(183,242,155)
25. Net investment income earned .....		299,891	429,076	2,424,336
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(19,234)	17,003	(1,056,757)
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	280,657	446,079	1,367,579
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(7,031,493)	(23,948,666)	(181,874,576)
31. Federal and foreign income taxes incurred .....	XXX	(2,554,787)	.0	(12,532,501)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(4,476,706)	(23,948,666)	(169,342,075)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		.0	.0
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	.0	.0	.0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	.0	.0	.0
1401. Durable Medical Equipment.....		323,731	3,691,080	13,709,731
1402. Alternative Medical Costs.....		248,152	1,240,996	4,346,402
1403. Provider Passthrough Expenses.....		(27,678)	7,783,496	26,499,699
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	56,459	.0	813,085
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	.0	600,664	12,715,572	45,368,917
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	.0	.0	.0	.0

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	146,552,527	140,060,545	140,060,545
34. Net income or (loss) from Line 32 .....	(4,476,706)	(23,948,666)	(169,342,075)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	236	0	(286)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	0	0	0
39. Change in nonadmitted assets .....	(2,962,830)	1,803,418	834,343
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	175,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(7,439,300)	(22,145,248)	6,491,982
49. Capital and surplus end of reporting period (Line 33 plus 48)	139,113,227	117,915,297	146,552,527
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	15,565,847	463,166,677	1,702,238,000
2. Net investment income .....	424,243	429,076	2,197,670
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	15,990,090	463,595,753	1,704,435,670
5. Benefit and loss related payments .....	55,323,204	526,676,859	2,014,625,229
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	14,808,747	27,966,251	118,251,486
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(3,671,082)	0	(10,894,001)
10. Total (Lines 5 through 9) .....	66,460,869	554,643,110	2,121,982,714
11. Net cash from operations (Line 4 minus Line 10) .....	(50,470,779)	(91,047,357)	(417,547,044)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(18,998)	17,003	(6,393)
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	(18,998)	17,003	(6,393)
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	1,050,650
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	1,050,650
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(18,998)	17,003	(1,057,043)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	5,000,000	280,000,000	450,000,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(579,583)	(806,041)	(768,381)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	4,420,417	279,193,959	449,231,619
<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) .....	(46,069,360)	188,163,605	30,627,532
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	129,967,958	99,340,426	99,340,426
19.2 End of period (Line 18 plus Line 19.1) .....	83,898,598	287,504,031	129,967,958

STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	3,967,048								3,967,048	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	3,967,048								3,967,048	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	56,198,797								56,198,797	
18. Amount Incurred for Provision of Health Care Services	(8,075,035)								(8,075,035)	

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





STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....	70,272,242		32,350,758		102,623,000	96,624,590
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	70,272,242	0	32,350,758	0	102,623,000	96,624,590
10. Health care receivables (a) .....	15,100,980				15,100,980	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	55,171,262	0	32,350,758	0	87,522,020	96,624,590

6

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

# STATEMENT AS OF MARCH 31, 2018 OF THE AMERIHEALTH CARITAS IOWA, INC.

## NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

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

#### A. Accounting Practices

The financial statements of AmeriHealth Caritas Iowa, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Iowa Insurance Division (IID).

The IID recognizes only statutory accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Iowa Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Iowa. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State has imposed limitations on the investments held by the Company pursuant to Iowa Statute 515.35. These limitations do not have any monetary effect on net loss, surplus or risk based capital.

A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Iowa is shown below:

	SSAP #	F/S Page	F/S Line#	2018	2017
<b>NET INCOME</b>					
(1) AmeriHealth Caritas Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$ (4,476,706)	\$ (169,342,075)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1-2-3=4)				\$ (4,476,706)	\$ (169,342,075)
<b>SURPLUS</b>					
(5) AmeriHealth Caritas Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$ 139,113,227	\$ 146,552,527
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP State imposed investment limitations	00	N/A	N/A	\$ 0	\$ 0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5-6-7=8)				\$ 139,113,227	\$ 146,552,527

B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2017.

#### C. Accounting Policy

The Company uses the following accounting policies:

- (1) Short-term investments – No significant changes since December 31, 2017.
- (2) Bonds – None
- (3) Common Stocks – None
- (4) Preferred Stock – None
- (5) Mortgage Loans – None
- (6) Loan-backed securities – None
- (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
- (8) Investments in joint ventures, partnerships and limited liability companies – None
- (9) Derivatives – None
- (10) Anticipated investment income as a factor in premium deficiency calculation – None
- (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2017.
- (12) Fixed asset capitalization policy modifications – No significant changes since December 31, 2017.
- (13) Pharmaceutical Rebates – None

D. Going Concern – None

### 2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

### 3. Business Combinations and Goodwill

A. Statutory Purchase Method – None

B. Statutory Merger

- (1) Name and brief description of the combined entities – None
- (2) Method of accounting – None
- (3) Shares of stock issued in the transaction – None
- (4) Details of results of operations – None
- (5) Adjustments recorded directly to surplus – None

C. Assumption Reinsurance – None

D. Impairment Loss recognized on Business Combinations and Goodwill – None

### 4. Discontinued Operations

A. Discontinued Operations Disposed of or Classified as Held for Sale – None

B. Change in Plan of Sale of Discontinued Operation – None

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None

D. Equity Interest Retained in the Discontinued Operation After Disposal – None

### 5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None

B. Debt Restructuring – None

C. Reverse Mortgages – None

D. Loan-Backed Securities

- (1) Prepayment assumptions – None
- (2) Recognized Other-than-Temporary Impairment – None
- (3) Present Value of Cash Flows – None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
  - (a) The aggregate amount of unrealized losses – None
  - (b) The aggregate related fair value of securities with unrealized losses – None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

H. Repurchase Agreements Transactions Accounted for as a Sale – None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None

J. Real Estate – None

K. Low-income housing tax credits (LIHTC) – None

L. Restricted Assets

- (1) Restricted Assets (Including Pledged) – None
- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
- (3) Detail of Other Restricted Assets – None
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5<sup>+</sup> Securities – None

Q. Short Sales – None

R. Prepayment Penalty and Acceleration Fees – None

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

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None

B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

### 7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2017.

B. Total amount excluded – No significant changes since December 31, 2017.

### 8. Derivative Instruments

A. Market risk, credit risk and cash requirements of the derivative instruments – None

B. Objective for using derivative instruments – None

C. Accounting policies for recognizing and measuring derivatives instruments used – None

D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None

E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None

F. Derivative instruments accounted for as cash flow hedges – None

### 9. Income Taxes – No significant changes since December 31, 2017.

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

A..B., Material related party transactions – On February 26, 2018, \$5,000,000 in cash was received by the Company from AMHP Holdings Corp, fulfilling Statement of Statutory Accounting

C. Principles (SSAP) No. 72, *Surplus and Quasi-Reorganizations* requirements.

D. Amounts due from or to related parties as of March 31, 2018 – No significant changes since December 31, 2017.

E. Parental guarantees – None

F. Material management or service arrangements – No significant changes since December 31, 2017.

G. Nature of control relationship – No significant changes since December 31, 2017.

# STATEMENT AS OF MARCH 31, 2018 OF THE AMERIHEALTH CARITAS IOWA, INC.

- H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
  - I. Investments in an SCA entity that exceed 10% of admitted assets – None
  - J. Write-downs for impaired investments in SCA entities – None
  - K. Investment in foreign subsidiary calculation – None
  - L. Investment in a downstream noninsurance holding company – None
  - M. All SCA Investments
    - (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
    - (2) NAIC filing response information – None
  - N. Investment in Insurance SCAs – None
- 11. Debt**
- A. Capital Notes – None
  - B. Federal Home Loan Bank (FHLB) Agreements – None
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**
- A. Defined Benefit Plan – None
  - B, C. Postretirement Plan Assets – None
  - D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
  - E. Defined Contribution Plans – None
  - F. Multiemployer Plans – None
  - G. Consolidated/Holding Company Plans – None
  - H. Postemployment Benefits and Compensated Absences – None
  - I. Impact of Medicare Modernization Act on Postretirement Benefits – None
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**
- A. Common Capital stock outstanding – No significant changes since December 31, 2017.
  - B. Preferred stock – None
  - C. Dividend restrictions – No significant changes since December 31, 2017.
  - D. Dates and amounts of dividends paid – None
  - E. Stockholder's portion of ordinary dividend from profits – None
  - F. Restrictions placed on unassigned funds (surplus) – None
  - G. The total amount of advances to surplus not repaid – None
  - H. The amount of stock held by the Company for special purposes – None
  - I. Changes in balances of special surplus funds from the prior year – On January 22, 2018, the Continuing Appropriations Act of 2018 placed a moratorium on the Affordable Care Act (ACA) assessment, suspending collection of the health insurance fee for the 2019 calendar year (2018 data year). Thus, premiums written during 2018 are not subject to this assessment and segregation of special surplus is not required. As of March 31, 2018, the change in balance of special surplus funds from the prior year, due to the Subsequent Year ACA assessment, was \$14,798,963.
  - J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – No significant changes since December 31, 2017.
  - K. Surplus notes – None
  - L. Impact of any restatement due to quasi-reorganization – None
  - M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
- 14. Liabilities, Contingencies and Assessments**
- A. Contingent Commitments – None
  - B. Assessments – None
  - C. Gain Contingencies – None
  - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
  - E. Joint and Several Liabilities – None
  - F. All Other Contingencies – None
- 15. Leases**
- A. Lessee Operating Leases
    - (1) General description of lessee's leasing arrangements – No significant changes since December 31, 2017.
    - (2) Minimum aggregate rental commitments – No significant changes since December 31, 2017.
    - (3) Sales leaseback transactions – None
  - B. Lessor Leases
    - (1) Operating Leases – None
    - (2) Leveraged Leases – None
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**
- A. The face, contract or notional principle amount – None
  - B. The nature and terms of the contract – None
  - C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
  - D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**
- A. Transfers of Receivables reported as Sales – None
  - B. Transfer and Servicing of Financial Assets – None
  - C. Wash Sales – None
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**
- A. ASO Plans – None
  - B. ASC Plans – None
  - C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None**
- 20. Fair Value Measurements**
- A., B. Fair value measurement at reporting date
    - (1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
    - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
    - (3) Transfers in and/or out of Level 3 – None
    - (4) Fair value measurements categorized within Level 2 and 3 – None
  - C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
  - D. Not Practicable to Estimate Fair Value – None
- 21. Other Items**
- A. Extraordinary Items – No significant changes since December 31, 2017.
  - B. Troubled Debt Restructuring: Debtors – None
  - C. Other Disclosures and Unusual Items – None
  - D. Business Interruption Insurance Recoveries – None
  - E. State Transferable and Non-transferable Tax Credits – None
  - F. Subprime-Mortgage-Related Risk Exposure – None
  - G. Retained Assets – None
  - H. Insurance-Linked Securities (ILS) Contracts – None
- 22. Events Subsequent**
- Type 1 – Recognized subsequent events – None
  - Type 2 – Nonrecognized subsequent events – No significant changes since December 31, 2017.
- 23. Reinsurance**
- A. Ceded Reinsurance Report – None
  - B. Uncollectible Reinsurance – None
  - C. Commutation of Ceded Reinsurance – None
  - D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
    - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
    - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**
- A. Accrued retrospective premium adjustments – None
  - B. Accrued retrospective premium as an adjustment to earned premium – None
  - C. The amount of net premium written that are subject to retrospective rating features – None
  - D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
  - E. Risk-Sharing Provisions of the ACA – None
- 25. Change in Incurred Claims and Claim Adjustment Expenses**
- Reserves as of December 31, 2017 were \$99,794,477 for incurred claims and claim adjustment expenses. As of March 31, 2018, \$58,341,149 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$32,350,758 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$9,102,570 during 2018 for the year ended December 31, 2017. Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions as well as changes in utilization and loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- 26. Intercompany Pooling Arrangements – None**
- 27. Structured Settlements – None**

# STATEMENT AS OF MARCH 31, 2018 OF THE AMERIHEALTH CARITAS IOWA, INC.

- 28. **Health Care Receivables**
  - A. Pharmaceutical Rebate Receivables – None
  - B. Risk Sharing Receivables – None
- 29. **Participating Policies** – None
- 30. **Premium Deficiency Reserves** – None
- 31. **Anticipated Salvage and Subrogation** – None

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes  No   
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes  No
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  NA   
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2016
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....
- 6.4 By what department or departments?  
Pennsylvania Insurance Department.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes  No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
 .....

- 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No

11.2 If yes, give full and complete information relating thereto:  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

	1		2	
	Prior Year-End Book/Adjusted Carrying Value		Current Quarter Book/Adjusted Carrying Value	
14.21 Bonds .....	\$ .....		\$ .....	
14.22 Preferred Stock .....	\$ .....		\$ .....	
14.23 Common Stock .....	\$ .....		\$ .....	
14.24 Short-Term Investments .....	\$ .....		\$ .....	
14.25 Mortgage Loans on Real Estate .....	\$ .....		\$ .....	
14.26 All Other .....	\$ .....		\$ .....	
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0		\$ .....0	
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....		\$ .....	

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No

If no, attach a description with this statement.

## GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- |  |          |
|--|----------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2                   | \$.....0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 16.3 Total payable for securities lending reported on the liability page                                       | \$.....0 |

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes  No

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes  No

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

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

17.5 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
Michael Burgoyne, who makes recommendations to BOD.....	I.....
Steven Bohner, who makes recommendations to BOD.....	I.....
Western Asset Management Company.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity's assets? ..... Yes  No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? ..... Yes  No

17.6 For those firms or individuals listed in the table for 17.5 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
CRD 110441.....	Western Asset Management Company.....		SEC.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes  No

18.2 If no, list exceptions:

.....

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- 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 5\*GI securities?..... Yes  No

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent ..... (238.3) %
- 1.2 A&H cost containment percent ..... (8.8) %
- 1.3 A&H expense percent excluding cost containment expenses ..... 516.3 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$ \_\_\_\_\_
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [X]
- 3.1 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 [X]



**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>NONE</b>								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

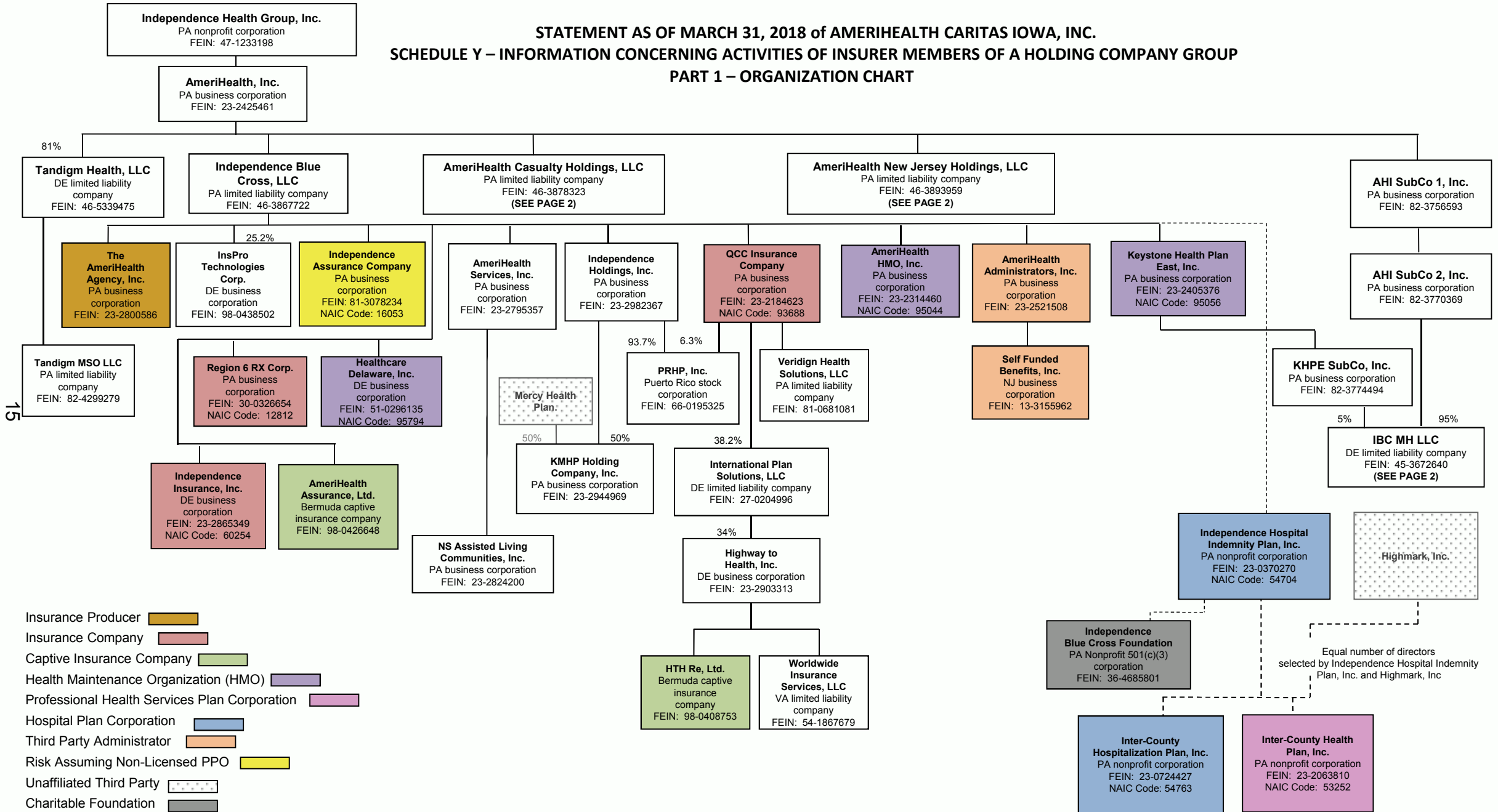
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. 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		3,967,048					3,967,048	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							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 alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	3,967,048	0	0	0	3,967,048	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	0	0	3,967,048	0	0	0	3,967,048	0	0
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

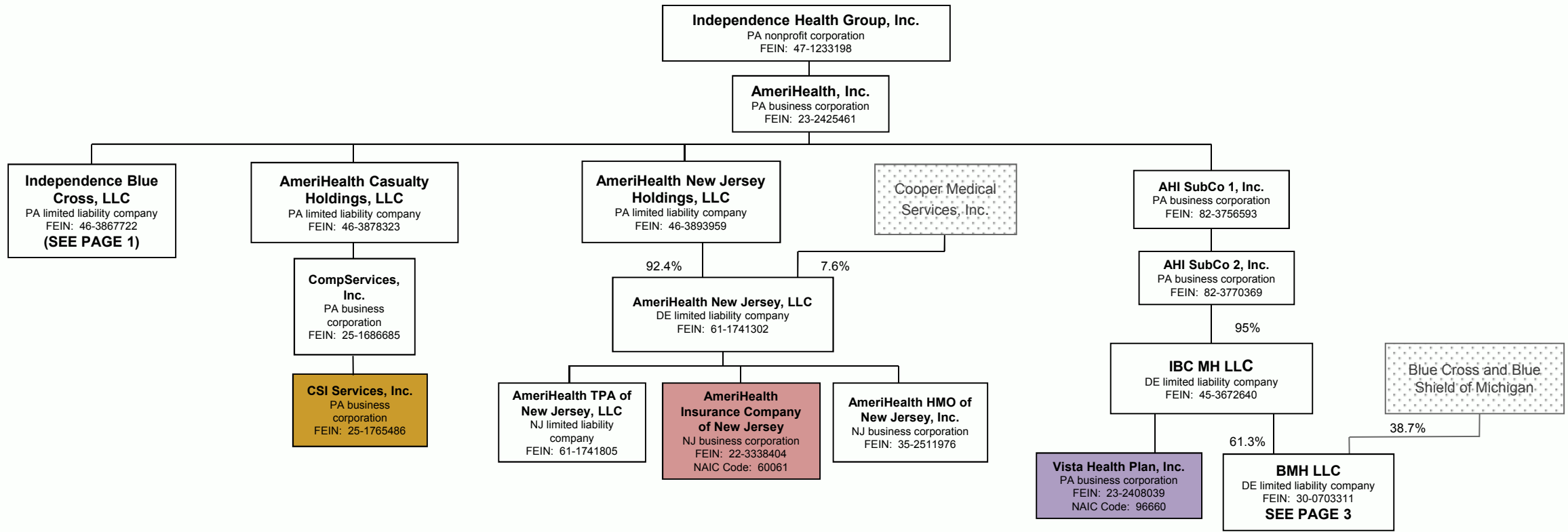
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state ..... 56

**STATEMENT AS OF MARCH 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



- Insurance Producer
- Insurance Company
- Captive Insurance Company
- Health Maintenance Organization (HMO)
- Professional Health Services Plan Corporation
- Hospital Plan Corporation
- Third Party Administrator
- Risk Assuming Non-Licensed PPO
- Unaffiliated Third Party
- Charitable Foundation

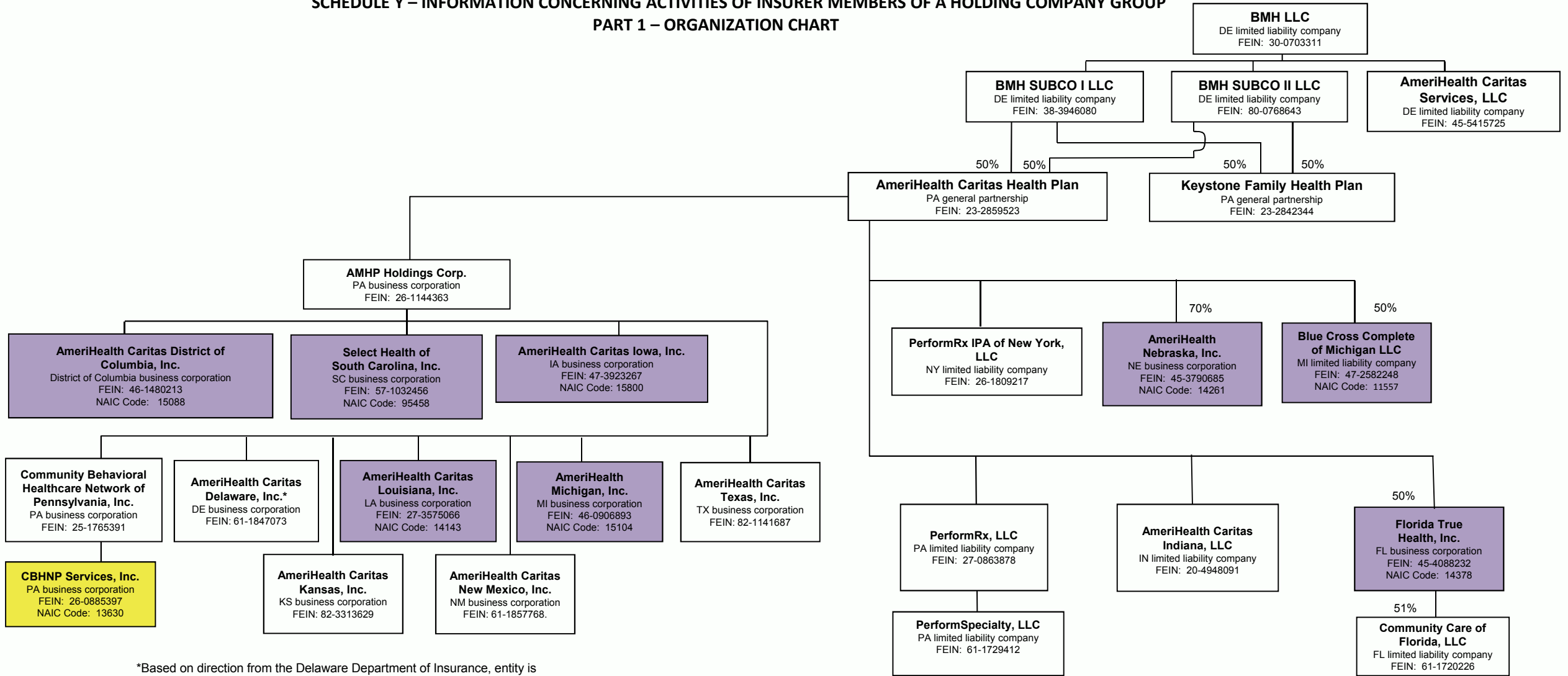
**STATEMENT AS OF MARCH 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



15.1

**STATEMENT AS OF MARCH 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**

15.2



\*Based on direction from the Delaware Department of Insurance, entity is not classified as an HMO; currently pursuing Medicaid Certification through the Delaware Division of Medicaid & Medical Assistance.



STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP					N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	
00000		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Independence Health Group, Inc.	N	
00000		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	
00000		00000	66-0195325				PRHP, Inc.	PR	NIA		Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	

STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	
00000		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	82-3774494				KHPE SubCo, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00000		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	

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STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00000		00000	82-3756593				AHI SubCo 1, Inc.	PA	UIP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	82-3770369				AHI SubCo 2, Inc.	PA	UIP	AHI SubCo 1, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	45-3672640				IBC MH LLC	DE	UIP	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UIP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	RE	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	



STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

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

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



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

Asterisk	Explanation
1	Charity..... ..... .....

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

**Explanation:**

1. Business not written

**Bar Code:**

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

**OVERFLOW PAGE FOR WRITE-INS**

MQ004 Additional Aggregate Lines for Page 04 Line 14.  
 \*REVEX1

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. Health Ed. and Pop. Mgmt .....			0	20,829
1405. Consumer Incentives.....		56,459	0	792,256
1497. Summary of remaining write-ins for Line 14 from Page 04	0	56,459	0	813,085

**SCHEDULE A – VERIFICATION**

**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	.0	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Current year change in encumbrances .....	.0	.0
4. Total gain (loss) on disposals .....	.0	.0
5. Deduct amounts received on disposals .....	.0	.0
6. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
7. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
8. Deduct current year's depreciation .....	.0	.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	.0	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Capitalized deferred interest and other .....	.0	.0
4. Accrual of discount .....	.0	.0
5. Unrealized valuation increase (decrease) .....	.0	.0
6. Total gain (loss) on disposals .....	.0	.0
7. Deduct amounts received on disposals .....	.0	.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....	.0	.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....	.0	.0
10. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....	.0	.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	.0	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Capitalized deferred interest and other .....	.0	.0
4. Accrual of discount .....	.0	.0
5. Unrealized valuation increase (decrease) .....	.0	.0
6. Total gain (loss) on disposals .....	.0	.0
7. Deduct amounts received on disposals .....	.0	.0
8. Deduct amortization of premium and depreciation .....	.0	.0
9. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
10. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	.0	.0
2. Cost of bonds and stocks acquired .....	.0	.0
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	.0
6. Deduct consideration for bonds and stocks disposed of .....	.0	.0
7. Deduct amortization of premium .....	.0	.0
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	115,192,043	89,159,381	138,730,225	(1,836)	65,619,363	0	0	115,192,043
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	115,192,043	89,159,381	138,730,225	(1,836)	65,619,363	0	0	115,192,043
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	115,192,043	89,159,381	138,730,225	(1,836)	65,619,363	0	0	115,192,043

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 65,619,363 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	52,809,392	XXX	52,810,542	119,329	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	112,695,323	4,082,691
2. Cost of short-term investments acquired .....	29,139,805	2,879,202,651
3. Accrual of discount .....	185	19
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	(19,273)	(4,419)
6. Deduct consideration received on disposals .....	89,004,420	2,770,581,821
7. Deduct amortization of premium.....	2,228	3,798
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	52,809,392	112,695,323
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	52,809,392	112,695,323



Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	6,519,157	0
2. Cost of cash equivalents acquired .....	151,497,642	393,320,819
3. Accrual of discount .....	207	4,863
4. Unrealized valuation increase (decrease) .....	236	(286)
5. Total gain (loss) on disposals.....	39	(1,688)
6. Deduct consideration received on disposals .....	139,149,593	386,804,173
7. Deduct amortization of premium .....	0	378
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	18,867,688	6,519,157
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	18,867,688	6,519,157

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF MARCH 31, 2018 OF THE AmeriHealth Caritas Iowa, Inc.

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations								
XXX	CUMMINS INC CP		03/09/2018	0.000	04/09/2018	1,248,009	1,477	0
XXX	DBS BANK LTD Disc C/P		03/21/2018	0.000	06/01/2018	1,244,650	814	0
XXX	HENKEL CORP Disc C/P		03/21/2018	0.000	05/14/2018	1,246,250	762	0
XXX	HYUNDAI CAP AMER INC CP		02/26/2018	0.000	04/02/2018	748,578	1,381	0
XXX	JOHNSON CTLS INTL PLC CP		03/27/2018	0.000	05/03/2018	749,676	44	0
XXX	MONDELEZ INTL INC DISC COML CP		02/26/2018	0.000	04/05/2018	748,472	1,367	0
XXX	N V BK NEDERLANDSE Disc C/P		03/20/2018	0.000	05/31/2018	1,244,875	851	0
XXX	PACCAR FIN CORP CP		03/22/2018	0.000	04/25/2018	1,247,792	649	0
XXX	SANOFI CP		03/19/2018	0.000	05/04/2018	1,246,885	879	0
XXX	VIRGINIA ELEC & PWR CO CP		02/26/2018	0.000	04/02/2018	748,636	1,325	0
XXX	WALMART INC Disc C/P		03/20/2018	0.000	04/23/2018	1,247,792	778	0
XXX	WHIRLPOOL CORP CP		03/28/2018	0.000	04/18/2018	379,490	97	0
XXX	APPLE INC Disc C/P		03/22/2018	0.000	04/23/2018	708,864	355	0
3299999	Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					12,809,969	10,779	0
3899999	Industrial and Miscellaneous (Unaffiliated) - Subtotals					12,809,969	10,779	0
7799999	Total Bonds - Subtotals - Issuer Obligations					12,809,969	10,779	0
8399999	Total Bonds - Subtotals - Bonds					12,809,969	10,779	0
Exempt Money Market Mutual Funds - as Identified by SVO								
09248U-70-0	BLACKROCK LIQUIDITY FDS FEDFUNDS		03/01/2018	0.000	XXX	5,631,011	0	22,794
8599999	-					5,631,011	0	22,794
All Other Money Market Mutual Funds								
09248U-61-9	BLACKROCK LIQUIDITY FDS TEMP FUNDS		03/01/2018	(3.649)	XXX	420,550	0	15,346
993086-12-3	WFB INSTITUTIONAL BANK DEPOSIT		03/30/2018	0.000	XXX	6,158	0	1,864
8699999	All Other Money Market Mutual Funds					426,708	0	17,210
<b>8899999 Total Cash Equivalents</b>						<b>18,867,688</b>	<b>10,779</b>	<b>40,004</b>