



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2017**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth Insurance Company of New Jersey**

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

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 [  ]  
 Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B Haynes , 215-241-2689  
(Name) (Area Code) (Telephone Number) (Extension)  
Lori.Haynes@jbx.com 215-241-2309  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President &amp; C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President &amp; Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. &amp; Corporate Secretary</u>		

**OTHER OFFICERS**

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Brian Lobley #</u>	<u>Micheal Walsh Sullivan</u>
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State of Pennsylvania  
 County of Philadelphia

**ss**

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

Michael Walsh Sullivan  
 President & C.E.O.

Russell Paul Heid  
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.  
 V.P. & Corporate Secretary

Subscribed and sworn to before me this  
23rd day of February, 2018

- a. Is this an original filing? Yes [  ] No [  ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Lori B Haynes, Notary Public  
 September 22, 2018

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**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).....	243,691,995		243,691,995	157,737,831
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	76,000		76,000	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 (\$ ..... (1,281,506) , Schedule E-Part 1), cash equivalents (\$ .....52,013,508 , Schedule E-Part 2) and short-term investments (\$ .....4,484,953 , Schedule DA).....	55,216,955		55,216,955	3,053,316
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	298,984,950	0	298,984,950	160,791,147
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,143,074		1,143,074	911,458
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,082,773	4,270,435	4,812,338	9,540,997
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 (\$ .....4,153,090 ) .....	4,153,090		4,153,090	33,233,998
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	7,337,186		7,337,186	33,758,017
16.2 Funds held by or deposited with reinsured companies .....	24,278,248		24,278,248	48,075,448
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	21,773	2,007	19,766	148,761
18.1 Current federal and foreign income tax recoverable and interest thereon .....	3,043,008		3,043,008	0
18.2 Net deferred tax asset.....	28,348,023	6,419,416	21,928,607	6,076,700
19. Guaranty funds receivable or on deposit .....	3,219,797		3,219,797	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 .....	11,307,051		11,307,051	110,710,315
24. Health care (\$ .....8,135,265 ) and other amounts receivable.....	11,852,117	3,716,852	8,135,265	9,247,494
25. Aggregate write-ins for other-than-invested assets .....	98,363,736	89,940,109	8,423,627	8,780,286
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	501,134,826	104,348,819	396,786,007	421,274,623
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	501,134,826	104,348,819	396,786,007	421,274,623
<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. State and Local Taxes.....	8,412,764		8,412,764	8,767,993
2502. Other assets non-admitted.....	564,785	564,785	0	0
2503. Health Care Reform.....	89,386,187	89,375,324	10,863	12,293
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) .....	98,363,736	89,940,109	8,423,627	8,780,286

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	110,448,731	21,394,410	131,843,141	169,059,931
2. Accrued medical incentive pool and bonus amounts	4,204,580		4,204,580	1,741,929
3. Unpaid claims adjustment expenses	1,391,020		1,391,020	2,691,098
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	28,862,142		28,862,142	2,882,415
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	79,987	20,013	100,000	100,000
8. Premiums received in advance	19,338,636		19,338,636	27,318,523
9. General expenses due or accrued	28,875,220		28,875,220	25,738,152
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	48,975
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	1,439,984
12. Amounts withheld or retained for the account of others	1,734,609		1,734,609	967,973
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	11,510,252		11,510,252	59,511,489
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ .....583,135 authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)	583,135		583,135	66,069
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	257		257	2,089,649
23. Aggregate write-ins for other liabilities (including \$ ..... current)	223,691	0	223,691	988,810
24. Total liabilities (Lines 1 to 23)	207,252,260	21,414,423	228,666,683	294,644,996
25. Aggregate write-ins for special surplus funds	XXX	XXX	17,060,000	0
26. Common capital stock	XXX	XXX	700,000	700,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	287,672,497	287,672,497
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	(137,313,173)	(161,742,870)
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	168,119,324	126,629,627
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	396,786,007	421,274,623
<b>DETAILS OF WRITE-INS</b>				
2301. Reinsurance Payable	223,691		223,691	988,810
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)	223,691	0	223,691	988,810
2501. ACA Section 9010 Data Year Assessment	XXX	XXX	17,060,000	0
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	17,060,000	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0



STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,772,288	1,601,185
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	1,072,237,949	1,356,056,832
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX		0
5. Risk revenue .....	XXX		0
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	1,072,237,949	1,356,056,832
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	108,235,232	555,951,149	685,394,315
10. Other professional services .....		3,985,562	3,743,505
11. Outside referrals .....			0
12. Emergency room and out-of-area .....	5,663,364	28,298,075	31,162,116
13. Prescription drugs .....		129,947,473	133,351,812
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		6,447,633	1,750,629
16. Subtotal (Lines 9 to 15).....	113,898,596	724,629,892	855,402,378
<b>Less:</b>			
17. Net reinsurance recoveries .....	(10,162,007)	(140,199,826)	(340,793,354)
18. Total hospital and medical (Lines 16 minus 17) .....	124,060,603	864,829,718	1,196,195,732
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....12,646,341 cost containment expenses.....		32,116,209	46,553,591
21. General administrative expenses.....		160,712,899	190,337,066
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	(9,400,002)
23. Total underwriting deductions (Lines 18 through 22) .....	124,060,603	1,057,658,826	1,423,686,387
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	14,579,123	(67,629,555)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		2,854,543	1,867,359
26. Net realized capital gains (losses) less capital gains tax of \$ .....		15,966	2,267,995
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	2,870,509	4,135,353
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
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	17,449,632	(63,494,201)
31. Federal and foreign income taxes incurred .....	XXX	138,800	0
32. Net income (loss) (Lines 30 minus 31).....	XXX	17,310,832	(63,494,201)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 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 through 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 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0



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

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	126,629,627	173,790,167
34. Net income or (loss) from Line 32 .....	17,310,832	(63,494,201)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....(11,046) .....	17,786	(871,018)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	(27,952,648)	51,171,307
39. Change in nonadmitted assets .....	52,113,727	(143,146,806)
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 .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	110,000,001
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(819,823)
48. Net change in capital and surplus (Lines 34 to 47) .....	41,489,697	(47,160,540)
49. Capital and surplus end of reporting year (Line 33 plus 48)	168,119,324	126,629,627
<b>DETAILS OF WRITE-INS</b>		
4701. Miscellaneous prior year adjustment.....		(819,823)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(819,823)

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	1,147,980,845	1,283,442,402
2. Net investment income.....	3,017,751	3,271,851
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	1,150,998,596	1,286,714,253
5. Benefit and loss related payments.....	867,707,810	1,178,719,299
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	193,547,106	270,076,991
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	3,230,783	(10,193,746)
10. Total (Lines 5 through 9).....	1,064,485,699	1,438,602,545
11. Net cash from operations (Line 4 minus Line 10).....	86,512,897	(151,888,291)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	63,608,666	157,155,855
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	63,608,666	157,155,855
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	149,817,348	48,318,488
13.2 Stocks.....	76,000	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	149,893,348	48,318,488
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	(86,284,682)	108,837,367
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	110,000,000
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	51,935,424	(74,997,848)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	51,935,424	35,002,152
<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).....	52,163,638	(8,048,772)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	3,053,316	11,102,088
19.2 End of year (Line 18 plus Line 19.1).....	55,216,955	3,053,316

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

20.0001. Capital Contribution receivable from AmeriHealth New Jersey, LLC.....		110,000,000
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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,072,237,949	1,053,323,402	17,082,306	26,477	1,455,128	0	350,636	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ 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)	1,072,237,949	1,053,323,402	17,082,306	26,477	1,455,128	0	350,636	0	0	0
8. Hospital/medical benefits	555,951,149	542,844,525	12,234,173	872,451						XXX
9. Other professional services	3,985,562	2,536,645			1,448,917					XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	28,298,075	27,786,115	511,960							XXX
12. Prescription drugs	129,947,473	130,151,584	(204,111)							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	6,447,633	6,434,021	13,612							XXX
15. Subtotal (Lines 8 to 14)	724,629,892	709,752,890	12,555,634	872,451	1,448,917	0	0	0	0	XXX
16. Net reinsurance recoveries	(140,199,826)	(145,940,478)		832,712	(81,445)		4,989,385			XXX
17. Total hospital and medical (Lines 15 minus 16)	864,829,718	855,693,368	12,555,634	39,739	1,530,362	0	(4,989,385)	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 12,646,341 cost containment expenses	32,116,209	30,970,832	892,606				252,771			
20. General administrative expenses	160,712,899	156,794,156	4,689,291	(92,415)	67,347		1,130,425		(1,875,905)	
21. Increase in reserves for accident and health contracts	0									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)	1,057,658,826	1,043,458,356	18,137,531	(52,676)	1,597,709	0	(3,606,189)	0	(1,875,905)	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	14,579,123	9,865,046	(1,055,225)	79,153	(142,581)	0	3,956,825	0	1,875,905	0
<b>DETAILS OF WRITE-INS</b>										
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 through 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 through 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 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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) .....	859,394,594	193,928,808		1,053,323,402
2. Medicare Supplement .....	17,082,306			17,082,306
3. Dental only .....	2,299,186	40,952	2,313,661	26,477
4. Vision only .....	1,271,140	183,988		1,455,128
5. Federal Employees Health Benefits Plan .....				0
6. Title XVIII - Medicare .....		350,636		350,636
7. Title XIX - Medicaid .....				0
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	880,047,226	194,504,384	2,313,661	1,072,237,949
10. Life .....				0
11. Property/casualty .....				0
12. Totals (Lines 9 to 11)	880,047,226	194,504,384	2,313,661	1,072,237,949

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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	733,144,268	718,441,726	12,381,175	872,450	1,448,917					
1.2 Reinsurance assumed	172,798,095	155,179,508		47,444	81,445		17,489,698			
1.3 Reinsurance ceded	14,527,044	13,646,887		880,157						
1.4 Net	891,415,319	859,974,347	12,381,175	39,737	1,530,362	0	17,489,698	0	0	0
2. Paid medical incentive pools and bonuses	5,470,966	5,327,518	13,612				129,836			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	108,553,694	106,033,571	2,520,123	0	0	0	0	0	0	0
3.2 Reinsurance assumed	23,289,447	21,309,365	0	0	0	0	1,980,082	0	0	0
3.3 Reinsurance ceded	(1)	(1)	0	0	0	0	0	0	0	0
3.4 Net	131,843,142	127,342,937	2,520,123	0	0	0	1,980,082	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	100,000	100,000	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	100,000	100,000	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	4,204,580	4,225,402					(20,822)			
6. Net healthcare receivables (a)	(2,697,570)	(2,838,947)	141,377							
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	126,213,271	123,995,373	2,217,898	0	0	0	0	0	0	0
8.2 Reinsurance assumed	46,892,137	22,335,685	0	0	0	0	24,556,452	0	0	0
8.3 Reinsurance ceded	4,045,478	4,045,478	0	0	0	0	0	0	0	0
8.4 Net	169,059,930	142,285,580	2,217,898	0	0	0	24,556,452	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	100,000	100,000	0	0	0	0	0	0	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	100,000	100,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,741,929	1,730,201	0	0	0	0	11,728	0	0	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	718,182,261	703,318,871	12,542,023	872,450	1,448,917	0	0	0	0	0
12.2 Reinsurance assumed	149,195,405	154,153,188	0	47,444	81,445	0	(5,086,672)	0	0	0
12.3 Reinsurance ceded	10,481,565	9,601,408	0	880,157	0	0	0	0	0	0
12.4 Net	866,896,101	847,870,651	12,542,023	39,737	1,530,362	0	(5,086,672)	0	0	0
13. Incurred medical incentive pools and bonuses	7,933,617	7,822,719	13,612	0	0	0	97,286	0	0	0

(a) Excludes \$ 484,494 loans or advances to providers not yet expensed.

**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 and 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 .....	6,252,120	6,252,120								
1.2. Reinsurance assumed .....	1,335,541	1,334,754					.787			
1.3. Reinsurance ceded .....	.0									
1.4. Net .....	7,587,661	7,586,874	.0	.0	.0	.0	.787	.0	.0	.0
2. Incurred but Unreported:										
2.1. Direct .....	102,301,574	99,781,451	2,520,123							
2.2. Reinsurance assumed .....	21,953,906	19,974,611					1,979,295			
2.3. Reinsurance ceded .....	(1)	(1)								
2.4. Net .....	124,255,481	119,756,063	2,520,123	.0	.0	.0	1,979,295	.0	.0	.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 .....	108,553,694	106,033,571	2,520,123	.0	.0	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	23,289,447	21,309,365	.0	.0	.0	.0	1,980,082	.0	.0	.0
4.3. Reinsurance ceded .....	(1)	(1)	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	131,843,142	127,342,937	2,520,123	0	0	0	1,980,082	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	133,221,892	739,857,648	5,114,383	122,328,553	138,336,275	142,385,580
2. Medicare Supplement .....	1,528,298	10,914,280	8,325	2,511,798	1,536,623	2,217,899
3. Dental Only .....		39,738			0	0
4. Vision Only .....		1,530,362			0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	17,612,475	(787)	1,979,295	787	19,591,770	24,556,451
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	152,362,665	752,341,241	7,102,003	124,841,138	159,464,668	169,159,930
10. Healthcare receivables (a) .....	4,324,708	8,963,881	2,280,996	9,086,628	6,605,704	14,065,192
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	1,237,645	4,233,326	1,368,091	2,836,489	2,605,736	1,741,929
13. Totals (Lines 9-10+11+12)	149,275,602	747,610,686	6,189,098	118,590,999	155,464,700	156,836,667

(a) Excludes \$ 484,494 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

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

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	3,307,190	3,307,714	3,308,282	3,308,282	3,308,282
2. 2013 .....	314,494	356,818	359,605	360,337	360,337
3. 2014 .....	XXX	681,289	786,157	790,496	790,863
4. 2015 .....	XXX	XXX	768,659	879,507	880,169
5. 2016 .....	XXX	XXX	XXX	872,364	1,005,665
6. 2017 .....	XXX	XXX	XXX	XXX	744,077

**Section B – Incurred Health Claims - Hospital and Medical**

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	3,308,930	3,307,714	3,308,596	3,308,282	3,308,282
2. 2013 .....	363,133	359,591	359,856	360,358	360,337
3. 2014 .....	XXX	844,825	787,156	790,745	790,978
4. 2015 .....	XXX	XXX	902,717	881,842	882,297
5. 2016 .....	XXX	XXX	XXX	1,013,875	1,009,925
6. 2017 .....	XXX	XXX	XXX	XXX	869,242

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	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. 2013 .....	414,786	360,337		0.0	360,337	86.9			360,337	86.9
2. 2014 .....	943,177	790,863		0.0	790,863	83.9	115		790,978	83.9
3. 2015 .....	1,034,286	880,169	24,993	2.8	905,162	87.5	2,129		907,291	87.7
4. 2016 .....	1,132,332	1,005,665	29,643	2.9	1,035,308	91.4	4,260		1,039,568	91.8
5. 2017 .....	1,053,323	744,077	18,775	2.5	762,852	72.4	125,165	1,356	889,373	84.4

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014 .....	XXX	.0	.0	.0	.0
4. 2015 .....	XXX	XXX	2,680	5,326	5,316
5. 2016 .....	XXX	XXX	XXX	8,288	9,826
6. 2017 .....	XXX	XXX	XXX	XXX	10,928

**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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	.0
2. 2013 .....	.0	.0	.0	.0	.0
3. 2014 .....	XXX	.0	.0	.0	.0
4. 2015 .....	XXX	XXX	5,989	5,331	5,316
5. 2016 .....	XXX	XXX	XXX	10,501	9,834
6. 2017 .....	XXX	XXX	XXX	XXX	13,440

**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 Payments	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. 2013 .....	.0	.0	.0	.0	.0	.0			.0	.0
2. 2014 .....	.0	.0	.0	.0	.0	.0			.0	.0
3. 2015 .....	7,465	5,316	305	5.7	5,621	75.3			5,621	75.3
4. 2016 .....	12,730	9,826	467	4.8	10,293	80.9	.8		10,301	80.9
5. 2017 .....	17,082	10,928	539	4.9	11,467	67.1	2,512	34	14,013	82.0

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

**Section A – Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.4	.2	.0	.0	.0
2. 2013 .....	97	101	.0	.0	.0
3. 2014 .....	XXX	40	.0	.0	.0
4. 2015 .....	XXX	XXX	56	56	56
5. 2016 .....	XXX	XXX	XXX	1,142	1,142
6. 2017 .....	XXX	XXX	XXX	XXX	40

**Section B – Incurred Health Claims - Dental Only**

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.4	.2	.0	.0	.0
2. 2013 .....	97	101	.0	.0	.0
3. 2014 .....	XXX	40	.0	.0	.0
4. 2015 .....	XXX	XXX	56	56	56
5. 2016 .....	XXX	XXX	XXX	1,142	1,142
6. 2017 .....	XXX	XXX	XXX	XXX	40

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	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. 2013 .....	126	.0	.0	0.0	.0	0.0			.0	0.0
2. 2014 .....	98	.0	.0	0.0	.0	0.0			.0	0.0
3. 2015 .....	71	56	.0	0.0	56	78.9			56	78.9
4. 2016 .....	3,810	1,142	.0	0.0	1,142	30.0			1,142	30.0
5. 2017 .....	26	40	.0	0.0	40	153.8			40	153.8

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

**Section A – Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	
2. 2013 .....	508	.0	.0	.0	
3. 2014 .....	XXX	482	482	482	482
4. 2015 .....	XXX	XXX	694	694	694
5. 2016 .....	XXX	XXX	XXX	916	916
6. 2017 .....	XXX	XXX	XXX	XXX	1,530

**Section B - Incurred Health Claims - Vision Only**

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	.0	.0	
2. 2013 .....	508	.0	.0	.0	
3. 2014 .....	XXX	482	482	482	482
4. 2015 .....	XXX	XXX	694	694	694
5. 2016 .....	XXX	XXX	XXX	916	916
6. 2017 .....	XXX	XXX	XXX	XXX	1,530

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	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. 2013 .....	914	.0		0.0	.0	0.0			.0	0.0
2. 2014 .....	923	482		0.0	482	52.2			482	52.2
3. 2015 .....	986	694		0.0	694	70.4			694	70.4
4. 2016 .....	1,278	916		0.0	916	71.7			916	71.7
5. 2017 .....	1,455	1,530		0.0	1,530	105.2			1,530	105.2

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	12	.0	.0
2. 2013 .....	.0	.0	9	(37)	(37)
3. 2014 .....	XXX	64,124	83,591	83,638	83,566
4. 2015 .....	XXX	XXX	165,317	187,671	187,671
5. 2016 .....	XXX	XXX	XXX	167,662	185,476
6. 2017 .....	XXX	XXX	XXX	XXX	(1)

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

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.0	.0	12	.0	.0
2. 2013 .....	.0	.0	9	(37)	(37)
3. 2014 .....	XXX	85,790	83,708	83,642	83,566
4. 2015 .....	XXX	XXX	189,303	187,957	187,891
5. 2016 .....	XXX	XXX	XXX	191,940	187,215
6. 2017 .....	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	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. 2013 .....	.0	(37)		0.0	(37)	0.0			(37)	0.0
2. 2014 .....	106,718	83,566		0.0	83,566	78.3			83,566	78.3
3. 2015 .....	198,322	187,671	5,181	2.8	192,852	97.2	219		193,071	97.4
4. 2016 .....	205,907	185,476	3,511	1.9	188,987	91.8	1,739	.1	190,727	92.6
5. 2017 .....	351	(1)	155	(15,500.0)	154	43.9	1	0	155	44.2

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	3,307,194	3,307,716	3,308,294	3,308,282	3,308,282
2. 2013 .....	315,099	356,919	359,614	360,300	360,300
3. 2014 .....	XXX	745,935	870,230	874,616	874,911
4. 2015 .....	XXX	XXX	937,406	1,073,254	1,073,906
5. 2016 .....	XXX	XXX	XXX	1,050,372	1,203,025
6. 2017 .....	XXX	XXX	XXX	XXX	756,574

**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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	3,308,934	3,307,716	3,308,608	3,308,282	3,308,282
2. 2013 .....	363,738	359,692	359,865	360,321	360,300
3. 2014 .....	XXX	931,137	871,346	874,869	875,026
4. 2015 .....	XXX	XXX	1,098,759	1,075,880	1,076,254
5. 2016 .....	XXX	XXX	XXX	1,218,374	1,209,032
6. 2017 .....	XXX	XXX	XXX	XXX	884,252

**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 Payments	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. 2013.....	415,826	360,300	.0	0.0	360,300	86.6	.0	.0	360,300	86.6
2. 2014.....	1,050,916	874,911	.0	0.0	874,911	83.3	.115	.0	875,026	83.3
3. 2015.....	1,241,130	1,073,906	30,479	2.8	1,104,385	89.0	2,348	.0	1,106,733	89.2
4. 2016.....	1,356,057	1,203,025	33,621	2.8	1,236,646	91.2	6,007	.1	1,242,654	91.6
5. 2017.....	1,072,237	756,574	19,469	2.6	776,043	72.4	127,678	1,390	905,111	84.4

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves.....	28,862,142	28,862,142	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross).....	28,862,142	28,862,142	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded.....	.0								
8. Totals (Net) (Page 3, Line 4)	28,862,142	28,862,142	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims.....	.0								
10. Reserve for future contingent benefits.....	100,000	100,000							
11. Aggregate write-ins for other claim reserves.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross).....	100,000	100,000	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded.....	.0								
14. Totals (Net) (Page 3, Line 7)	100,000	100,000	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. Permanent ACA Risk Adjustment Program.....	25,649,806	25,649,806							
0502. APTC Reserve.....	3,212,336	3,212,336							
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 through 0503 plus 0598) (Line 5 above)	28,862,142	28,862,142	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 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....0 premium deficiency reserve.

**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) .....	480,477	1,711,730	3,671,630		5,863,837
2. Salaries, wages and other benefits .....	8,004,641	8,074,588	47,296,576		63,375,805
3. Commissions (less \$ ..... ceded plus \$ ..... 7,137,176 assumed) .....			32,510,338		32,510,338
4. Legal fees and expenses .....	510		363,787		364,297
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	177,684	48,029	7,227,202		7,452,915
7. Traveling expenses .....	57,526	17,946	745,216		820,688
8. Marketing and advertising .....	20,508	8,302	5,098,478		5,127,288
9. Postage, express and telephone .....	27,591	158,499	705,885		891,975
10. Printing and office supplies .....	24,913	68,890	593,487		687,290
11. Occupancy, depreciation and amortization .....	56,815	205,007	311,054		572,876
12. Equipment .....	1,279,759	161,934	3,323,077		4,764,770
13. Cost or depreciation of EDP equipment and software .....	82,826	66,666	2,523,791		2,673,283
14. Outsourced services including EDP, claims, and other services .....	825,545	4,297,931	22,516,242		27,639,718
15. Boards, bureaus and association fees .....	12,822	7	317,760		330,589
16. Insurance, except on real estate .....			1,014,129		1,014,129
17. Collection and bank service charges .....			589,966		589,966
18. Group service and administration fees .....	(15,320)	(537)	(421,524)		(437,381)
19. Reimbursements by uninsured plans .....	(109,480)	(131,170)	(1,744,059)		(1,984,709)
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	1,532	67	3,565,329		3,566,928
23.2 State premium taxes .....			5,097,956		5,097,956
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	1,717,992	1,499,764	360,197		3,577,953
23.5 Other (excluding federal income and real estate taxes) .....			23,675,856		23,675,856
24. Investment expenses not included elsewhere .....				370,053	370,053
25. Aggregate write-ins for expenses .....	0	3,282,215	1,370,526	0	4,652,741
26. Total expenses incurred (Lines 1 to 25) .....	12,646,341	19,469,868	160,712,899	370,053 (a)	193,199,161
27. Less expenses unpaid December 31, current year .....		1,391,020	28,702,720	172,500	30,266,240
28. Add expenses unpaid December 31, prior year .....	0	2,691,098	25,683,252	54,900	28,429,250
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	369,321	0	369,321
30. Amounts receivable relating to uninsured plans, current year .....			21,773		21,773
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	12,646,341	20,769,946	157,345,883	252,453	191,014,623
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Income .....			720,495		720,495
2502. Other Claims Adjustments .....		3,282,215	650,031		3,932,246
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	3,282,215	1,370,526	0	4,652,741

(a) Includes management fees of \$ .....0 to affiliates and \$ .....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 958,975	882,070
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 4,070,000	4,324,941
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 266,875	320,453
7. Derivative instruments	(f)	
8. Other invested assets		0
9. Aggregate write-ins for investment income	119,628	119,628
10. Total gross investment income	5,415,478	5,647,093
11. Investment expenses		(g) 370,053
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 2,422,497
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		2,792,550
17. Net investment income (Line 10 minus Line 16)		2,854,543
<b>DETAILS OF WRITE-INS</b>		
0901. Contra Investment Income	117,170	117,170
0902. Investment Litigation Income	2,458	2,458
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	119,628	119,628
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 142,045 accrual of discount less \$ 419,269 amortization of premium and less \$ 221,165 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ 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 \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 5,054 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ 370,053 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(181,185)		(181,185)		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	197,151		197,151	6,260	
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	0		0	484	0
7. Derivative instruments			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)	15,966	0	15,966	6,744	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 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0



**EXHIBIT OF NONADMITTED 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	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	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	0	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.....	4,270,435	5,807,229	1,536,794
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	2,007	220,559	218,552
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	6,419,416	50,212,925	43,793,509
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	3,716,852	8,289,669	4,572,817
25. Aggregate write-ins for other-than-invested assets .....	89,940,109	91,932,165	1,992,056
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	104,348,819	156,462,546	52,113,727
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	104,348,819	156,462,546	52,113,727
<b>DETAILS OF WRITE-INS</b>			
1101. ....		0	0
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Healthcare Reform.....	89,375,324	89,198,356	(176,968)
2502. Other assets non-admitted.....	564,785	2,733,809	2,169,024
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	89,940,109	91,932,165	1,992,056



**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.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	93,764	135,788	127,134	121,889	116,657	1,481,350
4. Point of Service.....	29,206	18,505	16,936	16,033	14,726	204,814
5. Indemnity Only.....	85	89	88	78	78	1,000
6. Aggregate write-ins for other lines of business.....	5,875	7,027	7,155	7,209	7,206	85,124
7. Total	128,930	161,409	151,313	145,209	138,667	1,772,288
<b>DETAILS OF WRITE-INS</b>						
0601. Medicare Supplement.....	5,875	7,027	7,155	7,209	7,206	85,124
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	5,875	7,027	7,155	7,209	7,206	85,124

# ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

## 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 Policies

The financial statements of AmeriHealth Insurance Company of New Jersey (the "Company" or "AHIC NJ") are presented on the basis of accounting practices prescribed or permitted by the New Jersey Department of Banking and Insurance.

The Department of Banking and Insurance of the State of New Jersey ("DBISNJ") recognizes only statutory accounting practices prescribed or permitted by the state of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Jersey Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual, version as of March 2017, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of New Jersey, subject to any deviations prescribed or permitted by the State of New Jersey Insurance Commissioner.

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2017</u>	<u>2016</u>
<b>NET INCOME (LOSS)</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 17,310,832	\$ (63,494,201)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 17,310,832</u>	<u>\$ (63,494,201)</u>
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 168,119,324	\$ 126,629,627
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	XXX	XXX	XXX	\$	\$
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	XXX	XXX	XXX	\$	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 168,119,324</u>	<u>\$ 126,629,627</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Asset values are generally stated as follows:

- (1) Short-term investments that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other short-term investments (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value.
- (2) Bonds, excluding loan-backed and structured securities, that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other bonds (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Scientific amortization method.
- (3) Common Stocks are stated at market value.
- (4) Preferred Stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) Mortgage loans on real estate – None
- (6) Loan-backed securities that are designated highest quality and high-quality (NAIC designations 1 and 2, respectively) are reported at amortized cost; while all other loan-backed securities (NAIC designations 3 to 6) are reported at the lower of amortized cost or fair value using the Prospective adjustment method.
- (7) Non-insurance subsidiaries - None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies - None
- (9) Derivatives – None
- (10) The Company did not consider anticipated investment income when calculating its premium deficiency reserves.
- (11) Estimates of outstanding claim liabilities and claim adjustment expenses are based on analysis of prior experience. The methods are continually reviewed and adjustments to prior-period estimates are reflected in the current period. Such estimates are necessarily based on assumptions. While management believes the reported amount is adequate, the ultimate liability may be greater or less than the amount provided for.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) For the most recent completed quarter, pharmacy rebate receivables are estimated based on the prior quarter's invoice. For all other quarters, the rebate is based on actual invoiced rebates, less amounts received.

#### D. Going Concern – Not applicable

### 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 – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

### 4. Discontinued Operations – None

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**5. Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities

- (1) Description of sources used to determine prepayment assumptions  
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
- (2) All securities within the scope of this statement with a recognized other-than-temporary impairment ("OTTI"), disclosed in the aggregate, classified on the basis for the other-than-temporary impairment - None
- (3) For each security, by CUSIP, with a recognized OTTI, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities - None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI 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	\$.....(283,490)
		2. 12 Months or Longer	\$.....(497,141)
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$.....66,801,080
		2. 12 Months or Longer	\$.....20,408,656

- (5) An OTTI is recognized if either a credit-related loss is deemed to have occurred or if the Company has the intention to sell a security that is in an unrealized loss position. Based upon the Company's current evaluation of the unrealized losses at December 31, 2017, in accordance with the Company's impairment policy, the cause of the decline being primarily attributable to interest rate increases and not by long-term deterioration in the credit ratings associated with these securities, the Company has concluded that these securities are not other-than-temporarily impaired.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Repurchase agreements – None
  - (2) The Company has \$0 of its assets as collateral, which are classified as Securities pledged to creditors as of December 31, 2017.
- 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. Investments in low-income housing tax credits ("LIHTC") - None

**L. Restricted Assets**

- (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.0	0.0
c. Subject to repurchase agreements	0	0	0	0	0	0.0	0.0
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0	0.0
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0	0.0
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0	0.0
g. Placed under option contracts	0	0	0	0	0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0	0.0
i. FHLB capital stock	0	0	0	0	0	0.0	0.0
j. On deposit with states	110,383	110,725	(342)	0	110,383	0.0%	0.0%
k. On deposit with other regulatory bodies	0	0	0	0	0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0	0.0
n. Other restricted assets	0	0	0	0	0	0.0	0.0
<b>o. Total Restricted Assets</b>	<b>\$ 110,383</b>	<b>\$ 110,725</b>	<b>\$ (342)</b>	<b>\$ 0</b>	<b>\$ 110,383</b>	<b>0.0%</b>	<b>0.0%</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28  
 (b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – None
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – 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\* Securities – None
- Q. Short Sales – None
- R. Prepayment Penalty and Acceleration Fees – None

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

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

**7. Investment Income**

- A. All investment income due and accrued with amounts that are 90 days past due are excluded (non-admitted) from surplus.
- B. The total amount excluded from surplus in the current period was \$0.

**8. Derivative Instruments – None**



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**9. Income Taxes**

The Company is subject to federal income taxes under provisions of Section 1012.b of the Tax Reform Act of 1986 and the newly enacted Tax Cuts and Jobs Act (H.R. 1) ("Tax Reform Bill"). On December 22, 2017, the President of the United States of America signed into law the Tax Reform Bill, which amends the Internal Revenue Code to reduce tax rates from 35% to 21% and modify policies, credits, and deductions for businesses. The rate reduction takes effect on January 1, 2018. As a result of the reduction of the corporate tax rate, SSAP No. 101 Income Taxes supplemented by INT 18-01: Updated Tax Estimates under the Tax Cuts and Jobs Act, requires companies to re-value their deferred tax assets and liabilities as of the date of enactment with resulting tax effects accounted for in the reporting period of enactment. The financial statement effects of a change in tax law is recorded as components of the Capital & Surplus Account in the same reporting line as the tax effects previously reflected.

The Company, based on currently available information, recorded an adjustment to Capital & Surplus of (\$17,599,055) in 2017 related to the revaluation of its deferred tax assets and liabilities without tax on unrealized gains and losses. (\$12,417,852) relates to the revaluation of its deferred tax asset on nonadmitted assets and (\$5,181,203) relates to the revaluation of the other deferred tax assets and liabilities. The Company's revaluation of its net deferred tax asset is subject to further clarification of the new law that cannot be estimated at this time. The actual impact on the net deferred tax asset may vary from the estimated amount due to uncertainties in our preliminary review.

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

		12/31/2017		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Gross Deferred Tax Assets	\$ 51,392,663	\$ 11,046	\$ 51,403,709
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 51,392,663	\$ 11,046	\$ 51,403,709
(d)	Deferred Tax Assets Nonadmitted	\$ 6,408,370	\$ 11,046	\$ 6,419,416
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 44,984,293	\$ 0	\$ 44,984,293
(f)	Deferred Tax Liabilities	\$ 23,055,686	\$ 0	\$ 23,055,686
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 21,928,607	\$ 0	\$ 21,928,607

		12/31/2016		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Gross Deferred Tax Assets	\$ 58,551,057	\$ 0	\$ 58,551,057
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 58,551,057	\$ 0	\$ 58,551,057
(d)	Deferred Tax Assets Nonadmitted	\$ 50,212,925	\$ 0	\$ 50,212,925
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 8,338,132	\$ 0	\$ 8,338,132
(f)	Deferred Tax Liabilities	\$ 2,261,432	\$ 0	\$ 2,261,432
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 6,076,700	\$ 0	\$ 6,076,700

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	\$ (7,158,394)	\$ 11,046	\$ (7,147,348)
(b)	Statutory Valuation Allowance Adjustments	\$ 0	\$ 0	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ (7,158,394)	\$ 11,046	\$ (7,147,348)
(d)	Deferred Tax Assets Nonadmitted	\$ (43,804,555)	\$ 11,046	\$ (43,793,509)
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 36,646,161	\$ 0	\$ 36,646,161
(f)	Deferred Tax Liabilities	\$ 20,794,254	\$ 0	\$ 20,794,254
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 15,851,907	\$ 0	\$ 15,851,907

2.

		12/31/2017		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	\$ 21,928,607	\$ 0	\$ 21,928,607
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 21,928,607	\$ 0	\$ 21,928,607
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 21,928,607
(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.	\$ 23,055,686	\$ 0	\$ 23,055,686
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 44,984,293	\$ 0	\$ 44,984,293

Admission Calculation Components SSAP No. 101

		12/31/2016		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	\$ 6,076,700	\$ 0	\$ 6,076,700
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 6,076,700	\$ 0	\$ 6,076,700
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 18,082,939
(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.	\$ 2,261,432	\$ 0	\$ 2,261,432
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 8,338,132	\$ 0	\$ 8,338,132

		Change		
		(7)	(8)	(9)
		(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	\$ 15,851,907	\$ 0	\$ 15,851,907
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 15,851,907	\$ 0	\$ 15,851,907
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 3,845,668
(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.	\$ 20,794,254	\$ 0	\$ 20,794,254
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 36,646,161	\$ 0	\$ 36,646,161



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

	2017	2016
3. (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	417%	246%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 146,190,717	\$ 120,552,927

	12/31/2017	
	(1)	(2)
	Ordinary	Capital

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)	51,392,663	11,046
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	44,984,293	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

12/31/2016	
(3)	(4)
Ordinary	Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	58,551,057	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	8,338,132	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) 1. Adjusted Gross DTAs Amount From Note 9A1(c)	(7,158,394)	11,046
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	36,646,161	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.0	0.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes ..... No ..... **X** .....

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

	(1)	(2)	(3)
	12/31/2017	12/31/2016	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$ 138,800	\$ 0	\$ 138,800
(b) Foreign	\$ 0	\$ 0	\$ 0
(c) Subtotal	\$ 138,800	\$ 0	\$ 138,800
(d) Federal income tax on net capital gains	\$ 0	\$ 0	\$ 0
(e) Utilization of capital loss carry-forwards	\$ 0	\$ 0	\$ 0
(f) Other	\$ 0	\$ 0	\$ 0
(g) Federal and foreign income taxes incurred	\$ 138,800	\$ 0	\$ 138,800

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 307,519	\$ 335,000	\$ (27,481)
(2) Unearned premium reserve	\$ 812,223	\$ 1,912,297	\$ (1,100,074)
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 252,256	\$ 0	\$ 252,256
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 20,565,174	\$ 37,187,368	\$ (16,622,194)
(11) Net operating loss carry-forward	\$ 29,065,850	\$ 18,267,508	\$ 10,798,342
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other (including items <5% of total ordinary tax assets)	\$ 389,641	\$ 848,884	\$ (459,243)
(99) Subtotal	\$ 51,392,663	\$ 58,551,057	\$ (7,158,394)
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 6,408,370	\$ 50,212,925	\$ (43,804,555)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 44,984,293	\$ 8,338,132	\$ 36,646,161
(e) Capital:			
(1) Investments	\$ 11,046	\$ 0	\$ 11,046
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other (including items <5% of total capital tax assets)	\$ 0	\$ 0	\$ 0
(99) Subtotal	\$ 11,046	\$ 0	\$ 11,046
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 11,046	\$ 0	\$ 11,046
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 44,984,293	\$ 8,338,132	\$ 36,646,161

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ .....	0	\$ .....	0	\$ .....	0
(2) Fixed assets	\$ .....	0	\$ .....	0	\$ .....	0
(3) Deferred and uncollected premium	\$ .....	882,715	\$ .....	1,979,476	\$ .....	(1,096,761)
(4) Policyholder reserves	\$ .....	18,768,818	\$ .....	0	\$ .....	18,768,818
(5) Other (including items <5% of total ordinary tax liabilities)	\$ .....	3,404,153	\$ .....	281,956	\$ .....	3,122,197
(99) Subtotal	\$ .....	23,055,686	\$ .....	2,261,432	\$ .....	20,794,254

(b) Capital:

(1) Investments	\$ .....	0	\$ .....	0	\$ .....	0
(2) Real estate	\$ .....	0	\$ .....	0	\$ .....	0
(3) Other (including items <5% of total capital tax liabilities)	\$ .....	0	\$ .....	0	\$ .....	0
(99) Subtotal	\$ .....	0	\$ .....	0	\$ .....	0

(c) Deferred tax liabilities (3a99 + 3b99)	\$ .....	23,055,686	\$ .....	2,261,432	\$ .....	20,794,254
4. Net deferred tax assets/liabilities (2i - 3c)	\$ .....	21,928,607	\$ .....	6,076,700	\$ .....	15,851,907

D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate of 35% to income before income taxes as follows:

	12/31/2017	12/31/2016
Current income tax (benefit) expense incurred	\$ .....	\$ .....
Change in deferred income tax (without tax on unrealized gains and losses)	27,952,648	(51,171,307)
Total income tax (benefit) expense reported	28,091,448	(51,171,307)
Income before taxes	17,449,632	(63,494,201)
Statutory Tax Rate	35%	35%
Expected income tax benefit at statutory tax rate	6,107,371	(22,222,970)
Increase (decrease) in actual tax reported resulting from:		
a. Dividends from Subsidiaries	0	0
b. Dividends Received Deduction	0	0
c. Nondeductible expenses for Meals and Entertainment	170,268	242,503
d. DRD, Net of 15%	0	(130,069)
e. Change in deferred taxes on nonadmitted assets	16,622,194	(32,660,016)
f. Change in valuation allowance adjustment	0	(4,767,308)
g. Health Insurer Fee	0	7,701,796
h. Nondeductible Compensation	0	801,126
i. Other - rounding	10,412	(136,369)
j. Effect of Change in Tax Law	5,181,203	0
Total income tax (benefit) expense reported	28,091,448	(51,171,307)

E. Operating loss carry-forward

- (1) As of December 31, 2017, there is a \$138,408,809 operating loss carry-forward available for tax purposes  
(2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2017	\$ .....	\$ .....
2016	\$ .....	\$ .....

- (3) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code -Not Applicable

F. (1) As of July 1, 2014, this company is a standalone taxpayer.

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

- A. The Company is a wholly-owned subsidiary of AmeriHealth New Jersey, LLC ("AmeriHealth NJ LLC"). The Company is an indirect subsidiary of Independence Health Group, Inc. ("IHG"), a nonprofit, non-member corporation in the Commonwealth of Pennsylvania with a mission to enhance the health and wellness of the people and communities it serves.  
B., C. On July 1, 2014, pursuant to a Limited Liability Company Formation and Subscription Agreement, IHG and Cooper Health System ("Cooper"), formed a new entity, AmeriHealth NJ LLC, for the purpose of engaging in the business of health care services, insurance and administration for New Jersey domiciled subscribers. In exchange for an 80% interest in the future earnings of AmeriHealth NJ LLC, IHG contributed all of the issued and outstanding stock of the Company, as well as the economic benefits and costs associated with its New Jersey domiciled subscribers of AmeriHealth HMO, Inc. and AmeriHealth Administrators, Inc. to AmeriHealth NJ LLC. Cooper acquired a 20% interest in the future earnings of AmeriHealth NJ LLC in exchange for a cash contribution.

In February 2017, in response to a capital call by AmeriHealth NJ LLC, IHG made a capital contribution for its proportionate share. Cooper elected not to fund its share of the capital contribution. IHG satisfied the remaining capital call, which resulted in a dilution of Cooper's interest in future earnings of AmeriHealth NJ LLC from 20.0% to 7.6%, effective March 1, 2017. As of December 31, 2017 and 2016, IHG owns 100% of Members' equity in AmeriHealth NJ LLC.

On July 1, 2014, AmeriHealth HMO, Inc. (ceding entity) entered into a Reinsurance Agreement with AHIC NJ (reinsurer) in which AHIC NJ will reinsure on an indemnity basis a one-hundred percent quota share of the included contracts. Per the terms of the HMO reinsurance agreement, AmeriHealth HMO, Inc. will cede to AHIC NJ gross premiums, claims incurred and all other expenses related with New Jersey domiciled groups and members.

Organizational structure and transactions between parent company and subsidiaries are reflected in Schedule Y, Parts 1 and 2.

- D. Amounts due from/to related parties are reflected on Exhibit 5 and 6, respectively. The terms of the settlement require that these amounts are generally settled within 30 days, but in no case beyond 90 days. In addition, these amounts may include balances from an inter-company loan agreement where amounts may be borrowed and repaid within up to 365 days.  
E. Parental Guarantees - None  
F. The Company has a service agreement with Independence Blue Cross, LLC ("IBC LLC") and its affiliates for performance of certain personnel related services. IBC LLC and its affiliates are compensated at actual cost. The Company also has agreements with its affiliates for the use of its and their provider networks.  
G. All outstanding shares of the Company are owned by the parent company, AmeriHealth NJ LLC, a holding company domiciled in the state of Delaware.  
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity - None  
I. Investments in an Subsidiary, Controlled or Affiliated entity that exceed 10% of admitted assets - None  
J. Write-downs for impaired investments in Subsidiary, Controlled or Affiliated entities - None  
K. Investment in foreign insurance subsidiary - N/A  
L. Investment in a downstream noninsurance holding company - None  
M. All SCA Investments  
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities) - None  
(2) NAIC Filing Response Information - N/A  
N. Investment in Insurance SCAs - None



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**11. Debt**

- A. Capital Notes – None  
 B. Federal Home Loan Bank ("FHLB") Agreements

(1) The Company is a member of the FHLB of Pittsburgh. Through its membership, the Company will be conducting business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as working capital. As of December 31, 2017, the Company has borrowed \$0 and collateral pledged of \$0 to the FHLB.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	76,000
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	76,000
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0

2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	0
(c) Activity Stock	0
(d) Excess Stock	0
(e) Aggregate Total (a+b+c+d)	0
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)  
 11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0	0	0	0	0	0
2. Class B	76,000	76,000	0	0	0	0

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)  
 11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	0	0	0
2. Prior Year-end Total Collateral Pledged	0	0	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)  
 11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	0	0	0
2. Prior Year-end Total Maximum Collateral Pledged	0	0	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

2. Prior Year-end

	Total	Funding Agreements Reserves Established
(a) Debt	0	XXX
(b) Funding Agreements	0	0
(c) Other	0	XXX
(d) Aggregate Total (a+b+c)	0	0

b. Maximum Amount during Reporting Period (Current Year)

	Total
1. Debt	0
2. Funding Agreements	0
3. Other	0
4. Aggregate Total (Lines 1+2+3)	0

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

	Does the company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	NO
2. Funding Agreements	NO
3. Other	NO

C. All Other Debt – None

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

IHG maintains all Pension and Postretirement Benefit Plans on behalf of the Company. IHG sponsors a noncontributory defined benefit pension plan through IBC LLC, which was designed for the benefit of substantially all IHG and certain of its subsidiaries' employees hired prior to January 1, 2000. For those employees hired on or after January 1, 2000 but before January 1, 2010, benefits are calculated on a cash balance formula. Contributions are intended to provide for benefits attributed to service to date and for those expected to be earned in the future. Employees hired on or after January 1, 2010 are not eligible to participate in these defined benefit plans.

In addition to the pension benefits, IBC LLC provides retirees with certain health care and life insurance benefits through a postretirement plan maintained by IHG. Under the current program, substantially all of IHG's employees may become eligible for these benefits if they are working for IHG when they reach age 55 and they have completed at least 10 years of service. IHG begins accruing an obligation for active participants at the later of age 45 or date of hire. IBC LLC uses a December 31 measurement date for its pension plan.

The Company is allocated its pro rata share of the annual pension and postretirement expense by IBC LLC based on the value of services rendered on behalf of the employees of its parent. Benefits are based on the employee's years of service and compensation during the years preceding retirement.

The amount of pension expense charged by IBC LLC to the Company was \$3,013,073 in 2017 and \$2,716,690 in 2016. The postretirement benefit expense charged by IBC LLC was \$347,137 in 2017 and \$235,116 in 2016.

The Company's employees also participate in a 401(k) savings plan which is maintained by IHG through IBC, LLC and is available to full-time employees. For employees hired prior to January 1, 2010, IBC LLC contributes an amount equal to 50% of the first 6% of salary deferral contributed by the employee. For all employees hired on or after January 1, 2010, who are not covered under the defined benefit plan, IBC LLC makes an automatic contribution equal to 3% of eligible earnings and an additional contribution equal to 50% of the first 8% of salary deferral contributed by the employee. The Company's 401(k) savings plan contribution charged by IBC LLC in 2017 and 2016 was \$1,499,402 and \$1,190,000, respectively.

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

- (1) The Company has 140,000 shares authorized, 140,000 shares issued and 140,000 shares outstanding.
- (2) Preferred stock outstanding - None
- (3) Under applicable state laws and regulations, the Company is required to maintain minimum capital and surplus determined in accordance with statutory accounting practices. In addition, statutory regulations limit dividend payments by the Company. The dividend restrictions are generally based on statutory income and on certain levels of surplus as determined under statutory accounting practices which also require the direct approval of regulatory authorities for any proposed extraordinary dividend. An extraordinary dividend is any dividend which, together with other dividends made within the preceding twelve months, exceeds the greater of 10% of the Company's surplus as shown on its last annual statement, or the net income of the Company for the period covered by such statement. The amount available to pay dividends in 2018 without the approval of the Pennsylvania Insurance Department ("PID") is \$17,310,832.
- (4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary - None.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) The total amount of advances to surplus not repaid is \$0.
- (8) The amounts of stock held by the Company, including stock of affiliated companies, for special purposes is:
  - A For conversion of preferred stock: 0 shares
  - B For employee stock options: 0 shares
  - C For stock purchase warrants: 0 shares
- (9) There are no special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(52,600)
- (11) The Company issued the following surplus debentures or similar obligations: - None
- (12 & 13) Effective date and financial impact of a quasi-reorganization - None

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - None
- B. Assessments  
The Company is not aware of any assessments that could have a material adverse effect on the Company's financial condition.
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
No Claims to report. Extra-Contractual is defined as awards and/or settlements for bad faith and/or punitive damages.

The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits - None

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period - None

- E. Joint and Several Liabilities - None
- F. All Other Contingencies  
**Guaranty Associations** - Under state insurance guaranty association laws, certain insurance companies can be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of insurance companies that write the same line or lines of business, and which are placed into receivership proceedings. Assessments are generally based on a formula relating to premiums in the state compared to the premiums of other assessable insurers. Assessments for a specific receivership can be done all at once or can be spread out over a period of years. Some states permit member insurers to recover assessments paid through full or partial premium tax offsets.

The Company can be assessed by the New Jersey Life and Health Insurance Guaranty Association when the applicable New Jersey law is triggered by a receivership.

In early 2009, Pennsylvania's Insurance Commissioner obtained an order of rehabilitation against Penn Treaty and its wholly-owned subsidiary, American Network Insurance Company (together, "Penn Treaty") in a receivership proceeding before the Commonwealth Court of Pennsylvania (the "Court"). The Insurance Commissioner subsequently petitioned the Court for an order to liquidate Penn Treaty. On March 1, 2017, the Court issued an order approving the petition to place Penn Treaty into liquidation triggering guaranty fund coverage and accrual of a liability.

In 2017, the Company recorded an undiscounted liability and expense of \$8,500,000 for its estimated share of future assessments by applicable life and health guaranty associations. A portion of this assessment is expected to be offset in the future by premium tax credits that will be recognized in the period received. As of December 31, 2017, the Company has paid \$7,640,000 for assessments received, with the remaining liability included in General expenses due and accrued. Because a portion of this assessment is expected to be offset in the future by premium tax credits, the Company recorded a discounted asset of \$3,220,000 (approximately \$3,800,000 undiscounted) which reflects a 3.5% discount rate. The premium tax asset is expected to be used as a refund over the next five years beginning in 2019. The Company will continue to monitor this assessment for changes in the estimate of insolvency.

In 2016, the DBISNJ obtained an order of rehabilitation against Freelancers Consumer Operated and Oriented Program of New Jersey d/b/a Health Republic Insurance of New Jersey ("Health Republic"). DBISNJ subsequently petitioned a state Court to convert the rehabilitation into liquidation. On December 30, 2016, the New Jersey Life and Health Insurance Guaranty Association exercised its right to assess its member companies in advance of a formal order of liquidation. As a result, the Company was assessed \$1,580,000 for its share of the guaranty fund assessments which was recorded in General administrative expenses in 2016. On February 3, 2017, the Court issued an order approving the petition to place Health Republic into liquidation. The initial assessment made by the New Jersey Life and Health Insurance Guaranty Association represents the Company's share of the total estimated liability.

**15. Leases**

**A. Lessee Operating Lease**

- (1) The Company leases facilities and certain equipment from an unrelated third party under a long-term lease. The facilities leases require the Company to pay a proportionate share of operating expenses for the leased property in addition to base rents. These leases expire on various dates through July 2021. Rental expense in 2017 and 2016 was \$656,151 and \$618,775, respectively.
- (2)
  - a. At January 1, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
	2018	\$ 768,422
	2019	\$ 782,182
	2020	\$ 801,611
	2021	\$ 474,268
	Total	\$ 2,826,503

- (3) The Company is not involved in any material sales - leaseback transactions

**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 - None**

- 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**

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2017:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 279,020	\$ 0	\$ 279,020
b. Gross administrative fees accrued	\$ 1,984,709	\$ 0	\$ 1,984,709
c. Other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0	\$ 0
d. Gross expenses incurred (claims and administrative)	\$ 387,823	\$ 0	\$ 387,823
e. Total net gain or loss from operations	\$ 1,875,906	\$ 0	\$ 1,875,906

- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None**



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

**20. Fair Value Measurements**

A. For assets and liabilities that are measured and reported at fair value in the statement of financial position after initial recognition

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
<b>a. Assets at Fair Value</b>				
Bonds - Industrial and Misc	\$ 0	\$ 15,853,899	\$ 0	\$ 15,853,899
Total Bonds	\$ 0	\$ 15,853,899	\$ 0	\$ 15,853,899
Total assets at fair value	\$ 0	\$ 15,853,899	\$ 0	\$ 15,853,899
<b>b. Liabilities at Fair Value - None</b>				
Total Liabilities at Fair Value	\$ 0	\$ 0	\$ 0	\$ 0

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None

(3) Transfers in and/or out of Level 3 are recognized at the beginning of the period.

(4) The Company classifies bonds, NAIC rated 3 through 6, such as certain U.S. Treasury and agency obligations, mortgage backed securities, municipal and corporate bonds, asset-backed securities and preferred stocks as Level 2. Because many fixed maturities and preferred stocks do not trade daily, fair values are determined using quoted values and other data provided by a nationally recognized independent pricing service (pricing service) as inputs into its process for determining fair values of its investments. For securities that generally do not trade on a daily basis, the pricing service prepares estimates of fair value measurements using its proprietary pricing. Typical inputs and assumptions include but are not limited to benchmark yields, reported trades, broker/dealer quotes, issuer spreads, liquidity, benchmark securities, bids, offers, reference data, and industry and economic events. For mortgage and asset-backed securities, inputs and assumptions may also include characteristics of the issuer, collateral attributes, prepayment speeds, default assumptions, and credit rating.

The Company classifies certain newly issued, privately placed, complex or otherwise illiquid securities in Level 3. Fair values of securities classified as level 3 are determined using pricing models that incorporate the specific characteristics of each investment and related assumptions including the investment type and structure, credit quality, industry and maturity date in comparison to current market indices and spreads, liquidity and economic events. Recent trades in the subject security or similar securities are assessed when available, and the Company may also review published research as well as the issuer's financial statements in its evaluation.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 243,880,843	\$ 243,691,995	\$ 1,626,735	\$ 242,254,108	\$ 0	\$ 0
Cash Equivalents and Other Short Term Investments	56,498,793	56,498,461	52,013,508	4,485,285	0	0

D. Not Practicable to Estimate Fair Value - Not Applicable

**21. Other Items**

A. Unusual or Infrequent Items - None

B. Troubled Debt Restructuring: Debtors - None

C. Other Disclosures

(1) The Company elected to use rounding in reporting amounts in this statement. Certain pages of this Annual Statement were prepared by a process which cannot print (+) symbols and (-) symbols, therefore, it is indicated by a bracket around the number, e.g. (45,678) and (+) symbol is intended when there is no bracket.

D. Business Interruption Insurance Recoveries - None

E. State Transferable and Non-transferable Tax Credits - None

F. Subprime-Mortgage-Related Risk Exposure

(1) The Company does not engage in subprime residential mortgage lending. Subprime residential mortgage lending is the origination of residential mortgage loans to customers with weak credit profiles including using relaxed mortgage underwriting standards which provided for affordable mortgage products. The Company's exposure to subprime residential mortgage lending is through investments in Debt and Equity securities that contain securities collateralized by mortgages that have characteristics of subprime lending. These investments are in the form of primarily asset-backed securities (ABS) supported by subprime mortgage loans or collateralized debt securities (CDO) that contain a subprime loan component. The company manages its subprime risk exposure by maintaining high credit quality investments, limiting the Company holdings in these types of instruments and through performing ongoing analysis of cash flows, prepayment speeds, default rates and other stress variables.

The company considers the risks associated with the subprime and other residential mortgages when analyzing and directing investment strategies. The company considers risks, utilizing outside investment experts to ensure there is adequate documentation of the subprime mortgage exposure on its overall investment portfolio. The company gathers information to segregate the risk between the direct exposure and indirect exposure. The company considers unrealized losses due to changes in the market values of investment assets and anticipated cash flow from the future sale of investment assets. The significant impacts of investment deterioration reflect in the accounting records through impairment of investments or realizing investment losses.

(2) Direct exposure through investments in subprime mortgage loans - None

(3) Direct exposure through other investments - None

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage - None

G. Retained Assets - None

H. Proceeds received as the issuer, ceding insurer or counterparty of insurance-linked securities - None

**22. Events Subsequent**

The Company has performed an evaluation of events that have occurred subsequent to December 31, 2017, and through the date of this filing, which is the date the financial statements were available to be issued. There have been no material subsequent events that occurred during such period that would require disclosure in the financial statements or would be required to be recognized in the financial statements as of or for the year ended December 31, 2017.

On January 1, 2018, the Company will be subject to the fee under section 9010 of the ACA. The fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for a U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, is conducting health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$17,060,000. Reporting the ACA assessment as of December 31, 2017, would not have triggered an RBC action level.

The following table summarizes the portion of the annual health insurance industry fee payable and the impact to the risk-based capital ("RBC").

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 17,060,000	\$ 0
C. ACA fee assessment paid	\$ 0	\$ 14,517,184
D. Premium written subject to ACA 9010 assessment	\$ 880,047,226	\$ 0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 168,119,324	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 151,059,324	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 35,045,390	
H. Would reporting the ACA assessment as of Dec. 31, 2017, have triggered an RBC action level (YES/NO)?	NO	

**23. Reinsurance**

A. Ceded Reinsurance Report  
 Section 1 - General Interrogatories: Not Applicable  
 Section 2 - Ceded Reinsurance Report - Part A: Not Applicable  
 Section 3 - Ceded Reinsurance Report - Part B: Not Applicable

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

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

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

- A. The accrued retrospective premium adjustments for Medicare are calculated in accordance with guidance provided by Centers for Medicare and Medicaid Services (CMS).
- B. The accrued Medicare Part D retrospective premium is recorded as an adjustment to earned premium.
- C. The Company has no retrospectively rate contracts or contracts subject to redetermination.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	11,580,898	0	0	0	11,580,898
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid	0	0	0	0	0
(9) Medical loss ratio rebates unpaid	0	0	0	0	0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

**E. Risk-Sharing Provisions of the Affordable Care Act (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)? Yes [X] No [ ]
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year  

	AMOUNT
<b>a. Permanent ACA Risk Adjustment Program</b>	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 4,153,090
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ (170,064)
3. Premium adjustments payable due to ACA Risk Adjustment	\$ (25,649,806)
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 8,235,608
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 239,163
<b>b. Transitional ACA Reinsurance Program</b>	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 6,927,236
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ 0
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ 0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ 0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ (9,601,406)
9. ACA Reinsurance contributions – not reported as ceded premium	\$ 0
<b>c. Temporary ACA Risk Corridors Program</b>	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 10,863
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ (187,038)
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ 0

**24.E.2**

On November 13, 2017, HHS issued *Risk Corridors Payments for 2016 Benefit Year* and confirmed 2016 benefit year risk corridor collections will be used to pay a portion of the balance on 2014 benefit year payment balances. Similar communications were received in prior years indicating that collections received would be applied to the 2014 benefit year. The Company has received 15.87% and 14.88% of 2014 benefit year payments as of the years-ended December 31, 2017 and 2016, respectively. Based on the correspondence from HHS, a total of 16.81% of 2014 benefit year payments are expected after all collections for 2014 through 2016 are fully received. The accrued retrospective premium due to ACA Risk Corridors Assets reflects the admitted total based on the filed HHS payments and charges as well as communications received from HHS.



**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

(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.

		Accrued During the Prior Year on Business Written Before Decr 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
		1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year		Cumulative	Cumulative
						Accrued Less Payments (Col 1 - 3)	Accrued Less Payments (Col 2 - 4)					
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premiums adjustments receivable	\$ 33,233,998	\$ 0	\$ 45,390,566	\$ 0	\$ (12,156,568)	\$ 0	\$ 12,156,568	\$ 0	A	\$ 0	\$ 0
	2. Premium adjustments (payable)	\$ 0	\$ (2,882,417)	\$ 0	\$ (1,777,877)	\$ 0	\$ (1,104,540)	\$ 0	\$ 1,104,540	B	\$ 0	\$ 0
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 33,233,998	\$ (2,882,417)	\$ 45,390,566	\$ (1,777,877)	\$ (12,156,568)	\$ (1,104,540)	\$ 12,156,568	\$ 1,104,540		\$ 0	\$ 0
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$ 33,697,159	\$ 0	\$ 40,416,807	\$ 0	\$ (6,719,648)	\$ 0	\$ 13,646,884	\$ 0	C	\$ 6,927,236	\$ 0
	2. Amounts recoverable for claims unpaid (contra liability)	\$ 4,045,478	\$ 0	\$ 0	\$ 0	\$ 4,045,478	\$ 0	\$ (4,045,478)	\$ 0	D	\$ 0	\$ 0
	3. Amounts receivable relating to uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	E	\$ 0	\$ 0
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as cede premium	\$ 0	\$ (2,082,772)	\$ 0	\$ (2,082,772)	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
	5. Ceded reinsurance premiums payable	\$ 0	\$ (1,439,984)	\$ 0	\$ (1,439,984)	\$ 0	\$ 0	\$ 0	\$ 0	G	\$ 0	\$ 0
	6. Liability for amounts held under uninsured plans	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	H	\$ 0	\$ 0
	7. Subtotal ACA Transitional Reinsurance Program	\$ 37,742,637	\$ (3,522,756)	\$ 40,416,807	\$ (3,522,756)	\$ (2,674,170)	\$ 0	\$ 9,601,406	\$ 0		\$ 6,927,236	\$ 0
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	\$ 89,382,882	\$ 0	\$ 183,733	\$ 0	\$ 89,199,149	\$ 0	\$ 187,038	\$ 0	I	\$ 89,386,187	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ (2,318,124)	\$ 0	\$ (2,318,124)	\$ 0	\$ 0	\$ 0	\$ 0	J	\$ 0	\$ 0
	3. Subtotal ACA Risk Corridors Program	\$ 89,382,882	\$ (2,318,124)	\$ 183,733	\$ (2,318,124)	\$ 89,199,149	\$ 0	\$ 187,038	\$ 0		\$ 89,386,187	\$ 0
d.	Total for ACA Risk Sharing Provisions	\$ 160,359,517	\$ (8,723,297)	\$ 85,991,106	\$ (7,618,757)	\$ 74,368,411	\$ (1,104,540)	\$ 21,945,012	\$ 1,104,540		\$ 96,313,423	\$ 0

Explanations of Adjustments

- A Updated for current claim information.....
- B Updated for current claim information.....
- C Updated for current claims paid and unpaid information.....
- D Updated for current claims paid and unpaid information.....
- I Updated for current financial information.....

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

	Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
		1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year		Cumulative	Cumulative
						Accrued Less Payments (Col 1 - 3)	Accrued Less Payments (Col 2 - 4)					
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	2014											
	1. Accrued retrospective premium	\$ 1,157,649	\$ 0	\$ 183,733	\$ 0	\$ 973,916	\$ 0	\$ 0	\$ 0	A	\$ 973,916	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ (2,318,124)	\$ 0	\$ (2,318,124)	\$ 0	\$ 0	\$ 0	\$ 0	B	\$ 0	\$ 0
b.	2015											
	1. Accrued retrospective premium	\$ 14,907,923	\$ 0	\$ 0	\$ 0	\$ 14,907,923	\$ 0	\$ 0	\$ 0	C	\$ 14,907,923	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	D	\$ 0	\$ 0
c.	2016											
	1. Accrued retrospective premium	\$ 73,317,310	\$ 0	\$ 0	\$ 0	\$ 73,317,310	\$ 0	\$ 187,038	\$ 0	E	\$ 73,504,348	\$ 0
	2. Reserve for rate credits or policy experience rating refunds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	F	\$ 0	\$ 0
d.	Total for Risk Corridors	\$ 89,382,882	\$ (2,318,124)	\$ 183,733	\$ (2,318,124)	\$ 89,199,149	\$ 0	\$ 187,038	\$ 0		\$ 89,386,187	\$ 0

Explanations of Adjustments

- A Updated for current financial information.....
  - C Updated for current financial information.....
  - E Updated for current financial information.....
- 24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**  
**NOTES TO FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 1,157,649	\$ 0	\$ 183,733	\$ 973,916	\$ 963,053	\$ 10,863
b. 2015	\$ 14,907,923	\$ 0	\$ 0	\$ 14,907,923	\$ 14,907,923	\$ 0
c. 2016	\$ 73,504,348	\$ 0	\$ 0	\$ 73,504,348	\$ 73,504,348	\$ 0
d. Total (a+b+c)	\$ 89,569,920	\$ 0	\$ 183,733	\$ 89,386,187	\$ 89,375,324	\$ 10,863

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)  
24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$171,851,028. As of December 31, 2017, \$ 154,338,052 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$7,102,003 as a result of re-estimation of unpaid claims. Therefore, there has been \$10,410,973 in favorable year development. The increase is generally the result of ongoing analysis of recent loss development trends.

B. There were no significant changes in methodologies or assumptions used in calculating the liability for losses and loss adjustment expenses

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

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
12/31/2017	\$ 3,766,130	\$ 0	\$ 0	\$ 0	\$ 0
09/30/2017	\$ 3,556,992	\$ 3,884,641	\$ 0	\$ 0	\$ 0
06/30/2017	\$ 3,607,746	\$ 3,712,177	\$ 19,451	\$ 3,841,958	\$ 0
03/31/2017	\$ 3,842,192	\$ 3,626,387	\$ 449,956	\$ 3,071,191	\$ 0
12/31/2016	\$ 2,821,981	\$ 3,263,009	\$ 268,825	\$ 2,823,470	\$ 0
09/30/2016	\$ 2,450,823	\$ 2,954,580	\$ 159,055	\$ 2,794,318	\$ 0
06/30/2016	\$ 2,639,459	\$ 2,547,142	\$ 8,240	\$ 2,537,071	\$ 0
03/31/2016	\$ 2,514,590	\$ 2,523,300	\$ 163,677	\$ 2,453,386	\$ 8,013
12/31/2015	\$ 2,200,249	\$ 2,380,609	\$ 138,175	\$ 2,180,144	\$ 0
09/30/2015	\$ 2,551,494	\$ 2,734,260	\$ 133,121	\$ 2,744,753	\$ 0
06/30/2015	\$ 2,536,842	\$ 2,522,800	\$ 0	\$ 2,602,831	\$ 5,965
03/31/2015	\$ 1,789,888	\$ 1,646,303	\$ 0	\$ 1,633,020	\$ 8,963

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 0
2. Date of the most recent evaluation of this liability 12/31/2017
3. Was anticipated investment income utilized in the calculation? Yes [ ] No [X]

31. Anticipated Salvage and Subrogation – None



# 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  No   
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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  No  N/A
- 1.3 State Regulating? New Jersey.....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_12/31/2016
- 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. \_\_\_\_\_12/31/2011
- 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). \_\_\_\_\_06/26/2013
- 3.4 By what department or departments? New Jersey Department of Banking and 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
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  No  N/A
- 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   
 4.12 renewals? Yes  No
- 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   
 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No
- 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
- 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
- 7.2 If yes,  
 7.21 State the percentage of foreign control .....0.0  
 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, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]  
 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 [ X ]  
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Deloitte & Touche LLP, 1700 Market Street, Philadelphia, PA 19103-3984.....
- 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?  
 Kathryn A. Galameau, FSA, MAAA, Senior Vice President, Chief Actuary & Underwriting Officer, Independence Health Group, 40th Floor, 1901 Market Street, Philadelphia, PA, 19103-1480.....
- 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 \_\_\_\_\_0  
     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 [ X ] No [ ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)  
 See footnote on page 27.5.....
- 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).



## 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 or is likely to 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              | \$.....0 |
|  | 20.12 To stockholders not officers                | \$.....0 |
|  | 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 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              | \$.....0 |
|  | 20.22 To stockholders not officers                | \$.....0 |
|  | 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 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 [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

### INVESTMENT

- 24.01 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 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security 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)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.09 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 [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- |        |   |          |
|--------|---|----------|
| 24.101 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2                   | \$.....0 |
| 24.102 | Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.103 | Total payable for securities lending reported on the liability page                                       | \$.....0 |



## GENERAL INTERROGATORIES

- 25.1 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 24.03). Yes [ X ] No [ ]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- |   |                |
|---|----------------|
| 25.21 Subject to repurchase agreements  | \$.....0       |
| 25.22 Subject to reverse repurchase agreements  | \$.....0       |
| 25.23 Subject to dollar repurchase agreements   | \$.....0       |
| 25.24 Subject to reverse dollar repurchase agreements                                 | \$.....0       |
| 25.25 Placed under option agreements  | \$.....0       |
| 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock | \$.....0       |
| 25.27 FHLB Capital Stock  | \$.....76,000  |
| 25.28 On deposit with states  | \$.....110,383 |
| 25.29 On deposit with other regulatory bodies   | \$.....0       |
| 25.30 Pledged as collateral – excluding collateral pledged to an FHLB                 | \$.....0       |
| 25.31 Pledged as collateral to FHLB – including assets backing funding agreements     | \$.....0       |
| 25.32 Other   | \$.....0       |

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [ ] No [ ] N/A [ X ]
- 27.1 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 [ X ]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$.....
28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]

28.01 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
US Bank.....	50 S. 16th Street, Suite 2000, Philadelphia, PA 19102.....
TD Wealth.....	1006 Astoria Boulevard, Cherry Hill, NJ, 08034.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

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

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

## GENERAL INTERROGATORIES

28.05 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
Weaver C. Barksdale & Associates.....	U.....
Wells Capital Management.....	U.....
Brown Brothers Harriman.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes  No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No

28.06 For those firms or individuals listed in the table for 28.05 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
105098.....	Weaver C. Barksdale & Associates.....	N/A.....	SEC.....	NO.....
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
282732.....	Brown Brothers Harriman.....	5493006KMX1VFTPYPW14.....	Not a Registered Investment Advisor.....	NO.....

29.1 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

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 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

30. 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	248,176,948	248,366,128	189,180
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	248,176,948	248,366,128	189,180

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

Interactive Data Pricing and Reference Data LLC via US Bank.....

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

31.2 If the answer to 31.1 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

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

## GENERAL INTERROGATORIES

33. By self-designating 5\*GI securities, the reporting entity is certifying the following elements of 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 [  ]

### OTHER

- 34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....93,700
- 34.2 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
New Jersey Association of Health Plans.....	\$ .....93,790

- 35.1 Amount of payments for legal expenses, if any? \$ .....64,322
- 35.2 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
Morgan Lewis and Bockius.....	\$ .....55,184

- 36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....0
- 36.2 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
.....	\$ .....
.....	\$ .....
.....	\$ .....

Interrogatory #14.21

As a result of our ongoing compliance improvement initiatives, the Code of Conduct document has been updated for 2017.

Throughout - References to Corporate Administrative Policies have been updated to reflect the current titles.

The Work Environment at Independence - Wording was added to reflect the ethical decision making model that is included in annual compliance training. Wording was also added to identify that Independence has established a policy to ensure that all individuals are able to work in an environment that is respectful of individual differences and inclusive of varying perspectives and capabilities.

Harassment Free Workplace - Wording has been modified to state that Independence is committed to a Harassment Free Workplace. Gender status has been included as a protected category.

Gifts, Entertainment and Honorarium - A paragraph was included which references that gifts to unions and / or union officials must be reported annually on an LM 10 form.

Fraud, Waste and Abuse - The definitions of fraud, waste and abuse have been updated to align with the definitions included in the CMS Fraud Handbook.



# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only. \$ 17,082,306
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
- 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 \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 12,555,634
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ 17,082,306
- 1.62 Total incurred claims \$ 12,555,634
- 1.63 Number of covered lives 7,206
- All years prior to most current three years:
- 1.64 Total premium earned \$ 0
- 1.65 Total incurred claims \$ 0
- 1.66 Number of covered lives 0
- 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	\$ 1,072,237,949	\$ 1,356,056,832
2.2 Premium Denominator	\$ 1,072,237,949	\$ 1,356,056,832
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	\$ 165,009,863	\$ 173,784,276
2.5 Reserve Denominator	\$ 165,009,863	\$ 173,784,276
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
- 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  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
- 5.2 If no, explain:  
Stop-loss reinsurance is not required and the Company (or parent company) is large enough to assume the risk
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$ 0
- 5.32 Medical Only \$ 0
- 5.33 Medicare Supplement \$ 0
- 5.34 Dental and Vision \$ 0
- 5.35 Other Limited Benefit Plan \$ 0
- 5.36 Other \$ 0
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:  
To protect members against insolvency, provider contracts contain hold harmless provisions. In addition, the Carrier maintains the required statutory reserves on deposit in the state.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes  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 49,217
- 8.2 Number of providers at end of reporting year 44,494
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes  No
- 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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ X ] No [ ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ 0
- 10.22 Amount actually paid for year bonuses \$ 0
- 10.23 Maximum amount payable withholds \$ 4,986,416
- 10.24 Amount actually paid for year withholds \$ 1,064,373
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
- 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]
- 11.14 A Mixed Model (combination of above) ? Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey
- 11.4 If yes, show the amount required. \$ 3,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
New Jersey.....
.....
.....
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]
- 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 [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ N/A ] [ X ]
- 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

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$
- 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 Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

**FIVE - YEAR HISTORICAL DATA**

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	396,786,007	421,274,623	492,619,798	431,857,413	169,149,309
2. Total liabilities (Page 3, Line 24) .....	228,666,683	294,644,996	318,829,631	288,283,400	85,417,695
3. Statutory minimum capital and surplus requirement .....	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
4. Total capital and surplus (Page 3, Line 33) .....	168,119,324	126,629,627	173,790,167	143,574,013	83,731,614
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	1,072,237,949	1,356,056,832	1,241,275,916	1,057,607,593	415,825,654
6. Total medical and hospital expenses (Line 18) .....	864,829,718	1,196,195,732	1,068,669,991	877,000,465	352,574,967
7. Claims adjustment expenses (Line 20) .....	32,116,209	46,553,591	46,172,681	33,047,388	12,818,344
8. Total administrative expenses (Line 21) .....	160,712,899	190,337,066	170,892,469	124,430,949	45,592,319
9. Net underwriting gain (loss) (Line 24) .....	14,579,123	(67,629,555)	(53,859,225)	23,128,791	4,840,024
10. Net investment gain (loss) (Line 27) .....	2,870,509	4,135,353	4,120,629	2,770,720	2,437,039
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	17,310,832	(63,494,201)	(46,932,596)	15,122,511	2,652,063
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	86,512,897	(151,888,291)	(56,436,056)	92,756,472	20,927,588
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	168,119,324	126,629,627	173,790,167	143,574,013	83,731,614
15. Authorized control level risk-based capital .....	35,045,390	48,949,061	42,931,609	35,477,337	14,553,547
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	138,667	128,930	125,117	168,447	83,625
17. Total members months (Column 6, Line 7) .....	1,772,288	1,601,185	1,576,642	1,762,954	887,051
<b>Operating Percentage (Page 4)</b>					
(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) .....	80.7	88.2	86.1	83.5	84.8
20. Cost containment expenses .....	1.2	1.0	1.3	1.1	0.9
21. Other claims adjustment expenses .....	1.8	2.5	2.5	2.1	2.2
22. Total underwriting deductions (Line 23) .....	98.6	105.0	104.3	98.4	98.8
23. Total underwriting gain (loss) (Line 24) .....	1.4	(5.0)	(4.3)	2.2	1.2
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	155,464,700	130,132,735	120,542,392	43,376,630	30,324,798
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	156,836,667	151,910,464	136,306,473	44,839,216	37,051,963
<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 Sch. 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 [ X ]

If no, please explain

Not Applicable.....



**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N						0	0	
2. Alaska	AK	N						0	0	
3. Arizona	AZ	N						0	0	
4. Arkansas	AR	N						0	0	
5. California	CA	N						0	0	
6. Colorado	CO	N						0	0	
7. Connecticut	CT	N						0	0	
8. Delaware	DE	N						0	0	
9. District of Columbia	DC	N						0	0	
10. Florida	FL	N						0	0	
11. Georgia	GA	N						0	0	
12. Hawaii	HI	N						0	0	
13. Idaho	ID	N						0	0	
14. Illinois	IL	N						0	0	
15. Indiana	IN	N						0	0	
16. Iowa	IA	N						0	0	
17. Kansas	KS	N						0	0	
18. Kentucky	KY	N						0	0	
19. Louisiana	LA	N						0	0	
20. Maine	ME	N						0	0	
21. Maryland	MD	N						0	0	
22. Massachusetts	MA	N						0	0	
23. Michigan	MI	N						0	0	
24. Minnesota	MN	N						0	0	
25. Mississippi	MS	N						0	0	
26. Missouri	MO	N						0	0	
27. Montana	MT	N						0	0	
28. Nebraska	NE	N						0	0	
29. Nevada	NV	N						0	0	
30. New Hampshire	NH	N						0	0	
31. New Jersey	NJ	L	880,047,226					880,047,226	0	
32. New Mexico	NM	N						0	0	
33. New York	NY	N						0	0	
34. North Carolina	NC	N						0	0	
35. North Dakota	ND	N						0	0	
36. Ohio	OH	N						0	0	
37. Oklahoma	OK	N						0	0	
38. Oregon	OR	N						0	0	
39. Pennsylvania	PA	N						0	0	
40. Rhode Island	RI	N						0	0	
41. South Carolina	SC	N						0	0	
42. South Dakota	SD	N						0	0	
43. Tennessee	TN	N						0	0	
44. Texas	TX	N						0	0	
45. Utah	UT	N						0	0	
46. Vermont	VT	N						0	0	
47. Virginia	VA	N						0	0	
48. Washington	WA	N						0	0	
49. West Virginia	WV	N						0	0	
50. Wisconsin	WI	N						0	0	
51. Wyoming	WY	N						0	0	
52. American Samoa	AS	N						0	0	
53. Guam	GU	N						0	0	
54. Puerto Rico	PR	N						0	0	
55. U.S. Virgin Islands	VI	N						0	0	
56. Northern Mariana Islands	MP	N						0	0	
57. Canada	CAN	N						0	0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	
59. Subtotal	XXX	880,047,226	0	0	0	0	0	880,047,226	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	880,047,226	0	0	0	0	0	880,047,226	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	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

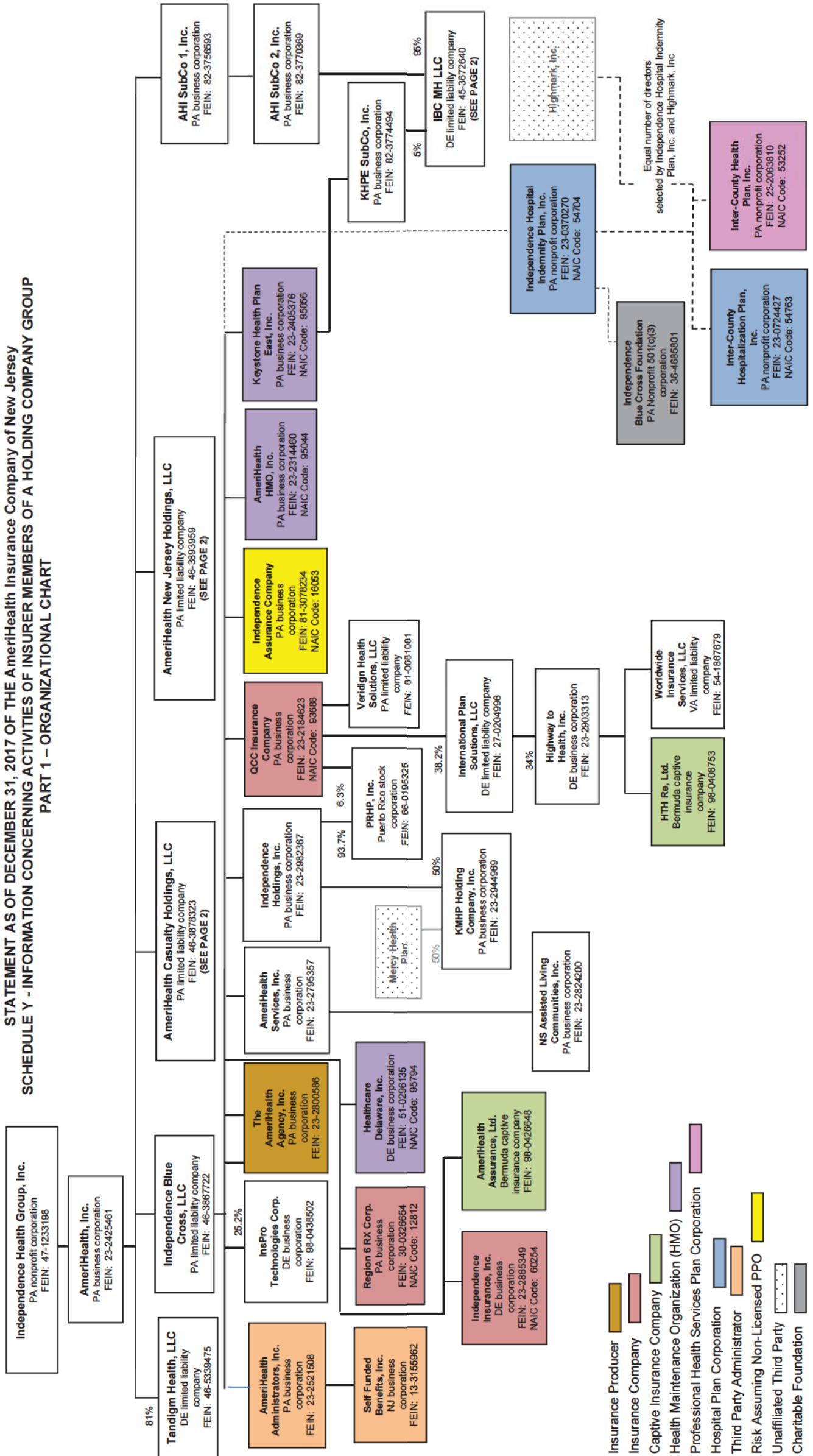
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation by states, premiums by state, etc. Customers are assigned State codes when they are set up in our billing system.

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

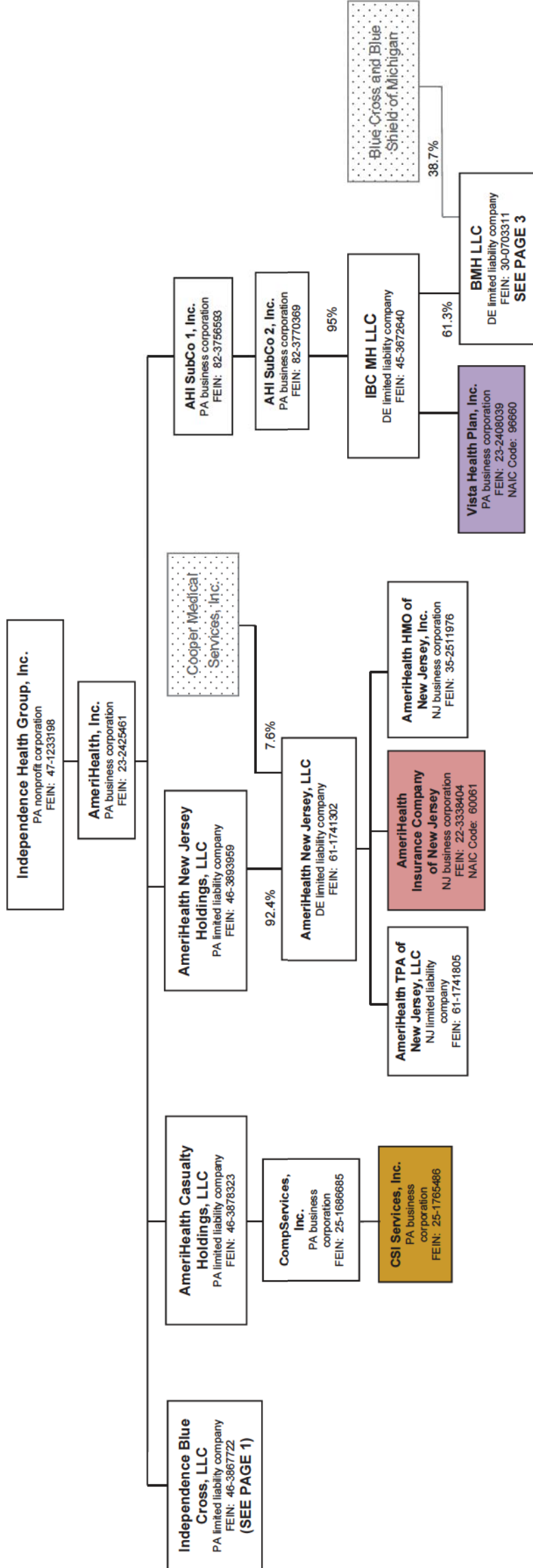
This company only does business in New Jersey.

**STATEMENT AS OF DECEMBER 31, 2017 OF THE AmeriHealth Insurance Company of New Jersey  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL 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 DECEMBER 31, 2017 OF THE AmeriHealth Insurance Company of New Jersey  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART**







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**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2017**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth Insurance Company of New Jersey**

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

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 [  ]  
 Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B Haynes , 215-241-2689  
(Name) (Area Code) (Telephone Number) (Extension)  
Lori.Haynes@jbx.com 215-241-2309  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President &amp; C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President &amp; Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. &amp; Corporate Secretary</u>		

**OTHER OFFICERS**

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Brian Lobley #</u>	<u>Micheal Walsh Sullivan</u>
--------------------------------	---------------------------------	-----------------------	-------------------------------

State of Pennsylvania  
 County of Philadelphia

**ss**

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

Michael Walsh Sullivan  
 President & C.E.O.

Russell Paul Heid  
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.  
 V.P. & Corporate Secretary

Subscribed and sworn to before me this  
23rd day of February, 2018

- a. Is this an original filing? Yes [  ] No [  ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Lori B Haynes, Notary Public  
 September 22, 2018



**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	33,814,522	11.310	33,814,522		33,814,522	11.310
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies	199,996	0.067	199,996		199,996	0.067
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA	386,698	0.129	386,698		386,698	0.129
1.512 Issued or guaranteed by FNMA and FHLMC	11,047,140	3.695	11,047,140		11,047,140	3.695
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	9,737,169	3.257	9,737,169		9,737,169	3.257
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other	23,196,465	7.758	23,196,465		23,196,465	7.758
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	140,700,261	47.059	140,700,261		140,700,261	47.059
2.2 Unaffiliated non-U.S. securities (including Canada)	24,609,746	8.231	24,609,746		24,609,746	8.231
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated	76,000	0.025	76,000		76,000	0.025
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ _____ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	55,216,955	18.468	55,216,955		55,216,955	18.468
11. Other invested assets		0.000			0	0.000
12. Total invested assets	298,984,951	100.000	298,984,951	0	298,984,951	100.000

## SCHEDULE A – VERIFICATION BETWEEN YEARS

### Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Total gain (loss) on disposals, Part 3, Column 18.....		0
5. Deduct amounts received on disposals, Part 3, Column 15.....		0
6. Total foreign exchange change in book/adjusted carrying value:		
6.1 Totals, Part 1, Column 15.....	0	
6.2 Totals, Part 3, Column 13.....	0	0
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 Totals, Part 1, Column 12.....	0	
7.2 Totals, Part 3, Column 10.....	0	0
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11.....	0	
8.2 Totals, Part 3, Column 9.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		0
10. Deduct total nonadmitted amounts.....		0
11. Statement value at end of current period (Line 9 minus Line 10).....		0

NONE

## SCHEDULE B – VERIFICATION BETWEEN YEARS

### Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12.....	0	
3.2 Totals, Part 3, Column 11.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9.....	0	
5.2 Totals, Part 3, Column 8.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 18.....		0
7. Deduct amounts received on disposals, Part 3, Column 15.....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1 Totals, Part 1, Column 13.....	0	
9.2 Totals, Part 3, Column 13.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 11.....	0	
10.2 Totals, Part 3, Column 10.....	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
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....		0
14. Deduct total nonadmitted amounts.....		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		0

NONE

## SCHEDULE BA – VERIFICATION BETWEEN YEARS

### Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....		0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0	
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0	0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....	0	
3.2 Totals, Part 3, Column 12.....	0	0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....	0	
5.2 Totals, Part 3, Column 9.....	0	0
6. Total gain (loss) on disposals, Part 3, Column 19.....		0
7. Deduct amounts received on disposals, Part 3, Column 16.....		0
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....	0	
9.2 Totals, Part 3, Column 14.....	0	0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....	0	
10.2 Totals, Part 3, Column 11.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		0

NONE

## SCHEDULE D – VERIFICATION BETWEEN YEARS

### Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....		157,737,831
2. Cost of bonds and stocks acquired, Part 3, Column 7.....		149,893,344
3. Accrual of discount.....		142,045
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....	(280)	
4.2 Part 2, Section 1, Column 15.....	0	
4.3 Part 2, Section 2, Column 13.....	0	
4.4 Part 4, Column 11.....	6,540	6,260
5. Total gain (loss) on disposals, Part 4, Column 19.....		15,966
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....		63,608,182
7. Deduct amortization of premium.....		419,269
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....	0	
8.2 Part 2, Section 1, Column 19.....	0	
8.3 Part 2, Section 2, Column 16.....	0	
8.4 Part 4, Column 15.....	0	0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....	0	
9.2 Part 2, Section 1, Column 17.....	0	
9.3 Part 2, Section 2, Column 14.....	0	
9.4 Part 4, Column 13.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		243,767,995
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....		243,767,995



**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	38,839,410	38,614,666	39,028,265	39,080,158
	2. Canada .....				
	3. Other Countries .....				
	4. Totals	38,839,410	38,614,666	39,028,265	39,080,158
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	16,346,114	16,207,526	16,359,973	15,765,024
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States .....	163,896,725	164,340,664	164,178,707	163,972,363
	9. Canada .....	3,388,616	3,399,915	3,390,147	3,384,381
	10. Other Countries .....	21,221,130	21,318,073	21,223,412	21,227,688
	11. Totals	188,506,472	189,058,652	188,792,266	188,584,432
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	<b>13. Total Bonds</b>	<b>243,691,995</b>	<b>243,880,843</b>	<b>244,180,503</b>	<b>243,429,613</b>
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	0
	<b>19. Total Preferred Stocks</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....	76,000	76,000	76,000	
	21. Canada .....				
	22. Other Countries .....				
	23. Totals	76,000	76,000	76,000	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	<b>25. Total Common Stocks</b>	<b>76,000</b>	<b>76,000</b>	<b>76,000</b>	
	26. Total Stocks	76,000	76,000	76,000	
	<b>27. Total Bonds and Stocks</b>	<b>243,767,995</b>	<b>243,956,843</b>	<b>244,256,503</b>	

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	5,112,360	21,284,159	15,163,011	1,237,453	527,380	XXX	43,324,363	17.5	56,119,196	35.3	43,324,363	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	5,112,360	21,284,159	15,163,011	1,237,453	527,380	XXX	43,324,363	17.5	56,119,196	35.3	43,324,363	0
<b>2. All Other Governments</b>												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, etc., Guaranteed</b>												
3.1 NAIC 1						XXX	0	0.0	0	0.0		
3.2 NAIC 2						XXX	0	0.0	0	0.0		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1						XXX	0	0.0	0	0.0		
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	0	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	0	0.0	0	0.0		
4.6 NAIC 6						XXX	0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	4,779,789	5,998,532	3,080,260	2,038,127	449,407	XXX	16,346,114	6.6	14,186,242	8.9	16,346,114	
5.2 NAIC 2						XXX	0	0.0	0	0.0		
5.3 NAIC 3						XXX	0	0.0	0	0.0		
5.4 NAIC 4						XXX	0	0.0	0	0.0		
5.5 NAIC 5						XXX	0	0.0	0	0.0		
5.6 NAIC 6						XXX	0	0.0	0	0.0		
5.7 Totals	4,779,789	5,998,532	3,080,260	2,038,127	449,407	XXX	16,346,114	6.6	14,186,242	8.9	16,346,114	0

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial and Miscellaneous (unaffiliated)</b>												
6.1 NAIC 1	22,034,128	54,292,548	27,352,250	11,238,681	3,049,782	XXX	117,967,388	47.5	52,741,929	33.2	47,830,008	70,137,381
6.2 NAIC 2	1,546,621	15,834,448	25,412,568	5,838,356	560,852	XXX	49,192,844	19.8	33,437,143	21.1	35,209,436	13,983,408
6.3 NAIC 3	2,264,894	12,637,559	4,572,917	1,661,069	209,799	XXX	21,346,239	8.6	2,337,612	1.5	1,594,416	19,751,823
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						XXX	0	0.0	0	0.0		
6.6 NAIC 6						XXX	0	0.0	0	0.0		
6.7 Totals	25,845,643	82,764,555	57,337,735	18,738,105	3,820,433	XXX	188,506,472	76.0	88,516,684	55.7	84,633,860	103,872,612
<b>7. Hybrid Securities</b>												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>9. SVO-Designated Securities</b>												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>												
10.1 NAIC 1	(d) 31,926,276	81,575,239	45,595,520	14,514,260	4,026,569	0	177,637,865	71.6	XXX	XXX	107,500,484	70,137,381
10.2 NAIC 2	(d) 1,546,621	15,834,448	25,412,568	5,838,356	560,852	0	49,192,844	19.8	XXX	XXX	35,209,436	13,983,408
10.3 NAIC 3	(d) 2,264,894	12,637,559	4,572,917	1,661,069	209,799	0	21,346,239	8.6	XXX	XXX	1,594,416	19,751,823
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	35,737,792	110,047,247	75,581,006	22,013,685	4,797,220	0	(b) 248,176,948	100.0	XXX	XXX	144,304,337	103,872,612
10.8 Line 10.7 as a % of Col. 7	14.4	44.3	30.5	8.9	1.9	0.0	100.0	XXX	XXX	XXX	58.1	41.9
<b>11. Total Bonds Prior Year</b>												
11.1 NAIC 1	17,142,068	67,464,735	27,638,091	8,146,151	2,656,322	0	XXX	XXX	123,047,367	77.5	104,933,157	18,114,210
11.2 NAIC 2	1,724,804	10,161,811	21,550,527	0	0	0	XXX	XXX	33,437,143	21.1	31,276,783	2,160,360
11.3 NAIC 3	801,312	819,360	716,940	0	0	0	XXX	XXX	2,337,612	1.5	2,337,612	0
11.4 NAIC 4	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	0	XXX	XXX	(e) 0	0.0	0	0
11.7 Totals	19,668,184	78,445,907	49,905,558	8,146,151	2,656,322	0	XXX	XXX	(b) 158,822,122	100.0	138,547,552	20,274,570
11.8 Line 11.7 as a % of Col. 9	12.4	49.4	31.4	5.1	1.7	0.0	XXX	XXX	100.0	XXX	87.2	12.8
<b>12. Total Publicly Traded Bonds</b>												
12.1 NAIC 1	20,448,278	49,086,527	29,333,497	6,652,579	1,979,603	0	107,500,484	43.3	104,933,157	66.1	107,500,484	XXX
12.2 NAIC 2	1,199,198	11,747,676	18,256,788	4,005,775	0	0	35,209,436	14.2	31,276,783	19.7	35,209,436	XXX
12.3 NAIC 3	212,589	850,355	531,472	0	0	0	1,594,416	0.6	2,337,612	1.5	1,594,416	XXX
12.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	21,860,065	61,684,558	48,121,757	10,658,353	1,979,603	0	144,304,337	58.1	138,547,552	87.2	144,304,337	XXX
12.8 Line 12.7 as a % of Col. 7	15.1	42.7	33.3	7.4	1.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	8.8	24.9	19.4	4.3	0.8	0.0	58.1	XXX	XXX	XXX	58.1	XXX
<b>13. Total Privately Placed Bonds</b>												
13.1 NAIC 1	11,477,998	32,488,713	16,262,023	7,861,681	2,046,966	0	70,137,381	28.3	18,114,210	11.4	XXX	70,137,381
13.2 NAIC 2	347,423	4,086,772	7,155,780	1,832,581	560,852	0	13,983,408	5.6	2,160,360	1.4	XXX	13,983,408
13.3 NAIC 3	2,052,306	11,787,204	4,041,445	1,661,069	209,799	0	19,751,823	8.0	0	0.0	XXX	19,751,823
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	13,877,727	48,362,688	27,459,249	11,355,332	2,817,616	0	103,872,612	41.9	20,274,570	12.8	XXX	103,872,612
13.8 Line 13.7 as a % Col. 7	13.4	46.6	26.4	10.9	2.7	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	5.6	19.5	11.1	4.6	1.1	0.0	41.9	XXX	XXX	XXX	XXX	41.9

(a) Includes \$ 103,872,612 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 14,290,479 current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5\* designations and \$ current year, \$ prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 4,484,953 ; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 Issuer Obligations	4,484,953	19,795,162	14,019,360			XXX	38,299,475	15.4	53,590,312	33.7	38,299,475	
1.2 Residential Mortgage-Backed Securities	197,669	299,665	71,374	13,753	99	XXX	582,560	0.2	426,465	0.3	582,560	
1.3 Commercial Mortgage-Backed Securities	429,738	1,189,331	1,072,277	1,223,700	527,282	XXX	4,442,328	1.8	2,102,419	1.3	4,442,328	
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
1.5 Totals	5,112,360	21,284,159	15,163,011	1,237,453	527,380	XXX	43,324,363	17.5	56,119,196	35.3	43,324,363	0
<b>2. All Other Governments</b>												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.1 Issuer Obligations						XXX	0	0.0	0	0.0		
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 Issuer Obligations						XXX	0	0.0	0	0.0		
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 Issuer Obligations	199,996					XXX	199,996	0.1	199,973	0.1	199,996	
5.2 Residential Mortgage-Backed Securities	4,511,013	5,715,336	2,822,575	1,735,294	252,323	XXX	15,036,541	6.1	13,986,270	8.8	15,036,541	
5.3 Commercial Mortgage-Backed Securities	68,780	283,196	257,685	302,833	197,084	XXX	1,109,577	0.4	0	0.0	1,109,577	
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
5.5 Totals	4,779,789	5,998,532	3,080,260	2,038,127	449,407	XXX	16,346,114	6.6	14,186,242	8.9	16,346,114	0
<b>6. Industrial and Miscellaneous</b>												
6.1 Issuer Obligations	4,384,836	27,430,613	35,106,122	5,216,413		XXX	72,137,983	29.1	53,066,725	33.4	57,126,825	15,011,159
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
6.3 Commercial Mortgage-Backed Securities	2,209,284	8,087,264	7,434,718	6,552,738	1,912,461	XXX	26,196,465	10.6	11,441,254	7.2	7,465,108	18,731,357
6.4 Other Loan-Backed and Structured Securities	19,251,523	47,246,678	14,796,895	6,968,955	1,907,972	XXX	90,172,023	36.3	24,008,704	15.1	20,041,927	70,130,096
6.5 Totals	25,845,643	82,764,555	57,337,735	18,738,105	3,820,433	XXX	188,506,472	76.0	88,516,684	55.7	84,633,860	103,872,612
<b>7. Hybrid Securities</b>												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0		
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>9. SVO Identified Funds</b>												
9.1 Exchange Traded Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 Bond Mutual Funds Identified by the SVO.....	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
<b>10. Total Bonds Current Year</b>												
10.1 Issuer Obligations .....	9,069,784	47,225,775	49,125,482	5,216,413	0	XXX	110,637,454	44.6	XXX	XXX	95,626,295	15,011,159
10.2 Residential Mortgage-Backed Securities .....	4,708,683	6,015,001	2,893,949	1,749,046	252,422	XXX	15,619,101	6.3	XXX	XXX	15,619,101	0
10.3 Commercial Mortgage-Backed Securities .....	2,707,801	9,559,792	8,764,679	8,079,271	2,636,826	XXX	31,748,370	12.8	XXX	XXX	13,017,013	18,731,357
10.4 Other Loan-Backed and Structured Securities .....	19,251,523	47,246,678	14,796,895	6,968,955	1,907,972	XXX	90,172,023	36.3	XXX	XXX	20,041,927	70,130,096
10.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals .....	35,737,792	110,047,247	75,581,006	22,013,685	4,797,220	0	248,176,948	100.0	XXX	XXX	144,304,337	103,872,612
10.7 Lines 10.6 as a % Col. 7	14.4	44.3	30.5	8.9	1.9	0.0	100.0	XXX	XXX	XXX	58.1	41.9
<b>11. Total Bonds Prior Year</b>												
11.1 Issuer Obligations .....	7,146,372	57,667,934	41,440,334	602,369	0	XXX	XXX	XXX	106,857,009	67.3	99,658,923	7,198,087
11.2 Residential Mortgage-Backed Securities .....	2,274,986	5,908,794	3,631,844	2,228,553	368,557	XXX	XXX	XXX	14,412,734	9.1	14,412,735	0
11.3 Commercial Mortgage-Backed Securities .....	961,486	3,529,296	3,241,193	3,896,941	1,914,759	XXX	XXX	XXX	13,543,674	8.5	13,543,673	0
11.4 Other Loan-Backed and Structured Securities .....	9,285,339	11,339,883	1,592,187	1,418,289	373,007	XXX	XXX	XXX	24,008,704	15.1	10,932,221	13,076,483
11.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
11.6 Totals .....	19,668,183	78,445,907	49,905,558	8,146,151	2,656,323	0	XXX	XXX	158,822,122	100.0	138,547,552	20,274,570
11.7 Line 11.6 as a % of Col. 9	12.4	49.4	31.4	5.1	1.7	0.0	XXX	XXX	100.0	XXX	87.2	12.8
<b>12. Total Publicly Traded Bonds</b>												
12.1 Issuer Obligations .....	8,706,791	40,454,079	41,249,013	5,216,413	0	XXX	95,626,295	38.5	99,658,923	62.7	95,626,295	XXX
12.2 Residential Mortgage-Backed Securities .....	4,708,683	6,015,001	2,893,949	1,749,046	252,422	XXX	15,619,101	6.3	14,412,735	8.7	15,619,101	XXX
12.3 Commercial Mortgage-Backed Securities .....	1,068,064	3,407,707	3,121,166	3,692,894	1,727,181	XXX	13,017,013	5.2	13,543,673	8.9	13,017,013	XXX
12.4 Other Loan-Backed and Structured Securities .....	7,376,527	11,807,771	857,630	XXX	XXX	XXX	20,041,927	8.1	10,932,221	6.9	20,041,927	XXX
12.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
12.6 Totals .....	21,860,065	61,684,558	48,121,757	10,658,353	1,979,603	0	144,304,337	58.1	138,547,552	87.2	144,304,337	XXX
12.7 Line 12.6 as a % of Col. 7	15.1	42.7	33.3	7.4	1.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	8.8	24.9	19.4	4.3	0.8	0.0	58.1	XXX	XXX	XXX	58.1	XXX
<b>13. Total Privately Placed Bonds</b>												
13.1 Issuer Obligations .....	362,993	6,771,696	7,876,470	0	0	XXX	15,011,159	6.0	7,198,087	4.5	XXX	15,011,159
13.2 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities .....	1,639,737	6,152,084	5,643,514	4,386,377	909,644	XXX	18,731,357	7.5	0	0.0	XXX	18,731,357
13.4 Other Loan-Backed and Structured Securities .....	11,874,996	35,438,908	13,939,265	6,968,955	1,907,972	XXX	70,130,096	28.3	13,076,483	8.2	XXX	70,130,096
13.5 SVO Identified Funds .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
13.6 Totals .....	13,877,727	48,362,688	27,459,249	11,355,332	2,817,616	0	103,872,612	41.9	20,274,570	12.8	XXX	103,872,612
13.7 Line 13.6 as a % of Col. 7	13.4	46.6	26.4	10.9	2.7	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	5.6	19.5	11.1	4.6	1.1	0.0	41.9	XXX	XXX	XXX	XXX	41.9

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**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	1,084,991	1,084,291	0	700	0
2. Cost of short-term investments acquired .....	339,467,856	339,244,123		223,733	
3. Accrual of discount .....	5,054	5,054			
4. Unrealized valuation increase (decrease) .....	484	484			
5. Total gain (loss) on disposals .....	0	0			
6. Deduct consideration received on disposals .....	336,073,432	335,848,999		224,433	
7. Deduct amortization of premium .....	0				
8. Total foreign exchange change in book/adjusted carrying value .....	0				
9. Deduct current year's other-than-temporary impairment recognized .....	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	4,484,953	4,484,953	0	0	0
11. Deduct total nonadmitted amounts .....	0				
12. Statement value at end of current period (Line 10 minus Line 11)	4,484,953	4,484,953	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0 .....

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 BETWEEN YEARS**

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	0	0		0
2. Cost of cash equivalents acquired.....	52,013,508		52,013,508	
3. Accrual of discount.....	0			
4. Unrealized valuation increase (decrease).....	0			
5. Total gain (loss) on disposals.....	0			
6. Deduct consideration received on disposals.....	0			
7. Deduct amortization of premium.....	0			
8. Total foreign exchange change in book/adjusted carrying value.....	0			
9. Deduct current year's other-than-temporary impairment recognized.....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	52,013,508	0	52,013,508	0
11. Deduct total nonadmitted amounts.....	0			
12. Statement value at end of current period (Line 10 minus Line 11)	52,013,508	0	52,013,508	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment



Schedule A - Part 1

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 1

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 1

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
Bonds - U.S. Governments - Issuer Obligations																					
912828-ND-8	U S TREASURY NT				1FE	533,965		103,6560	500,000	509,085					3.500	2.704	MN	2,272	17,500	08/11/2010	05/15/2020
912828-RC-6	U S TREASURY NT				1FE	600,492		100,1450	600,000	600,191					2.125	2.116	FA	4,817	12,750	09/02/2011	08/15/2021
912828-RR-3	U S TREASURY NT				1FE	808,844		99,7030	800,000	803,678					2.000	1.876	MN	2,077	16,000	01/17/2012	11/15/2021
912828-2A-7	UNITED STATES TREAS NTS				1	2,025,074		93,0390	2,050,000	2,027,994					1.500	1.634	FA	11,615	30,750	10/25/2016	08/15/2026
912828-2F-6	UNITED STATES TREAS NTS				1FE	846,115		96,6020	850,000	847,119					1.125	1.220	FA	3,249	9,563	09/09/2016	08/31/2021
912828-2W-9	UNITED STATES TREAS NTS			SD	1	109,768		98,5650	110,000	109,779					1.875	1.919	MS	527		10/02/2017	09/30/2022
912828-3F-5	UNITED STATES TREAS NTS				1	1,618,723		98,5900	1,650,000	1,618,773					2.250	2.467	MN	4,820		12/27/2017	11/15/2027
912828-3H-1	UNITED STATES TREAS NTS				1	2,992,266		99,7500	3,000,000	2,992,309					1.750	1.887	MN	4,615		12/28/2017	11/30/2019
912828-3J-7	UNITED STATES TREAS NTS				1	3,713,813		98,6880	3,775,000	3,713,995					2.125	2.380	MN	7,052		12/27/2017	11/30/2024
912828-B6-6	UNITED STATES TREAS NTS				1FE	1,353,322		102,6250	1,350,000	1,352,166					2.750	2.721	FA	14,023	37,125	04/07/2014	02/15/2024
912828-C6-5	UNITED STATES TREAS NTS				1FE	349,070		99,7070	350,000	349,760					1.625	1.681	MS	1,453	5,688	04/09/2014	03/31/2019
912828-K7-4	UNITED STATES TREAS NTS				1FE	707,640		97,4000	790,000	706,267					2.000	2.031	FA	5,966	15,000	10/19/2015	06/15/2025
912828-MP-2	UNITED STATES TREAS NTS				1FE	489,609		103,5820	500,000	497,420					3.625	3.881	FA	6,846	18,125	04/05/2010	02/15/2020
912828-N4-8	UNITED STATES TREAS NTS				1FE	554,189		99,3050	550,000	552,562					1.750	1.590	JD	4,839	9,625	01/08/2016	12/31/2020
912828-PX-2	UNITED STATES TREAS NTS				1FE	1,758,492		104,8670	1,725,000	1,736,801					3.625	3.392	FA	23,619	62,531	04/19/2011	02/15/2021
912828-Q7-8	UNITED STATES TREAS NTS				1FE	1,811,742		97,8360	1,800,000	1,807,919					1.375	1.240	AA	4,239	24,750	05/05/2016	04/30/2021
912828-S7-6	UNITED STATES TREAS NTS				1FE	5,024,609		96,7030	5,000,000	5,017,793					1.125	1.024	JJ	23,539	56,250	08/04/2016	07/31/2021
912828-U2-4	UNITED STATES TREAS NTS				1FE	1,805,594		96,7770	1,900,000	1,814,467					2.000	2.571	MN	4,934	38,000	12/15/2016	11/15/2026
912828-VS-6	UNITED STATES TREAS NTS				1FE	1,109,469		101,3560	1,120,000	1,113,666					2.500	2.610	FA	10,576	26,000	10/30/2013	08/15/2023
912828-WE-6	UNITED STATES TREAS NTS				1FE	354,115		102,7070	350,000	352,596					2.750	2.613	MN	1,250	9,625	02/05/2014	11/15/2023
912828-XB-1	UNITED STATES TREAS NTS				1FE	1,233,691		98,4730	1,250,000	1,237,416					2.125	2.274	MN	3,449	26,563	07/24/2015	05/15/2025
912828-XW-5	UNITED STATES TREAS NTS				1FE	3,967,813		98,1910	4,000,000	3,970,746					1.750	1.921	JD	35,193		07/11/2017	06/30/2022
0199999 - Bonds - U.S. Governments - Issuer Obligations						33,848,616	XXX	33,564,105	34,020,000	33,814,522	0	2,062	0	0	XXX	XXX	XXX	180,973	418,644	XXX	XXX
Bonds - U.S. Governments - Residential Mortgage-Backed Securities																					
36209P-QK-6	GNMA				1FE	472,493		113,9440	311,560	317,517					6.000	5.009	MON	1,558	18,735	11/15/1998	11/15/2028
36225D-XP-4	GNMA PL 081585				1FE	25,513		104,0120	25,450	25,529					2.375	2.294	MON	50	577	03/28/2007	01/20/2036
36225C-RY-4	GNMA PL #080502M				1FE	11,275		101,1760	11,366	11,352					2.375	2.074	MON	22	253	07/14/2004	02/20/2031
36225C-3F-1	GNMA PL 080797M				1FE	12,176		103,8850	12,184	12,170					2.375	2.406	MON	24	276	08/02/2006	01/20/2034
36225D-DY-7	GNMA PL 081018M				1FE	19,960		103,9710	19,793	20,130					2.125	1.676	MON	35	443	04/14/2005	08/20/2034
38377Y-EM-4	GNMA REMIC TRUST 2011-59				1	196,375		106,3350	191,117	195,862					4.000	3.093	MON	637	7,648	06/27/2012	12/20/2040
0299999 - Bonds - U.S. Governments - Residential Mortgage-Backed Securities						737,792	XXX	629,300	571,337	582,560	0	(49)	0	0	XXX	XXX	XXX	2,327	27,931	XXX	XXX
Bonds - U.S. Governments - Commercial Mortgage-Backed Securities																					
38379K-2X-5	GNMA A GTD REMIC 2.400%				1	2,839,901		98,6320	2,876,532	2,839,781					2.400	2.562	MON	5,753		12/20/2017	06/16/2047
38378N-2A-0	GNMA REMIC TRUST 2014-54				1	142,588		99,9720	140,463	142,311					2.496	2.317	MON	292	3,622	04/23/2014	10/16/2041
38379U-20-8	GNMA REMIC TRUST 2016-178				1	1,459,368		98,0860	1,471,786	1,460,236					2.500	2.581	MON	3,168	36,819	12/19/2016	07/15/2049
0399999 - Bonds - U.S. Governments - Commercial Mortgage-Backed Securities						4,441,857	XXX	4,421,261	4,488,821	4,442,328	0	714	0	0	XXX	XXX	XXX	9,213	40,441	XXX	XXX
0599999 - Bonds - U.S. Governments - Subtotals - U.S. Governments						39,028,265	XXX	38,614,666	39,080,158	38,839,410	0	2,728	0	0	XXX	XXX	XXX	192,513	487,016	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
3133XP-CT-9	F H L B DEB				1FE	199,806		100,5410	201,082	199,996					4.250	4.262	MS	2,644	8,500	01/31/2008	03/09/2018
2599999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations						199,806	XXX	201,082	200,000	199,996	0	23	0	0	XXX	XXX	XXX	2,644	8,500	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities																					
3128KL-XT-9	F H L M C GD A57890				1FE	1,610		109,2310	1,770	1,605					5.500	6.051	MON	7	94	03/20/2007	02/01/2037
3128KM-YJ-8	F H L M C GD A58813				1FE	805		109,2320	886	803					5.500	6.102	MON	4	45	03/20/2007	03/01/2037
3128KN-LD-3	F H L M C GD A59324				1FE	133,449		109,2310	134,331	133,378					5.500	5.921	MON	616	7,394	04/12/2007	04/01/2037
3128M6-V6-0	F H L M C GD 604815				1FE	90,419		108,8670	93,457	89,824					5.000	4.272	MON	358	4,324	03/15/2011	09/01/2038
3128PU-F4-9	F H L M C GD J14687				1FE	168,978		103,2460	168,411	166,859					4.000	3.326	MON	544	6,613	03/14/2011	03/01/2026
3137A7-NA-4	F H L M C MTLCL MTG				1	138,234		100,7850	137,261	147,987					3.500	1.928	MON	212	4,930	03/15/2011	10/15/2032
31410X-AB-2	F N M A #900102				1FE	6,835		103,4330	7,069	6,835					6.000	6.000	MON	34	419	07/31/2007	08/01/2021
3138A7-5J-3	F N M A #AH6248				1FE	650,382		104,6790	657,195	627,820					4.000	3.329	MON	2,093	25,228	03/14/2011	04/01/2026
3138A8-XT-8	F N M A #AH6989				1FE	624,883		107,9800	639,241	621,275					5.000	4.269	MON	2,467	30,147	03/14/2011	03/01/2041
3132MA-PB-1	FHLMC GOLD PC 30YR				1FE	898,683		105,3190	836,653	897,533					4.000	2.627	MON	2,789	33,659	02/24/2015	11/01/2044

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
3132WF-WW-5	FHLMC PC GOLD PC 30YR				1FE	2,463,918		104,585.00	2,286,368	2,464,477		(1,140)			4.000	2.124	MON	7,621	92,003	09/20/2016	06/01/2046
312962-2F-9	FHLMC PL B10774F				1FE	2,631		100,389.00	2,609	2,614		(4)			6.000	5.586	MON	13	160	05/05/2006	11/01/2018
3128MM-CW-1	FHLMC PL G18084F				1FE	13,263		102,636.00	13,499	13,205		(11)			6.000	5.623	MON	66	801	05/05/2006	11/01/2020
3128MM-DM-2	FHLMC PL G18107F				1FE	14,244		103,669.00	14,643	14,125		(12)			6.000	5.595	MON	71	859	05/05/2006	03/01/2021
3128PB-JJ-4	FHLMC PL J00265F				1FE	13,128		100,136.00	13,036	13,104		(19)			6.000	5.370	MON	65	787	05/05/2006	10/01/2020
3137AR-PY-6	FHLMC REMIC SERIES K-710				1	3,841,578		99,790.00	3,841,915	3,850,000		(163)			1.883	2.208	MON	6,041		12/20/2017	05/25/2019
31410T-3B-9	FNMA PASS-THRU				1FE	730		100,799.00	732	730		(1)			6.000	5.616	MON	4	44	08/01/2007	09/01/2021
3138MS-EA-3	FNMA PASS-THRU LNG 30 YEAR				1	2,324,803		105,025.00	2,285,229	2,319,063		(2,296)			4.000	2.905	MON	7,253	87,489	12/18/2014	08/01/2042
3138WE-6X-2	FNMA PASS-THRU LNG 30 YEAR				1	1,376,473		104,639.00	1,353,314	1,293,317		(815)			4.000	2.806	MON	4,311	52,065	10/29/2015	07/01/2045
3140EU-T9-0	FNMA PASS-THRU LNG 30 YEAR				1	1,891,368		102,727.00	1,855,948	1,806,680		(678)			3.500	2.512	MON	5,269	63,441	05/26/2016	12/01/2045
3140EW-YT-6	FNMA PASS-THRU LNG 30 YEAR				1FE	330,722		102,727.00	324,905	316,280		(126)			3.500	2.577	MON	922	11,113	03/22/2016	01/01/2046
31409X-CQ-0	FNMA PASS-THRU LNG 30 YEAR				1FE	63,483		108,841.00	65,615	63,909		9			5.000	6.501	MON	273	3,284	11/14/2006	11/01/2036
2699999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities						15,050,620	XXX	14,901,629	14,423,002	15,036,541	0	(2,350)	0	0	XXX	XXX	XXX	41,033	424,898	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities																					
38379U-XR-2	GNMA REMIC TRUST 2016-98				1	1,109,546		96,742.00	1,104,815	1,142,022		31			2.350	2.668	MON	2,236	2,239	11/21/2017	03/16/2057
2799999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Commercial Mortgage-Backed Securities						1,109,546	XXX	1,104,815	1,142,022	1,109,577	0	31	0	0	XXX	XXX	XXX	2,236	2,239	XXX	XXX
3199999 - Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Subtotals - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies of Governments and Their Political Subdivisions						16,359,973	XXX	16,207,526	15,765,024	16,346,114	0	(2,296)	0	0	XXX	XXX	XXX	45,913	435,637	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
00507U-AS-0	ACTAVIS FUNDING SC		D	2	2FE	848,375		101,805.00	855,162	840,000		(804)			3.800	3.672	MS	9,399	31,920	12/07/2015	03/15/2025
01609W-AC-6	ALIBABA GROUP HLDG LTD		D	2	1FE	747,135		100,292.00	752,190	750,000		572			2.500	2.582	MN	1,719	18,750	11/20/2014	11/28/2019
055650-DM-7	BP CAP MKTS P L C		D	2	1FE	749,948		103,487.00	776,153	750,000		4			3.588	3.589	AO	5,756	17,940	02/08/2017	04/14/2027
404280-AP-4	HSBC HLDGS PLC		D	2	2FE	993,400		104,458.00	1,044,580	1,000,000		608			4.250	4.332	MS	12,632	42,500	03/05/2014	03/14/2024
53944V-AB-5	LLOYDS BANK PLC		D	2	1FE	999,720		100,123.00	1,001,230	1,000,000		56			2.350	2.356	MS	7,572	23,500	09/02/2014	09/05/2019
55608K-AA-3	MACQUARIE GROUP LTD		D	2	2FE	99,566		107,839.00	107,839	100,000		53			7.625	7.688	FA	2,923	7,625	08/06/2009	08/13/2019
716540-BY-7	PETROLEOS MEXICANOS		D	2	3FE	1,600,000		99,651.00	1,594,416	1,600,000		46,736			2.460	2.461	JD	1,749	39,360	07/22/2015	12/15/2025
756250-AD-1	RECKITT BENCKISER TREAS SVCS		D	2	1FE	693,420		97,833.00	684,831	700,000		419			2.750	2.900	JD	267	9,625	07/05/2017	06/26/2024
002824-BE-9	ABBOTT LABS		D	2	2FE	752,865		101,730.00	762,975	750,000		(342)			3.400	3.337	MN	2,196	26,067	02/08/2017	11/30/2023
00287Y-AQ-2	ABBVIE INC		D	2	2FE	3,289,234		102,808.00	3,387,524	3,295,000		516			3.600	3.621	MN	15,487	118,620	05/05/2015	05/14/2025
00510R-AC-7	ACUITY BRANDS LIGHTING		D	2	2FE	349,290		106,356.00	372,246	350,000		81			6.000	6.027	JD	933	21,000	12/01/2009	12/15/2019
00724F-AB-7	ADOBE SYS INC		D	2	1FE	540,295		105,012.00	525,060	500,000		419			4.750	1.949	FA	9,896	11,875	02/10/2017	02/01/2020
00751Y-AB-2	ADVANCE AUTO PARTS		D	2	2FE	201,640		104,795.00	209,590	200,000		(166)			4.500	4.398	JJ	4,150	9,000	01/12/2012	01/15/2022
023135-BA-3	AMAZON COM INC		D	2	2FE	3,010,080		100,151.00	3,004,530	3,000,000		(323)			3.150	3.111	FA	33,863	19,500	08/16/2017	08/22/2027
02665W-AW-1	AMERICAN HONDA FIN CORP MTN		D	2	1FE	499,635		99,903.00	499,515	500,000		122			1.600	1.625	JJ	3,733	8,000	07/09/2015	07/13/2018
03027X-AR-1	AMERICAN TOWER CORP NEW		D	2	2FE	2,984,280		99,412.00	2,982,360	3,000,000		92			3.600	3.662	JJ	6,900		12/05/2017	01/15/2028
03076C-AF-3	AMERIPRISE FINL INC		D	2	1FE	457,783		106,419.00	489,527	460,000		207			4.000	4.059	AO	3,884	18,400	09/03/2013	10/15/2023
032095-AC-5	AMPHENOL CORP NEW		D	2	2FE	499,230		100,340.00	501,700	500,000		157			2.550	2.583	JJ	5,348	12,750	01/23/2014	01/30/2019
032654-AJ-4	ANALOG DEVICES INC		D	2	2FE	1,046,840		104,539.00	1,045,390	1,000,000		(440)			3.900	3.234	JD	1,733	19,500	11/30/2017	12/15/2025
03523T-AN-8	ANHEUSER BUSCH INBEV		D	2	2FE	99,345		106,081.00	106,081	100,000		73			5.375	5.459	JJ	2,478	5,375	10/13/2009	01/15/2020
037411-BD-6	APACHE CORP		D	2	2FE	1,255,163		98,064.00	1,225,800	1,250,000		(504)			2.625	2.578	JJ	15,130	32,813	12/11/2012	01/15/2023
00206R-CN-0	AT&T INC		D	2	2FE	1,375,915		98,315.00	1,356,747	1,380,000		367			3.400	3.435	MN	5,995	46,920	04/23/2015	05/15/2025
00206R-DC-3	AT&T INC		D	2	2FE	781,680		105,781.00	793,358	750,000		(3,295)			4.450	3.765	AO	8,344	33,375	03/02/2017	04/01/2024
049560-AJ-4	ATMOS ENERGY		D	2	1FE	224,579		107,497.00	241,868	225,000		54			8.500	8.528	MS	5,631	19,125	03/23/2009	03/15/2019
00206R-AJ-1	ATT INC		D	2	2FE	288,232		100,286.00	351,001	350,000		9,031			5.500	8.260	FA	8,021	19,250	10/21/2008	02/01/2018
05723K-AB-6	BAKER HUGHES A GE CO LLC / BA		D	2	1FE	1,295,550		99,832.00	1,297,816	1,300,000		11			3.337	3.376	JD	2,410		12/20/2017	12/15/2027
057224-AY-3	BAKER HUGHES INC		D	2	1FE	198,888		104,552.00	209,104	200,000		142			7.500	7.580	MN	1,917	15,000	10/23/2008	11/15/2018
060516-FF-1	BANK AMER CORP		D	2	1FE	429,040		105,713.00	422,852	400,000		(3,571)			4.000	2.907	AO	4,000	16,000	10/24/2016	04/01/2024

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
07330N-AQ-8	BB&T CO GLOBAL BK MTN			2	1FE	1,001,800	100.1890	1,001,890	1,000,000	1,001,500		(300)			2.625	2.586	JJ	12,104	12,323	02/21/2017	01/15/2022
12325J-AB-7	BUSINESS DEV CORP OF AMER				3FE	2,983,380	98.9660	2,968,980	3,000,000	2,968,980	(14,506)	106			4.750	4.878	JD	5,146		12/14/2017	12/30/2022
12673P-AJ-4	CA INC			2	2FE	1,500,000	104.6190	1,569,285	1,500,000	1,500,000					4.700	4.700	MS	20,758	34,858	03/15/2017	03/15/2027
127055-AJ-0	CABOT CORP				2FE	499,360	100.0130	500,065	500,000	499,995		123			2.550	2.575	JJ	5,879	12,750	07/09/2012	01/15/2018
14040H-BE-4	CAPITAL ONE FINL CORP			2	2FE	649,513	100.2330	651,515	650,000	649,866		99			2.450	2.466	AO	2,964	15,925	04/21/2014	04/24/2019
151020-AR-5	CELGENE CORP				2FE	2,194,038	103.0030	2,266,066	2,200,000	2,195,915		799			3.550	3.594	FA	29,504	78,100	08/03/2015	08/15/2022
00440E-AS-6	CHUBB INA HOLDINGS INC				1FE	600,414	101.1750	607,050	600,000	600,378		(36)			3.150	3.140	MS	5,565	9,450	03/21/2017	03/15/2025
172967-KY-6	CITIGROUP INC			2	2FE	728,888	99.2190	744,143	750,000	730,035		1,147			3.200	3.555	AO	4,667	12,000	05/25/2017	10/21/2026
20030N-BY-6	COMCAST CORP NEW			2	1FE	499,015	102.0200	510,100	500,000	499,098		83			3.300	3.323	FA	6,875	9,213	01/05/2017	02/01/2027
209111-EX-7	CON EDISON NY				1FE	349,489	105.3250	368,638	350,000	349,916		62			6.650	6.670	AO	5,819	23,275	03/23/2009	04/01/2019
210518-CR-5	CONSUMERS ENERGY				1FE	499,650	104.5530	522,765	500,000	499,948		41			6.125	6.134	MS	9,017	30,625	09/08/2008	03/15/2019
25466A-AF-8	DISCOVER BK			2	2FE	747,990	101.4440	760,830	750,000	748,910		281			3.200	3.243	FA	9,467	24,000	08/04/2014	08/09/2021
25470D-AQ-2	DISCOVERY COMMUNICATIONS LLC			2	2FE	749,055	98.9680	742,260	750,000	749,105		50			2.950	2.975	MS	6,146		09/07/2017	03/20/2023
25468P-DV-5	DISNEY WALT CO MTNS BE				1FE	747,218	99.5100	746,325	750,000	747,357		140			2.950	2.993	JD	983	11,616	06/01/2017	06/15/2027
26150T-AA-7	DRAWBRIDGE SPL OPPORTUNITIES			2	2FE	1,365,175	103.2000	1,388,040	1,345,000	1,363,093		(2,082)			5.000	4.589	FA	28,021	33,625	07/18/2017	08/01/2021
26442C-AG-9	DUKE ENERGY CAR				1FE	348,985	104.3300	365,155	350,000	349,881		128			7.000	7.041	MN	3,131	24,500	11/12/2008	11/15/2018
26442C-AC-8	DUKE ENERGY CAROLINA				1FE	249,613	100.1130	250,283	250,000	249,998		48			5.250	5.270	JJ	6,052	13,125	01/08/2008	01/15/2018
278062-AC-8	EATON CORP				2FE	1,259,288	100.2930	1,253,663	1,250,000	1,254,845		(927)			2.750	2.664	MN	5,634	34,375	12/11/2012	11/02/2022
278642-AH-6	EBAY INC			2	2FE	698,516	99.7500	698,250	700,000	699,514		298			2.200	2.245	FA	6,417	15,400	07/23/2014	08/01/2019
29250R-AR-7	ENBRIDGE ENERGY				2FE	174,895	108.2210	189,387	175,000	174,982		14			9.875	9.884	MS	5,760	17,281	12/17/2008	03/01/2019
29273R-AK-5	ENERGY TRAN				2FE	174,874	108.2290	189,401	175,000	174,978		16			9.700	9.711	MS	4,998	16,975	12/18/2008	03/15/2019
316773-CU-2	FIFTH THIRD BANCORP			2	2FE	374,895	99.4180	372,818	375,000	374,906		11			2.600	2.606	JD	433	4,875	06/12/2017	06/15/2022
33829T-AA-4	FIVE CORNERS FDG TR				2FE	2,636,564	107.1630	2,636,210	2,460,000	2,603,211		(20,807)			4.419	3.325	MN	13,890	108,707	02/16/2017	11/15/2023
345370-BZ-2	FORD MTR CO DEL				2FE	1,027,854	117.0580	1,053,522	900,000	1,021,403		(6,451)			6.375	4.792	FA	23,906	28,688	03/17/2017	02/01/2029
41283D-AB-9	HARLEY DAVID FDG				1FE	227,500	102.1370	357,480	350,000	340,090		19,749			6.800	13.395	JD	1,058	23,800	11/20/2008	06/15/2018
437076-BT-8	HOME DEPOT INC			2	1FE	2,947,860	98.3770	2,951,310	3,000,000	2,948,268		408			2.800	3.006	MS	24,967		11/29/2017	09/14/2027
46849L-SH-5	JACKSON NATL LIFE GBL FDG				1FE	747,818	100.1700	751,275	750,000	749,413		442			2.300	2.362	AO	3,594	17,250	04/09/2014	04/16/2019
478160-BJ-2	JOHNSON & JOHNSON			2	1FE	1,215,676	114.0110	1,254,121	1,100,000	1,210,638		(5,038)			4.375	3.543	JD	3,476	48,125	01/05/2017	12/05/2033
46625H-GY-0	JP MORGAN CHASE & CO				1FE	322,816	100.1390	350,487	350,000	349,842		3,855			6.000	7.164	JJ	9,683	21,000	10/21/2008	01/15/2018
46625H-JL-5	JPMORGAN CHASE & CO				1FE	249,595	99.9350	249,838	250,000	249,969		83			1.625	1.659	MN	519	4,063	05/08/2013	05/15/2018
46625H-MN-7	JPMORGAN CHASE & CO			2	1FE	429,588	104.8340	419,336	400,000	425,992		(3,039)			3.900	2.933	JJ	7,193	15,600	10/24/2016	07/15/2025
46625H-RV-4	JPMORGAN CHASE & CO			2	1FE	204,557	98.2240	201,359	205,000	204,613		38			2.950	2.975	AO	1,512	6,048	07/14/2016	10/01/2026
489170-AD-2	KENNAMETAL INC			2	2FE	274,634	100.0790	275,217	275,000	274,897		54			2.650	2.671	MN	1,215	7,288	11/02/2012	11/01/2019
49327M-2P-8	KEYBANK NATIONAL ASSOCIATION				1FE	599,808	98.9070	593,442	600,000	599,894		63			1.600	1.611	FA	3,440	9,600	08/17/2016	08/22/2019
494550-BL-9	KINDER MORGAN ENER				2FE	159,702	103.2020	165,123	160,000	159,852		28			3.950	3.972	MS	2,107	6,320	03/07/2012	09/01/2022
501044-CY-5	KROGER CO			2	2FE	548,878	103.8930	571,412	550,000	549,266		104			4.000	4.025	FA	9,167	22,000	01/23/2014	02/01/2024
571748-BA-9	MARSH & MCLENNAN COS INC			2	2FE	510,540	102.4860	512,430	500,000	508,851		(1,553)			3.300	2.931	MS	4,904	16,500	11/29/2016	03/14/2023
58013M-EE-0	MCDONALDS CORP				2FE	349,972	100.5960	352,086	350,000	350,002		(13)			5.350	5.346	MS	6,242	18,725	02/26/2008	03/01/2018
59217G-BR-9	METROPOLITAN LIFE GLOBAL				1FE	499,650	100.2180	501,090	500,000	499,791		66			2.500	2.515	JD	972	12,500	11/23/2015	12/03/2020
61746B-DN-3	MORGAN STANLEY				2FE	750,000	100.5210	753,908	750,000	750,000					2.215	1.631	JAJJ	3,184	14,812	01/21/2014	01/24/2019
61746B-EF-9	MORGAN STANLEY				2FE	1,000,370	102.3450	1,023,450	1,000,000	1,000,348		(22)			3.625	3.620	JJ	16,212	18,125	04/28/2017	01/20/2027
620076-BB-4	MOTOROLA SOLUTIONS INC				2FE	249,093	102.7150	256,788	250,000	249,562		91			3.750	3.794	MN	1,198	9,375	05/08/2012	05/15/2022
637432-LR-4	NATIONAL RURAL UTIL				1FE	248,093	106.8320	267,080	250,000	249,756		266			10.375	10.500	MN	4,323	25,938	10/23/2008	11/01/2018
638612-AK-7	NATIONWIDE FINANCIAL				2FE	497,100	107.7390	538,695	500,000	498,887		307			5.375	5.451	MS	7,167	26,875	03/22/2011	03/25/2021
665772-CH-0	NORTH STS PWR CO MINN			2	1FE	760,344	98.4600	787,680	800,000	775,263		4,936			2.150	2.869	FA	6,498	17,200	11/20/2014	08/15/2022
681919-AY-2	OMNICOM GROUP INC				2FE	872,625	105.7180	792,885	750,000	792,760		(26,935)			6.250	2.453	JJ	21,615	46,875	12/17/2014	07/15/2019
68268N-AE-3	ONEOK PARTNERS				2FE	348,828	106.7370	373,580	350,000	349,807		151			8.625	8.676	MS	10,063	30,188	02/26/2009	03/01/2019
698455-AC-6	PANHANDLE EASTERN				2FE	175,000	107.6930	188,463	175,000	175,000					8.125	8.125	JD	1,175	14,219	05/21/2009	06/01/2019
718546-AC-8	PHILLIPS 66				2FE	571,861	106.2840	611,133	575,000	573,295		357			4.300	4.377	AO	6,181	24,725	09/11/2013	04/01/2022
69353R-CH-9	PNC BK N A PITTSBURGH PA			2	1FE	174,654	100.0300	175,053	175,000	174,922		71			2.200	2.242	JJ	1,636	3,850	01/23/2014	01/28/2019</



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For e i g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
91324P-BV-3	UNITEDHEALTH GROUP INC				1FE	1,529,640		1,518,465	1,500,000	1,513,905		(3,086)			2.875	2.641	MS	12,698	43,125	08/08/2012	03/15/2022
92553P-AR-3	VIACOM INC NEW				2FE	347,018		340,179	350,000	348,326		290			3.250	3.351	MS	3,349	11,375	03/11/2013	03/15/2023
928668-AB-8	VOLKSWAGEN GROUP AMER FIN LLC				2FE	599,718		597,546	600,000	599,919		57			2.125	2.135	MN	1,346	12,771	05/15/2014	05/23/2019
92976W-BH-8	WACHOVIA CORP				1FE	174,251		175,543	175,000	174,993		84			5.750	5.801	FA	4,193	10,063	01/28/2008	02/01/2018
931427-AH-1	WALGREENS BOOTS ALLIANCE INC				2FE	375,890		357,438	350,000	371,809		(2,836)			3.800	2.798	MN	1,589	13,300	07/20/2016	11/18/2024
949746-RW-3	WELLS FARGO & CO NEW				1FE	498,285		498,550	500,000	498,542		152			3.000	3.040	AO	2,875	15,000	04/15/2016	04/22/2026
984121-CD-3	XEROX CORP				2FE	496,245		522,430	500,000	498,539		392			4.500	4.594	MN	2,875	22,500	05/13/2011	05/15/2021
009089-AA-1	AIR CANADA 2013 1A		A		1FE	390,147		404,595	384,381	388,616		(316)			4.125	3.932	MN	2,026	16,083	04/25/2013	11/15/2026
3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						72,076,532	XXX	73,111,147	71,693,960	72,137,983	32,230	(43,055)	0	0	XXX	XXX	XXX	651,627	1,913,938	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities																					
05607K-AE-1	BXMT LTD 2.861% 6/14/		D		3Z	3,000,000		3,000,000	3,000,000	3,000,000					2.861	2.903	MON	2,623		12/08/2017	06/14/2035
1/322M-AZ-9	CITGRP COML MIG IR 2014-GC21				1HL	3,191,133		3,083,700	3,000,000	3,156,327		(10,676)			4.328	3.650	MON	10,820	129,840	12/11/2014	05/10/2047
17322Y-A6-5	CITGRP COML MTG TR 2014-GC25				1FM	3,299,619		3,185,854	3,075,000	3,256,225		(13,504)			4.345	3.586	MON	11,134	133,609	01/23/2015	10/10/2047
125333-BA-1	CSMS COML MTG TR 2017-MDDR				1FM	1,400,000		1,400,574	1,400,000	1,400,000					3.977	4.032	MON	2,629	19,908	07/18/2017	07/15/2030
36248P-AJ-9	GS MTG SECS TR 2014 NEW				1FM	3,061,536		3,044,012	2,970,000	3,061,283		(253)			3.790	3.154	MON	9,380	9,380	11/14/2017	01/10/2031
44422P-CA-8	HUDSONS BAY JV TR 2015-HBS				1FM	1,908,000		1,925,130	2,120,000	1,915,820		7,820			5.629	7.608	MON	9,944	39,134	08/23/2017	08/05/2034
46640J-AV-9	JP MORGAN CHASE MBS 2013-C13				1FM	1,069,805		1,045,230	1,000,000	1,052,556		(5,289)			4.059	3.365	MON	3,044	41,088	12/17/2014	01/18/2046
46636V-AM-8	JP Morgan CMB5 2011-C5				1FM	4,078,047		3,758,125	3,500,000	3,913,322		(33,356)			5.314	3.767	MON	16,527	191,896	12/13/2012	08/17/2046
61764X-AN-5	MS BOFA ML TRUST 2015-C21				1FM	1,398,937		1,371,418	1,690,000	1,410,698		11,761			4.161	6.769	MON	5,470	29,886	07/12/2017	03/17/2048
553514-AN-0	MSBAM COMM MTG 2012-CKSV				1FM	2,702,120		2,689,919	2,998,059	2,707,194		5,074			4.431	6.718	MON	11,072	48,175	11/09/2017	10/15/2030
92939K-AT-5	WFRBS COML MTG TR 2014-C24				1FM	1,301,061		1,316,314	1,920,000	1,323,039		21,977			3.692	9.429	MON	5,513	23,629	08/03/2017	11/15/2047
3499999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities						26,410,259	XXX	25,820,275	26,673,059	26,196,465	0	(16,445)	0	0	XXX	XXX	XXX	88,156	666,544	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities																					
48244X-AB-8	KDAC AIRCRAFT		D		2AM	2,999,964		3,000,000	3,000,000	2,999,964		0			5.926	5.926	MON	5,432		12/12/2017	12/15/2042
62006F-AA-8	MOTOR PLC 2017-1		D		1FE	3,000,000		3,002,022	3,000,000	3,000,000					2.082	2.106	MON	1,215	14,822	09/14/2017	09/25/2024
68784A-AD-8	OSCAR US FD TR VII 2017-7		D		1FE	2,999,522		2,971,314	3,000,000	2,999,587		65			2.450	2.457	MON	4,288	15,108	09/12/2017	12/10/2021
88315F-AB-7	TEXTAINER MARINE V 2017-1		D		3AM	2,492,363		2,528,336	2,487,688	2,492,364		1			4.850	4.850	MON	3,687	63,195	07/10/2017	05/20/2042
03062A-AG-1	AMERICREDIT AUTO RECV 2014-3				1FE	3,020,156		3,028,380	3,000,000	3,004,655		(3,916)			3.130	3.010	MON	5,999	93,900	12/16/2014	10/08/2020
05377R-BD-5	AVIS BUDGET RENTAL FDG				1FE	984,219		998,470	1,000,000	1,000,000					1.920	1.920	MON	587	19,200	11/08/2013	09/20/2019
05377R-BC-7	AVIS BUDGET RENTAL FDG 2012-3				1FE	698,113		700,812	700,000	699,463		317			3.040	3.165	MON	650	21,280	11/09/2015	03/20/2019
05377R-BF-0	AVIS BUDGET RENTAL FDG 2013-2				1FE	3,045,875		2,969,647	2,950,000	2,967,929		(19,471)			2.970	2.385	MON	2,677	87,615	01/28/2015	02/20/2020
05582X-AE-2	BMW VEH LEASE TR 2016-2				1FE	996,719		994,440	1,000,000	998,314		1,595			1.570	1.730	MON	480	14,392	02/06/2017	02/20/2020
126802-CL-9	CABELAS CC MSTR TR 2013-1				1FE	1,004,102		1,005,370	1,000,000	1,003,400		(702)			2.710	2.609	MON	1,204	20,325	04/07/2017	02/17/2026
14313V-AC-8	CARMAX AUTO OWNER				1FE	682,537		680,116	681,233	682,230		(307)			1.630	1.502	MON	494	10,338	02/09/2017	05/15/2020
14314W-AD-3	CARMAX AUTO OWNER TR 2017-3				1FE	449,912		447,566	450,000	449,928		16			1.970	1.978	MON	394	3,423	07/18/2017	04/15/2022
165183-BB-9	CHESAPEAKE FUNDING 2.120%				1FE	2,999,789		2,991,750	3,000,000	2,999,599		(190)			2.120	2.123	MON	2,827	7,950	10/24/2017	11/15/2029
171787-AA-2	CIG AUTO RECV TR 2017-1				1FE	2,857,342		2,852,878	2,857,536	2,857,342		0			2.710	2.713	MON	3,442	5,163	11/14/2017	05/15/2023
20824Y-AA-5	CONNIS RECV FDG LLC 2017-A				2AM	198,707		198,845	198,712	198,702		(4)			2.730	2.736	MON	241	3,769	04/11/2017	07/15/2019
22534U-AA-0	CREDIT ACCEPT AUTO TR 2017-3				1FE	2,999,756		2,989,740	3,000,000	2,999,768		12			2.650	2.652	MON	3,533	10,821	10/17/2017	06/15/2026
26207K-AB-7	DRIVE AUTO RECV TR 2017-3				1FE	2,999,953		2,998,020	3,000,000	2,999,962		10			1.650	1.652	MON	2,200	6,875	10/17/2017	08/15/2019
29373E-AB-3	ENTERPRISE FLEET FNC 2017-3				1FE	2,999,972		2,994,690	3,000,000	2,999,974		2			2.130	2.130	MON	1,953	9,763	10/18/2017	05/22/2023
30605X-AA-1	FAIRWAY OUTDOOR FDG 2012-1				1FE	243,108		245,933	243,108	243,108					4.212	4.212	MON	455	10,249	10/19/2012	10/15/2042
31738A-AB-7	FINANCE AMER STR SECS 2017				1FE	2,999,999		3,000,000	3,000,000	2,999,999		0			2.840	2.840	MON	1,420	3,077	12/08/2017	11/25/2027
361886-AW-4	GMP FLRPLN OWNER TR 2017-2				1FE	749,927		744,203	750,000	749,937		11			2.130	2.134	MON	710	4,970	08/15/2017	07/15/2022
43814P-AC-4	HONDA AUTO RECV 2017-3				1FE	499,946		496,250	500,000	499,953		7			1.790	1.790	MON	323	1,964	09/25/2017	09/20/2021
477600-AB-9	JIMMY JOHNS FDG 2017-1				2AM	399,000		399,698	399,000	399,000					4.846	4.846	JAJA	3,276	6,069	07/01/2017	07/30/2047
52603L-AA-3	LENDMARK FDG TR 2017-2				3Z	2,999,879		2,988,210	3,000,000	2,988,210		(11,673)			2.800	2.801	MON	2,567	7,700	11/10/2017	05/20/2026
543190-AA-0	LONGTRAIN LEASING				1FE	1,749,273		1,745,638	1,749,382	1,749,266		(4)			2.980	2.981	MON	2,317	52,374	01/23/2015	01/15/2045
56846M-AA-9	MARINER FIN ISSUANCE TR				1FE	2,999,695		2,993,940	3,000,000	2,999,698		4			2.920	2.922	MON	4,137		12/07/2017	12/20/2029
58769D-AD-2	MERC-BENZ AUTO LEASE TR				1FE	1,099,975		1,097,778	1,100,000	1,099,985		10			1.790	1.791	MON	875	12,525	04/19/2017	04/15/2020
63861M-AA-5	NATIONSTAR HECM				1FE	1,700,051		1,700,051	1,700,051	1,700,051		0			2.038	2.038	MON	578	8,533	09/26/2017	09/25/2027
65252W-AB-3	NEWTEK SMALL 0.00001%																				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book / Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	For Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
67575N-AY-9	OCWEN MSTR ADV RECV TR 2017				1FE	2,999,999	100.0750	3,002,250	3,000,000	2,999,999		0			2.499	2.499	MON	3,332	18,742	09/08/2017	09/15/2048
68376C-AB-2	OPORTUN FDG IV LLC 2016-C				3Z	1,088,892	100.8850	1,079,470	1,070,000	1,079,470	(5,741)	(3,682)			4.850	4.050	MON	3,316	21,623	07/17/2017	11/08/2021
68376K-AB-4	OPORTUN FDG VII LLC 2017-B				3Z	1,619,867	99.3530	1,609,519	1,620,000	1,609,519	(10,358)	10			4.260	4.263	MON	4,409	11,119	10/04/2017	10/10/2023
69335P-CG-8	PFS FING CORP 2017-B				1FE	1,299,791	98.8030	1,284,439	1,300,000	1,299,824		33			2.220	2.226	MON	1,283	10,101	08/01/2017	07/15/2022
69335P-CL-7	PFS FING CORP 2017-D				1FE	1,699,568	99.5690	1,692,673	1,700,000	1,699,602		34			2.400	2.410	MON	1,587	5,780	10/18/2017	10/17/2022
80263N-A6-4	SANTANDER DRIVE AUTO 2014-1				1FE	2,522,815	100.3930	2,504,805	2,495,000	2,500,451		(5,541)			2.910	2.711	MON	3,227	72,605	01/27/2015	04/15/2020
83401L-AB-0	SOCIAL PROFESSIONAL				1FE	882,851	100.0250	883,204	882,984	882,715		(75)			2.420	2.427	MON	356	21,790	01/23/2015	03/25/2030
87342R-AB-0	TACO BELL FDG LLC 2016-1				2AM	395,000	103.1620	407,490	395,000	395,000					4.377	4.377	FMAN	1,729	17,311	05/04/2016	05/25/2046
87407P-AP-5	TAL ADVANTAGE V LLC 2014-2				1FE	749,971	99.1310	755,555	762,178	750,913		431			3.330	3.560	MON	776	26,368	11/12/2015	05/20/2039
89679H-AE-5	TRITON CONTAIN FIN VI 2017-2				1FE	1,896,487	100.0490	1,897,636	1,896,706	1,896,488		1			3.620	3.622	MON	2,098	22,505	08/16/2017	08/20/2042
925110-AA-6	VERDOS AUTO RECV TR 2017-1				3Z	2,618,301	99.8080	2,613,305	2,618,332	2,613,305	(4,739)	(257)			2.840	2.844	MON	3,305	9,295	10/24/2017	04/17/2023
970630-AB-8	WILLIS ENGINE STRUC TR 2017-A				1AM	2,904,649	98.3060	2,904,942	2,955,000	2,905,796		1,148			6.360	6.616	MON	8,353	64,139	07/28/2017	08/15/2042
98162F-AB-0	WORL OMNI AUTO TR 2016 A				1FE	155,351	99.9450	155,266	155,352	155,351		(1)			1.320	1.321	MON	91	2,140	03/15/2016	12/16/2019
981464-GC-8	WORLD FIN NETWORK CCMT 2017-B				1FE	2,999,662	99.6080	2,988,240	3,000,000	2,999,706		44			1.980	1.984	MON	2,640	19,635	08/09/2017	06/15/2023
98160V-AE-1	WORLD OMNI AUTO LEASE 2015-A				1FE	1,002,344	99.9910	999,910	1,000,000	1,001,413		(931)			1.730	1.629	MON	769	14,417	02/23/2017	12/15/2020
92940V-AB-7	WRG DEBT FDG II 2017-1				3Z	2,999,975	100.0000	3,000,000	3,000,000	2,999,976		2			5.926	5.926	MON	7,901	41,976	09/13/2017	03/15/2026
136452-AB-5	CANADIAN PACER AUTO REC		A		1FE	3,000,000	99.8440	2,995,320	3,000,000	3,000,000					1.772	1.772	MON	1,772	10,190	10/04/2017	12/19/2019
3599999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities					90,305,475	XXX	90,127,230	90,217,412	90,172,024	(32,511)	(31,317)	0	0	XXX	XXX	XXX	110,404	925,628	XXX	XXX
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)					188,792,266	XXX	189,058,652	188,584,432	188,506,472	(280)	(90,816)	0	0	XXX	XXX	XXX	850,187	3,506,109	XXX	XXX
7799999	- Bonds - Total Bonds - Subtotals - Issuer Obligations					106,124,954	XXX	106,876,334	105,913,960	106,152,501	32,230	(40,970)	0	0	XXX	XXX	XXX	835,244	2,341,081	XXX	XXX
7899999	- Bonds - Total Bonds - Subtotals - Residential Mortgage-Backed Securities					15,788,412	XXX	15,530,929	14,994,339	15,619,101	0	(2,399)	0	0	XXX	XXX	XXX	43,359	452,829	XXX	XXX
7999999	- Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed Securities					31,961,662	XXX	31,346,351	32,303,902	31,748,370	0	(15,699)	0	0	XXX	XXX	XXX	99,606	709,224	XXX	XXX
8099999	- Bonds - Total Bonds - Subtotals - Other Loan-Backed and Structured Securities					90,305,475	XXX	90,127,230	90,217,412	90,172,024	(32,511)	(31,317)	0	0	XXX	XXX	XXX	110,404	925,628	XXX	XXX
8399999	Subtotals - Total Bonds					244,180,503	XXX	243,880,843	243,429,613	243,691,995	(280)	(90,384)	0	0	XXX	XXX	XXX	1,088,613	4,428,762	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**SCHEDULE D - PART 2 - SECTION 1**

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number Of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				20 NAIC Designation	21 Date Acquired			
		3 Code	4 Foreign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization) Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change In B./A.C.V. (15+16-17)			19 Total Foreign Exchange Change In B./A.C.V.		
<b>NONE</b>																						
8999999 Total Preferred Stocks								0	XXX	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

E11

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 2 - SECTION 2**

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book / Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 Foreign			7 Rate per Share Used To Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13-14)	16 Total Foreign Exchange Change in B./A.C.V.		
16044Z-US-3	FHLB Capital Stock	RF		760.000	76.000	100.000	76.000	76.000		0				0		L	10/01/2017
9099999	Industrial and Miscellaneous (Unaffiliated)				76.000	XXX	76.000	76.000	0	0	0	0	0	0	0	XXX	XXX
9799999	Total Common Stocks				76.000	XXX	76.000	76.000	0	0	0	0	0	0	0	XXX	XXX
9899999	Total Preferred and Common Stocks				76.000	XXX	76.000	76.000	0	0	0	0	0	0	0	XXX	XXX

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(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues \_\_\_\_\_, the total \$ value (included in Column 8) of all such issues \$ \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
38379K-2X-5	G N M A GTD REMIC 2.400% 6/16/		12/20/2017	J P MORGAN	XXX	2,839,901	2,876,532	3,835
912828-2W-9	UNITED STATES TREAS NTS		10/02/2017	US BANK	XXX	109,768	110,000	17
912828-3F-5	UNITED STATES TREAS NTS		12/27/2017	CITIGROUP GLOBAL MARKETS INC	XXX	1,618,723	1,650,000	4,360
912828-3H-1	UNITED STATES TREAS NTS		12/28/2017	WELLS FARGO SECURITIES, LLC	XXX	2,992,266	3,000,000	4,183
912828-3J-7	UNITED STATES TREAS NTS		12/27/2017	VARIOUS	XXX	3,713,813	3,775,000	5,940
912828-XW-5	UNITED STATES TREAS NTS		07/11/2017	CITIGROUP GLOBAL MARKETS INC	XXX	3,967,813	4,000,000	2,283
0599999 - Bonds - U.S. Governments								
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
3137AR-PY-6	FHLMC REMIC SERIES K-710		12/20/2017	Amherst Pierpont Securities	XXX	3,841,578	3,850,000	5,034
38379U-XR-2	GNMA REMIC TRUST 2016-98		11/21/2017	J P MORGAN	XXX	1,110,703	1,143,213	1,940
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions								
Bonds - Industrial and Miscellaneous (Unaffiliated)								
055650-DM-7	BP CAP MKTS P L C	D	02/08/2017	MLPFS INC/FIXED INCOME	XXX	749,948	750,000	
05607K-AE-1	BXMT LTD 2.861% 6/14/	D	12/08/2017	WELLS FARGO SECURITIES, LLC	XXX	3,000,000	3,000,000	
48244X-AB-8	KDAC AIRCRAFT	D	12/12/2017	CITIGROUP GLOBAL MARKETS INC	XXX	2,999,964	3,000,000	
62006F-AA-8	MOTOR PLC 2017-1	D	09/14/2017	CITIGROUP GLOBAL MARKETS INC	XXX	3,000,000	3,000,000	
68784A-AD-8	OSCAR US FD TR VII 2017-7	D	09/12/2017	BNY/ITC-DEALERS CLEARANCE	XXX	2,999,522	3,000,000	
756250-AD-1	RECKITT BENCKISER TREAS SVCS	D	07/05/2017	CITIGROUP GLOBAL MARKETS INC	XXX	693,420	700,000	749
88315F-AB-7	TEXTAINER MARINE V 2017-1	D	07/10/2017	VARIOUS	XXX	2,619,258	2,614,367	6,087
002824-BE-9	ABBOTT LABS		02/08/2017	CITIGROUP GLOBAL MARKETS INC	XXX	752,865	750,000	5,738
00724F-AB-7	ADOBE SYS INC		02/10/2017	MERRILL LYNCH PROFESSIONAL CLE	XXX	540,295	500,000	924
023135-BA-3	AMAZON COM INC		08/16/2017	RBC CAPITAL MARKETS CORP	XXX	3,010,080	3,000,000	
03027X-AR-1	AMERICAN TOWER CORP NEW		12/05/2017	MORGAN STANLEY & CO., INC	XXX	2,984,280	3,000,000	
032654-AJ-4	ANALOG DEVICES INC		11/30/2017	BAIRD & CO	XXX	1,046,840	1,000,000	18,308
00206R-DC-3	AT&T INC		03/02/2017	J P MORGAN	XXX	781,680	750,000	14,463
05723K-AB-6	BAKER HUGHES A GE CO LLC / BA		12/20/2017	VARIOUS	XXX	1,295,550	1,300,000	463
07330N-AO-8	BB&T CO GLOBAL BK MTN		02/21/2017	PERSHING LLC	XXX	1,001,800	1,000,000	2,042
05582X-AE-2	BMW VEH LEASE TR 2016-2		02/06/2017	Amherst Securities Group LLC	XXX	996,719	1,000,000	829
12325J-AB-7	BUSINESS DEV CORP OF AMER		12/14/2017	PERSHING LLC	XXX	2,983,380	3,000,000	
12673P-AJ-4	CA INC		03/15/2017	MLPFS INC/FIXED INCOME	XXX	1,500,000	1,500,000	
126802-CL-9	CABELAS CC MSTR TR 2013-1		04/07/2017	WELLS FARGO SECURITIES, LLC	XXX	1,004,102	1,000,000	2,033
14313V-AC-8	CARMAX AUTO OWNER		02/09/2017	J P MORGAN	XXX	1,001,914	1,000,000	1,313
14314W-AD-3	CARMAX AUTO OWNER TR 2017-3		07/18/2017	MLPFS INC/FIXED INCOME	XXX	449,912	450,000	
165183-BB-9	CHESAPEAKE FUNDING 2.120% 11/15/		10/24/2017	JP MORGAN CHASE BK/HBSCSI	XXX	2,999,789	3,000,000	
00440E-AS-6	CHUBB INA HOLDINGS INC		03/21/2017	CITIGROUP GLOBAL MARKETS INC	XXX	600,414	600,000	473
171787-AA-2	CIG AUTO RECV TR 2017-1		11/14/2017	DEUTSCHE BANK SECURITIES, INC	XXX	2,999,796	3,000,000	
172967-KY-6	CITIGROUP INC		05/25/2017	CITIGROUP GLOBAL MARKETS INC	XXX	728,888	750,000	2,667
20030N-BY-6	COMCAST CORP NEW		01/05/2017	WELLS FARGO SECURITIES, LLC	XXX	499,015	500,000	
20824Y-AA-5	CONNIS RECV FDG LLC 2017-A		04/11/2017	DEUTSCHE	XXX	749,981	750,000	
22534U-AA-0	CREDIT ACCEPT AUTO TR 2017-3		10/17/2017	WELLS FARGO SECURITIES, LLC	XXX	2,999,756	3,000,000	
125333-BA-1	CSMS COML MTG TR 2017-MDDR		07/18/2017	CITIGROUP GLOBAL MARKETS INC	XXX	1,400,000	1,400,000	
25470D-AQ-2	DISCOVERY COMMUNICATIONS LLC		09/07/2017	GOLDMAN, SACHS & CO	XXX	749,055	750,000	
25468P-DV-5	DISNEY WALT CO INTS BE		06/01/2017	DEUTSCHE BANK SECURITIES, INC	XXX	747,218	750,000	
26150T-AA-7	DRAWBRIDGE SPL OPPORTUNITIES		07/18/2017	SOUTHWEST SECURITIES INC	XXX	1,365,175	1,345,000	31,757
26207K-AB-7	DRIVE AUTO RECV TR 2017-3		10/17/2017	SG AMERICAS SECURITIES, LLC	XXX	2,999,953	3,000,000	
29373E-AB-3	ENTERPRISE FLEET FNC 2017-3		10/18/2017	JP MORGAN CHASE BK/HBSCSI	XXX	2,999,972	3,000,000	
316773-CU-2	FIFTH THIRD BANCORP		06/12/2017	CITIGROUP GLOBAL MARKETS INC	XXX	374,895	375,000	
31738A-AB-7	FINANCE AMER STR SECS 2017-HB1		12/08/2017	BARCLAYS CAPITAL FIXD INC	XXX	2,999,999	3,000,000	
33829T-AA-4	FIVE CORNERS FDG TR		02/16/2017	GOLDMAN, SACHS & CO	XXX	1,063,520	1,000,000	11,907
345370-BZ-2	FORD MTR CO DEL		03/17/2017	BAIRD & CO	XXX	1,027,854	900,000	8,128
361886-AW-4	GMF FLRPLN OWNER TR 2017-2		08/15/2017	J P MORGAN	XXX	749,927	750,000	
36248P-AJ-9	GS MTG SECS TR 2014 NEW		11/14/2017	CREDIT SUISSE SECURITIES (USA)	XXX	3,061,536	2,970,000	4,690
437076-BT-8	HOME DEPOT INC		11/29/2017	Amherst Pierpont Securities	XXX	2,947,860	3,000,000	17,967
43814P-AC-4	HONDA AUTO RECV 2017-3		09/25/2017	J P MORGAN	XXX	499,946	500,000	
44422P-CA-8	HUDSONS BAY JV TR 2015-HBS		08/23/2017	MLPFS INC/FIXED INCOME	XXX	1,908,000	2,120,000	8,949
477600-AB-9	JIMMY JOHNS FDG 2017-1		07/01/2017	BARCLAYS CAPITAL FIXD INC	XXX	400,000	400,000	
478160-BJ-2	JOHNSON & JOHNSON		01/05/2017	J P MORGAN	XXX	1,215,676	1,100,000	4,679
52603L-AA-3	LENDMARK FDG TR 2017-2		11/10/2017	GOLDMAN, SACHS & CO	XXX	2,999,879	3,000,000	
56846M-AA-9	MARINER FIN ISSUANCE TR 2017-B		12/07/2017	WELLS FARGO SECURITIES, LLC	XXX	2,999,695	3,000,000	
58769D-AD-2	MERC-BENZ AUTO LEASE TR 2017-A		04/19/2017	J P MORGAN	XXX	1,099,975	1,100,000	

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
61746B-EF-9	MORGAN STANLEY		04/28/2017	MORGAN STANLEY & CO., INC.	XXX	1,000,370	1,000,000	10,372
61764X-AN-5	MS BOFA ML TRUST 2015-C21		07/12/2017	MLPFS INC/FIXED INCOME	XXX	1,398,937	1,690,000	3,230
553514-AN-0	MSBAM COMM MTG 2012-CKSV		11/09/2017	VARIOUS	XXX	2,702,120	2,998,059	5,412
63861M-AA-5	NATIONSTAR HECM		09/26/2017	CREDIT SUISSE SECURITIES (USA)	XXX	1,950,000	1,950,000	
65252W-AB-3	NEWTEK SMALL 0.00001% 2/15/		11/29/2017	DEUTSCHE BANK SECURITIES, INC	XXX	1,945,000	1,945,000	
65252W-AA-5	NEWTEK SMALL 0.00001% 2/15/		11/29/2017	DEUTSCHE BANK SECURITIES, INC	XXX	1,050,000	1,050,000	
65341K-AX-4	NEXTGREAT FLRPLN OWN TR 2017-2		10/16/2017	BNY/ITC-DEALERS CLEARANCE	XXX	2,999,975	3,000,000	
65478G-AB-6	NISSAN AUTO REC TR 2017-B		08/16/2017	CITIGROUP GLOBAL MARKETS INC	XXX	649,974	650,000	
67575N-AY-9	OCWEN MSTR ADV RECV TR 2017-T1		09/08/2017	CREDIT SUISSE SECURITIES (USA)	XXX	2,999,999	3,000,000	
68376C-AB-2	OPORTUN FDG IV LLC 2016-C		07/17/2017	MORGAN STANLEY & CO., INC	XXX	1,088,892	1,070,000	1,730
68376K-AB-4	OPORTUN FDG VII LLC 2017-B		10/04/2017	GOLDMAN, SACHS & CO.	XXX	1,619,867	1,620,000	
69335P-CG-8	PFS FING CORP 2017-B		08/01/2017	JP MORGAN CHASE BK/HSBCSI	XXX	1,299,791	1,300,000	
69335P-CL-7	PFS FING CORP 2017-D		10/18/2017	CITIGROUP GLOBAL MARKETS INC	XXX	1,699,568	1,700,000	
784860-AD-3	SVB FINL GROUP		03/17/2017	FERSHING LLC	XXX	1,829,751	1,885,000	9,713
89679H-AE-5	TRITON CONTAIN FIN VI 2017-2		08/16/2017	RBC CAPITAL MARKETS CORP	XXX	1,954,774	1,955,000	
909319-AA-3	UNITED AIR 2013 1 A		06/13/2017	BAIRD & CO.	XXX	633,185	596,523	8,621
925110-AA-6	VEROS AUTO RECV TR 2017-1		10/24/2017	DEUTSCHE BANK SECURITIES, INC	XXX	2,999,964	3,000,000	
92939K-AT-5	WFRBS COML MTG TR 2014-C24		06/03/2017	WELLS FARGO SECURITIES, LLC	XXX	1,301,061	1,920,000	1,376
970630-AB-8	WILLIS ENGINE STRUC TR 2017-A		07/28/2017	MLPFS INC/FIXED INCOME	XXX	5,883,689	5,985,682	
981464-GC-8	WORLD FIN NETWORK COMT 2017-B		08/09/2017	WELLS FARGO SECURITIES, LLC	XXX	2,999,662	3,000,000	
98160V-AE-1	WORLD OMNI AUTO LEASE 2015-A		02/23/2017	J P MORGAN	XXX	1,002,344	1,000,000	625
92940V-AB-7	WRG DEBT FDG II 2017-1		09/13/2017	US BANCORP INVESTMENTS INC	XXX	2,999,975	3,000,000	
136452-AB-5	CANADIAN PACER AUTO REC 2017-1	A	10/04/2017	BARCLAYS CAPITAL FIXD INC	XXX	3,000,000	3,000,000	
3899999	- Bonds - Industrial and Miscellaneous (Unaffiliated)					127,608,200	128,689,631	185,244
8399997	- Bonds - Subtotals - Bonds - Part 3					147,802,764	149,094,376	212,836
8399998	- Bonds - Summary item from Part 5 for Bonds					2,014,580	2,000,000	8,329
6399999	- Bonds - Subtotals - Bonds					149,817,344	151,094,376	221,165
Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
16044Z-US-3	FHLB Capital Stock		10/01/2017	FHLB of Pittsburgh	760,000	76,000	XXX	
9099999	- Common Stocks - Industrial and Miscellaneous (Unaffiliated)					76,000	XXX	0
9799997	- Common Stocks - Subtotals - Common Stocks - Part 3					76,000	XXX	0
9799999	- Common Stocks - Subtotals - Common Stocks					76,000	XXX	0
9899999	- Common Stocks - Subtotals - Preferred and Common Stocks					76,000	XXX	0
9999999 Totals								
						149,893,344	XXX	221,165

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year (Amortization)/Accretion	13 Current Year's Other-Than-Temporary Impairment Recognized	14 Total Change in B/A. C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A. C.V.						
Bonds - U.S. Governments																				
36209P-OK-6	GNMA		12/15/2017	PRINCIPAL RECEIPT		26,387	26,387	40,016	26,892		(505)		(505)		26,387			.0	.830	11/15/2028
36225D-XP-4	GNMA PL 081585		12/20/2017	PRINCIPAL RECEIPT		6,065	6,065	6,080	6,084		(19)		(19)		6,065			.0	.68	01/20/2036
36225C-RY-4	GNMA PL #080502M		12/20/2017	PRINCIPAL RECEIPT		669	669	671	676						676		(7)	.8	02/20/2031	
36225C-3F-1	GNMA PL 080797M		12/20/2017	PRINCIPAL RECEIPT		3,036	3,036	3,034	3,033						3,036			.0	.42	01/20/2034
36225D-DY-7	GNMA PL 081018M		12/20/2017	PRINCIPAL RECEIPT		3,012	3,012	3,037	3,064		(52)		(52)		3,012			.0	.35	08/20/2034
38377V-EM-4	GNMA REMIC TRUST 2011-59		12/20/2017	PRINCIPAL RECEIPT		2,372	2,372	2,437	2,431		(59)		(59)		2,372			.0	.8	12/20/2040
38378N-2A-0	GNMA REMIC TRUST 2014-54		12/16/2017	PRINCIPAL RECEIPT		270,841	270,841	274,861	274,408		(3,567)		(3,567)		270,841			.0	4,261	10/16/2041
38379U-20-8	GNMA REMIC TRUST 2016-178		12/16/2017	PRINCIPAL RECEIPT		28,214	28,214	27,976	27,976						28,214			.0	.361	07/15/2049
912828-NT-3	U S TREASURY NT		02/10/2017	WELLS FARGO SECURITIES		382,878	370,000	374,914	371,942		(56)		(56)		371,886		10,992	10,992	4,803	08/15/2020
912828-RR-3	U S TREASURY NT		07/05/2017	J P MORGAN		704,703	700,000	707,738	704,013		(402)		(402)		703,610		1,093	8,978	11/15/2021	
912828-B3-3	UNITED STATES TREAS NTS		01/06/2017	NOMURA SECURITIES INTL		502,461	500,000	499,727	499,882						499,883		2,578	3,302	01/31/2019	
912828-B6-6	UNITED STATES TREAS NTS		03/02/2017	NOMURA SECURITIES INTL		771,182	750,000	750,768	750,571		(12)		(12)		750,559		20,623	11,224	02/15/2024	
912828-C2-4	UNITED STATES TREAS NTS		05/30/2017	VARIOUS		6,531,965	6,500,000	6,487,383	6,494,380		501		501		6,494,880		37,085	50,301	02/28/2019	
912828-C6-5	UNITED STATES TREAS NTS		06/15/2017	J P MORGAN		1,659,043	1,650,000	1,645,617	1,647,977		389		389		1,648,366		10,677	18,628	03/31/2019	
912828-F6-2	UNITED STATES TREAS NTS		12/20/2017	J P MORGAN		9,932,031	10,000,000	9,943,750	9,967,342		10,994		10,994		9,978,336		(46,305)	173,204	10/31/2019	
912828-J2-7	UNITED STATES TREAS NTS		12/21/2017	NOMURA SECURITIES INTL		1,898,736	1,950,000	1,962,453	1,960,403		(1,159)		(1,159)		1,959,244		(60,508)	53,095	02/15/2025	
912828-K7-4	UNITED STATES TREAS NTS		12/27/2017	VARIOUS		2,188,472	2,240,000	2,211,170	2,214,089		2,594		2,594		2,216,684		(28,212)	57,093	08/15/2025	
912828-O7-8	UNITED STATES TREAS NTS		12/20/2017	CITIGROUP GLOBAL MARKETS		3,030,855	3,100,000	3,125,430	3,122,175		(4,853)		(4,853)		3,117,322		(86,467)	48,630	04/30/2021	
912828-TJ-9	UNITED STATES TREAS NTS		12/27/2017	WELLS FARGO SECURITIES		926,027	950,000	949,406	949,655		58		58		949,713		(23,686)	21,101	08/15/2022	
912828-TS-9	UNITED STATES TREAS NTS		10/01/2017	MATURITY		110,000	110,000	110,064	110,025		(25)		(25)		110,000			.688	09/30/2017	
912828-VO-0	UNITED STATES TREAS NTS		02/09/2017	WELLS FARGO SECURITIES		402,172	400,000	400,359	400,117		(8)		(8)		400,109		2,063	2,902	07/31/2018	
912828-XJ-4	UNITED STATES TREAS NTS		06/30/2017	MATURITY		2,500,000	2,500,000	2,499,395	2,499,844		156		156		2,500,000			15,625	06/30/2017	
0599999 - Bonds - U.S. Governments						31,881,120	32,060,595	32,026,287	32,036,978	0	4,216	0	4,216	0	32,041,194	0	(160,074)	(160,074)	475,187	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																				
3128KL-YT-9	F H L M C G D A57890		12/15/2017	PRINCIPAL RECEIPT		1,086	1,086	1,079	1,076		10		10		1,086			.0	.2	02/01/2037
3128KN-YJ-8	F H L M C G D A58813		12/15/2017	PRINCIPAL RECEIPT		25	25	25	25						25			.0	.1	03/01/2037
3128KN-LD-3	F H L M C G D A59324		12/15/2017	PRINCIPAL RECEIPT		3,554	3,554	3,531	3,529		25		25		3,554			.0	102	04/01/2037
3128MG-Y6-0	F H L M C G D 604815		12/15/2017	PRINCIPAL RECEIPT		25,276	25,276	26,623	26,478		(1,202)		(1,202)		25,276			.0	592	09/01/2038
3128PU-F4-9	F H L M C G D J14687		12/15/2017	PRINCIPAL RECEIPT		62,084	62,084	64,315	63,646		(1,562)		(1,562)		62,084			.0	1,520	03/01/2026
3137A7-NA-4	F H L M C MTLCL MTG		12/15/2017	PRINCIPAL RECEIPT		191,188	191,188	194,056	199,291		(8,102)		(8,102)		191,188			.0	3,505	10/15/2032
31410X-AB-2	F N M A #900102		12/25/2017	PRINCIPAL RECEIPT		4,399	4,399	4,399	4,399						4,399			.0	119	08/01/2021
3138A7-SJ-3	F N M A #AH6248		12/25/2017	PRINCIPAL RECEIPT		172,691	172,691	178,897	177,049		(4,359)		(4,359)		172,691			.0	3,290	04/01/2026
3138AB-XT-8	F N M A #AH6989		12/25/2017	PRINCIPAL RECEIPT		314,178	314,178	331,629	330,049		(15,871)		(15,871)		314,178			.0	5,557	03/01/2041
3132MA-PB-1	FHLMC PC GOLD PC 30YR		12/15/2017	PRINCIPAL RECEIPT		197,560	197,560	212,207	212,089		(14,529)		(14,529)		197,560			.0	4,513	11/01/2044
3132WF-WW-5	FHLMC PC GOLD PC 30YR		12/15/2017	PRINCIPAL RECEIPT		542,718	542,718	584,863	585,267		(42,549)		(42,549)		542,718			.0	11,868	06/01/2046
312962-ZF-9	FHLMC PL B10774F		12/15/2017	PRINCIPAL RECEIPT		7,973	7,973	8,040	7,999		(26)		(26)		7,973			.0	319	11/01/2018
31294K-HR-9	FHLMC PL E01140F		05/15/2017	PRINCIPAL RECEIPT		1,202	1,202	1,212	1,203		(1)		(1)		1,202			.0	.16	05/01/2017
3128MM-CW-1	FHLMC PL G18084F		12/15/2017	PRINCIPAL RECEIPT		11,432	11,432	11,529	11,488		(56)		(56)		11,432			.0	382	11/01/2020
3128MM-DM-2	FHLMC PL G18107F		12/15/2017	PRINCIPAL RECEIPT		5,671	5,671	5,719	5,702		(31)		(31)		5,671			.0	171	03/01/2021
3128PB-JJ-4	FHLMC PL J00265F		12/15/2017	PRINCIPAL RECEIPT		4,497	4,497	4,535	4,533		(36)		(36)		4,497			.0	143	10/01/2020
31410T-3B-9	FNMA PASS-THRU		12/25/2017	PRINCIPAL RECEIPT		1,453	1,453	1,461	1,461		(8)		(8)		1,453			.0	53	09/01/2021
3138MS-EA-3	FNMA PASS-THRU LNG 30 YEAR		12/25/2017	PRINCIPAL RECEIPT		497,253	497,253	531,283	530,496		(33,244)		(33,244)		497,253			.0	11,452	08/01/2042
3138WE-6X-2	FNMA PASS-THRU LNG 30 YEAR		12/25/2017	PRINCIPAL RECEIPT		308,463	308,463	328,296	328,688		(19,605)		(19,605)		308,463			.0	5,809	07/01/2045
3140EU-Y9-0	FNMA PASS-THRU LNG 30 YEAR		12/25/2017	PRINCIPAL RECEIPT		231,641	231,641	242,499	242,423		(10,782)		(10,782)		231,641			.0	5,134	10/20/2045
3140EW-YT-6	FNMA PASS-THRU LNG 30 YEAR		12/25/2017	PRINCIPAL RECEIPT		48,574	48,574	50,792	50,800		(2,226)		(2,226)		48,574			.0	900	01/01/2046
31409X-CO-0	FNMA PASS-THRU LNG 30 YEAR		12/25/2017	PRINCIPAL RECEIPT		1,938	1,938	1,875	1,887		51		51		1,938			.0	50	11/01/2036
38379U-XR-2	GNMA REMIC TRUST 2016-98		12/16/2017	PRINCIPAL RECEIPT		1,191	1,191	1,157	1,157		34		34		1,191			.0	33	03/16/2057
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						2,636,045	2,636,045	2,790,022	2,788,957	0	(154,069)	0	(154,069)	0	2,636,045	0	0	0	55,496	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
53947N-AB-2	LLOYDS TSB BANK PLC 144A		02/09/2017	BARCLAYS CAPITAL FIXD INC		2,189,220	2,000,000	2,302,040	2,157,072		(5,214)		(5,214)		2,151,858		37,362	37,362	67,989	01/13/2020
71429N-AB-1	PERRIGO FINANCE PLC		06/02/2017	CREDIT SUISSE SECU US		836,768	800,000	815,328	814,487		(548)		(548)		813,939		22,829	22,829	25,472	03/15/2026
716540-BY-7	PETROLEOS MEXICANOS		12/15/2017	Sink PMT @ 100,000,000		200,000	200,000	200,000	193,460		6,540		6,540		200,000			.0	3,690	12/15/2025
88165F-AG-7	TEVA PHARMACEUTICAL FIN		02/09/2017	CREDIT SUISSE SECU US		1,200,963	1,250,000	1,247,525	1,248,439		25		25		1,248,464		(47,501)	(47,501)	5,736	12/18/2022
88314R-AC-0	TEXTAINER MARINE III 2014-1		04/20/2017	PRINCIPAL RECEIPT		391,667	391,667	391,534	391,533		134		134		391,667			.0	4,201	10/20/2039
88315F-AB-7	TEXTAINER MARINE V 2017-1		12/20/2017	PRINCIPAL RECEIPT		126,679	126,679	126,895	126,895		(216)		(216)		126,679			.0	1,772	05/20/2042
92857N-AP-5	VODAFONE GROUP PLC		02/27/2017	MATURITY		325,000	325,000	325,000	325,028		(28)		(28)		325,000			.0	9,141	02/27/2017
00287Y-AQ-2	ABBVIE INC																			



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value				16	17	18	19	20	21
										11	12	13	14						
CUSIP Identification	Description	Foreign Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A. C.V. (11+12-13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
20824H-AA-9	CONNIS RECV FDG LLC 2016-A		05/15/2017	PRINCIPAL RECEIPT	106,555	106,555	106,554	106,553		2		2		106,555			0	1,048	04/16/2018
20824X-AA-7	CONNIS RECV FDG LLC 2016-B		11/15/2017	PRINCIPAL RECEIPT	185,005	185,005	184,996	184,996		9		9		185,005			0	2,901	10/15/2018
20824Y-AA-5	CONNIS RECV FDG LLC 2017-A		12/15/2017	PRINCIPAL RECEIPT	551,288	551,288	551,274	551,274		14		14		551,288			0	4,547	07/15/2019
22533W-AA-7	CREDIT ACCEPT AUTO TR 2015-1		12/15/2017	PRINCIPAL RECEIPT	750,000	750,000	749,864	749,927		73		73		750,000			0	7,812	07/15/2022
233046-AD-3	DB MASTER FIN LLC 2015-1		06/01/2017	VARIOUS	3,038,339	2,947,500	2,947,500	2,947,500				0		2,947,500		90,839	90,839	63,768	02/20/2045
25755T-AC-4	DOMINOS PIZZA MSTR 2012-1		07/27/2017	PRINCIPAL RECEIPT	189,150	189,150	189,150	189,150		0		0		189,150			0	7,420	01/25/2042
291011-AW-4	EMERSON ELECTRIC CO.		10/15/2017	MATURITY	350,000	350,000	348,961	349,891		109		109		350,000			0	18,813	10/15/2017
30605X-AA-1	FAIRWAY OUTDOOR FDG 2012-1		12/15/2017	PRINCIPAL RECEIPT	8,241	8,241	8,241	8,241						8,241			0	179	10/15/2042
345280-BS-2	FORD CREDIT FLRPLN TR A		01/15/2017	PRINCIPAL RECEIPT	1,500,000	1,500,000	1,565,566	1,511,495		(11,495)		(11,495)		1,500,000			0	4,375	01/15/2019
375558-BM-4	GILEAD SCIENCES INC.		11/30/2017	DEUTSCHE	585,714	600,000	502,406	602,369		(186)		(186)		602,183		(16,469)	(16,469)	21,338	03/01/2027
38141G-EU-4	GOLDMAN SACHS GROUP		01/15/2017	MATURITY	325,000	325,000	324,740	324,999		1		1		325,000			0	9,141	01/15/2017
477600-AB-9	JIMMY JOHNS FDG 2017-1		10/30/2017	PRINCIPAL RECEIPT	1,000	1,000	1,000	1,000				0		1,000			0	15	07/30/2047
543190-AA-0	LONGTRAIN LEASING		12/15/2017	PRINCIPAL RECEIPT	255,878	255,878	255,862	255,862		16		16		255,878			0	3,910	01/15/2045
63861M-AA-5	NATIONSTAR HECM		12/25/2017	PRINCIPAL RECEIPT	249,949	249,949	249,949	249,949		0		0		249,949			0	514	09/25/2027
65252W-AB-3	NEWTEK SMALL 0.00001% 2/15/		12/25/2017	PRINCIPAL RECEIPT	29,126	29,126	29,126	29,126		0		0		29,126			0		02/15/2043
65252W-AA-5	NEWTEK SMALL 0.00001% 2/15/		12/25/2017	PRINCIPAL RECEIPT	15,724	15,724	15,724	15,724		0		0		15,724			0		02/15/2043
69353R-CG-1	PNC BK N A PITTSBURGH		01/27/2017	VARIOUS	250,000	250,000	249,633	249,991		6		6		249,997		3	3	1,328	01/27/2017
74153W-CE-7	PRICOA GLBL FDG I MTN 144A		08/18/2017	MATURITY	650,000	650,000	649,545	649,903		97		97		650,000			0	8,775	08/18/2017
80261C-AF-2	SANTANDER DRIVE AUTO 2013-5		12/15/2017	PRINCIPAL RECEIPT	747,559	747,559	747,549	747,556		3		3		747,559			0	8,560	06/17/2019
83401L-AB-0	SOCIAL PROFESSIONAL		12/25/2017	PRINCIPAL RECEIPT	601,943	601,943	601,853	601,811		132		132		601,943			0	6,529	03/25/2030
87342R-AB-0	TACO BELL FDG LLC 2016-1		11/25/2017	PRINCIPAL RECEIPT	4,000	4,000	4,000	4,000				0		4,000			0	88	05/25/2046
87407P-AP-5	TAL ADVANTAGE V LLC 2014-2		12/20/2017	PRINCIPAL RECEIPT	63,578	63,578	62,560	62,602		976		976		63,578			0	1,178	05/20/2039
883203-BL-4	TEXTRON INC.		12/01/2017	MATURITY	325,000	325,000	324,977	324,997		3		3		325,000			0	18,200	12/01/2017
89679H-AE-5	TRITON CONTAIN FIN VI 2017-2		12/20/2017	PRINCIPAL RECEIPT	58,294	58,294	58,287	58,294		7		7		58,294			0	426	08/20/2042
909319-AA-3	UNITED AIR 2013 1 A		08/15/2017	Sink PMT @ 100.0000000	16,944	16,944	17,985	17,985		(1,041)		(1,041)		16,944			0	364	02/15/2027
92343V-AL-8	VERIZON COMM INC.		04/24/2017	Call	361,631	350,000	349,146	349,879		33		33		349,912			0	11,718	02/15/2018
925110-AA-6	VEROS AUTO RECV TR 2017-1		12/15/2017	PRINCIPAL RECEIPT	381,668	381,668	381,664	381,664		5		5		381,668			0	1,355	04/17/2023
970630-AB-8	WILLIS ENGINE STRUC TR 2017-A		12/15/2017	VARIOUS	2,979,808	3,030,682	2,979,041	2,979,041		767		767		2,979,808		0	0	4,936	08/15/2042
98162F-AB-0	WORL OMNI AUTO TR 2016-A		12/15/2017	PRINCIPAL RECEIPT	675,757	675,757	675,754	675,755		2		2		675,757			0	4,440	12/16/2019
009089-AA-1	AIR CANADA 2013 1A		11/15/2017	Sink PMT @ 100.0000000	22,655	22,655	22,923	22,923		(268)		(268)		22,655			0	474	11/15/2026
8399999	- Bonds - Industrial and Miscellaneous (Unaffiliated)				27,100,050	26,742,088	27,155,993	22,058,069	6,540	(34,485)	0	(27,945)	0	26,902,899	0	197,151	197,151	543,349	XXX
8399997	- Bonds - Subtotals - Bonds - Part 4				61,617,215	61,438,727	61,972,302	56,884,003	6,540	(184,338)	0	(177,798)	0	61,580,137	0	37,077	37,077	1,074,032	XXX
8399998	- Bonds - Summary item from Part 5 for Bonds				1,990,967	2,000,000	2,014,580		0	(2,502)	0	(2,502)	0	2,012,078	0	(21,112)	(21,112)	24,570	XXX
8399999	- Bonds - Subtotals - Bonds				63,608,182	63,438,727	63,986,882	56,884,003	6,540	(186,840)	0	(180,300)	0	63,592,216	0	15,966	15,966	1,098,602	XXX
9999999	Totals				63,608,182	63,438,727	63,986,882	56,884,003	6,540	(186,840)	0	(180,300)	0	63,592,216	0	15,966	15,966	1,098,602	XXX

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE D - PART 5**

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stocks)	9 Actual Cost	10 Consideration	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends		
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change In B./A. C.V. (12 + 13 - 14)	16 Total Foreign Exchange Change in B./A. C.V.							
<b>Bonds - U.S. Governments</b>																						
912828-X8-8	UNITED STATES TREAS NTS		08/15/2017	WELLS FARGO SECURITIES	12/27/2017	CITIGROUP GLOBAL MARKETS INC	1,250,000	1,262,500	1,240,967	1,262,078			(422)		(422)				(21,112)	(21,112)	18,370	7,503
0599999	<b>Bonds - U.S. Governments</b>																					
							1,250,000	1,262,500	1,240,967	1,262,078			0	(422)		0			(21,112)	(21,112)	18,370	7,503
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
44890L-A6-9	HYUNDAI AUTO TR 2013-B		05/25/2017	J P MORGAN	09/15/2017	PRINCIPAL RECEIPT	750,000	752,080	750,000	750,000			(2,080)		(2,080)				0	0	6,200	827
3899999	<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
							750,000	752,080	750,000	750,000			0	(2,080)	0	0			0	0	6,200	827
8399998	<b>Bonds - Subtotals - Bonds</b>																					
							2,000,000	2,014,580	1,990,967	2,012,078			0	(2,502)	0	0			(21,112)	(21,112)	24,570	8,329
<b>9999999 Totals</b>																						
							2,014,580	1,990,967	2,012,078			0	(2,502)	0	(2,502)	0	0		(21,112)	(21,112)	24,570	8,329

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**SCHEDULE D - PART 6 - SECTION 1**

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method (See Purposes And Procedures Manual of the NAIC Investment Analysis Office)	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	Stock of Such Company Owned by Insurer on Statement Date		
										11 Number of Shares	12 % of Outstanding	
<b>NONE</b>												
1999999 Totals - Preferred and Common Stocks							0	0	0	XXX	XXX	

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ \_\_\_\_\_
2. Total amount of intangible assets nonadmitted: \$ \_\_\_\_\_

**SCHEDULE D - PART 6 - SECTION 2**

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
<b>NONE</b>					
0399999 Totals - Preferred and Common				XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE DA - PART 1**

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1	Codes		4	5	6	7	Change In Book/Adjusted Carrying Value				12	13	Interest					20		
	2	3					8	9	10	11			14	15	16	17	18		19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due And Accrued Dec. 31 of Current Year On Bond Not In Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest	
Bonds - U.S. Governments Issuer Obligations																				
UNITED STATES TREAS BILLS			12/28/2017	CITIGROUP GLOBAL MARKETS	03/29/2018	4,484,953	0	709	0	0	4,500,000	4,484,244	0	0	XXX	XXX	1,388	N/A	0	0
0199999 - Bonds - U.S. Governments - Issuer Obligations																				
0599999 - Bonds - Subtotals - U.S. Governments																				
7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations																				
8399999 - Bonds - Total Bonds - Subtotals - Bonds																				
						4,484,953	0	709	0	0	XXX	4,484,244	0	0	XXX	XXX	XXX	0	0	
<b>9199999 Totals</b>						<b>4,484,953</b>	<b>0</b>	<b>709</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>4,484,244</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	

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Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part A - Section 2

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part B - Section 2

**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**







**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama.....AL						
2. Alaska.....AK						
3. Arizona.....AZ						
4. Arkansas.....AR						
5. California.....CA						
6. Colorado.....CO						
7. Connecticut.....CT						
8. Delaware.....DE						
9. District of Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ	B	Statutory Deposit	0	0	110,383	109,025
32. New Mexico.....NM						
33. New York.....NY						
34. North Carolina.....NC						
35. North Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. South Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. US Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CAN						
58. Aggregate Other Alien.....OT	XXX	XXX	0	0	0	0
59. Total	XXX	XXX	0	0	110,383	109,025
<b>DETAILS OF WRITE-INS</b>						
5801. ....						
5802. ....						
5803. ....						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX	0	0	0	0

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**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2017**  
 OF THE CONDITION AND AFFAIRS OF THE

**AmeriHealth Insurance Company of New Jersey**

NAIC Group Code 0936 , 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404  
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

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 [  ]  
 Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 04/06/1994 Commenced Business 06/16/1995

Statutory Home Office 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 259 Prospect Plains Road, Building M , Cranbury, NJ, US 08512-3706  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 259 Prospect Plains Road, Building M  
(Street and Number)  
Cranbury, NJ, US 08512-3706 609-662-2400  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealth.com

Statutory Statement Contact Lori B Haynes , 215-241-2689  
(Name) (Area Code) (Telephone Number) (Extension)  
Lori.Haynes@jbx.com 215-241-2309  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Michael Walsh Sullivan</u>	<u>President &amp; C.F.O.</u>	<u>Russell Paul Heid #</u>	<u>Vice President &amp; Treasurer</u>
<u>Lilton Roosevelt Taliaferro, Jr.</u>	<u>V.P. &amp; Corporate Secretary</u>		

**OTHER OFFICERS**

<u>Stephen Paul Fera</u>	<u>Senior Vice President</u>	<u>Kenneth Edwin Kobylowski</u>	<u>Senior Vice President</u>
<u>Michael Anthony Munoz</u>	<u>Senior Vice President</u>	<u>Ryan Jeffrey Petrizzi #</u>	<u>Vice President</u>
<u>G. Kenneth Robinson, III #</u>	<u>Vice President</u>	<u>Richard Lamar Snyder, M.D.</u>	<u>Senior Vice President</u>
<u>Michael Scott Zollenberg</u>	<u>Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>Yvette Dapremont Bright</u>	<u>Gregory Eugene Deavens #</u>	<u>Brian Lobley #</u>	<u>Micheal Walsh Sullivan</u>
--------------------------------	---------------------------------	-----------------------	-------------------------------

State of Pennsylvania  
 County of Philadelphia

**ss**

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

Michael Walsh Sullivan  
 President & C.E.O.

Russell Paul Heid  
 Vice President & Treasurer

Lilton Roosevelt Taliaferro, Jr.  
 V.P. & Corporate Secretary

Subscribed and sworn to before me this  
23rd day of February, 2018

- a. Is this an original filing? Yes [  ] No [  ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Lori B Haynes, Notary Public  
 September 22, 2018







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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	6,370,086	10,554,468	0	7,677,443	6,370,086	5,781,583
2. Claim overpayment receivables .....	(2,045,377)	(1,590,587)	2,280,996	1,409,185	235,619	8,283,608
3. Loans and advances to providers .....	3,242,141	0	0	484,494	3,242,141	3,242,141
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....					0	
7. Totals (Lines 1 through 6)	7,566,850	8,963,881	2,280,996	9,571,122	9,847,846	17,307,332

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









**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups	216,617	.0	138,667	100.0		216,617
2. Intermediaries	0	.0		.0		
3. All other providers	3,141,160	.4	138,667	100.0		3,141,160
4. Total capitation payments	3,357,777	.5	277,334	200.0	0	3,357,777
<b>Other Payments:</b>						
5. Fee-for-service	154,122,221	20.9	XXX	XXX		154,122,221
6. Contractual fee payments	575,664,264	78.1	XXX	XXX		575,664,264
7. Bonus/withhold arrangements - fee-for-service	0	.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,278,091	.6	XXX	XXX		4,278,091
9. Non-contingent salaries	0	.0	XXX	XXX		
10. Aggregate cost arrangements	0	.0	XXX	XXX		
11. All other payments	0	.0	XXX	XXX		
12. Total other payments	734,064,576	99.5	XXX	XXX	0	734,064,576
13. Total (Line 4 plus Line 12)	737,422,353	100 %	XXX	XXX	0	737,422,353

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

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

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2017						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	128,930	51,048	72,007	5,875							
2. First Quarter .....	161,409	83,775	70,607	7,027							
3. Second Quarter .....	151,313	78,598	65,560	7,155							
4. Third Quarter .....	145,209	73,347	64,653	7,209							
5. Current Year	138,667	69,197	62,264	7,206							
6. Current Year Member Months	1,772,288	886,484	800,680	85,124							
Total Member Ambulatory Encounters for Year:											
7. Physician .....	3,219,794	1,418,417	1,496,491	304,886							
8. Non-Physician .....	352,065	156,234	154,874	40,957							
9. Total	3,571,859	1,574,651	1,651,365	345,843	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	57,507	33,123	24,378	6							
11. Number of Inpatient Admissions	10,207	5,261	4,941	5							
12. Health Premiums Written (b) .....	880,047,226	399,524,550	459,870,044	17,082,306	1,271,140	2,299,186					
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	880,047,226	399,524,550	459,870,044	17,082,306	1,271,140	2,299,186					
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	737,422,353	341,244,063	381,462,136	12,394,787	1,448,917	872,450					
18. Amount Incurred for Provision of Health Care Services	724,629,892	336,400,705	373,352,185	12,555,634	1,448,917	872,451					

(a) For health business: number of persons insured under PPO managed care products 116,657 and number of persons insured under indemnity only products 78

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

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Insurance Company of New Jersey

2.

(LOCATION)

NAIC Group Code	0936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017						NAIC Company Code	60061
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	128,930	51,048	72,007	5,875	0	0	0	0	0	0	
2. First Quarter .....	161,409	83,775	70,607	7,027	0	0	0	0	0	0	
3. Second Quarter .....	151,313	78,598	65,560	7,155	0	0	0	0	0	0	
4. Third Quarter .....	145,209	73,347	64,653	7,209	0	0	0	0	0	0	
5. Current Year	138,667	69,197	62,264	7,206	0	0	0	0	0	0	
6. Current Year Member Months	1,772,288	886,484	800,680	85,124	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	3,219,794	1,418,417	1,496,491	304,886	0	0	0	0	0	0	
8. Non-Physician .....	352,065	156,234	154,874	40,957	0	0	0	0	0	0	
9. Total	3,571,859	1,574,651	1,651,365	345,843	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	57,507	33,123	24,378	6	0	0	0	0	0	0	
11. Number of Inpatient Admissions	10,207	5,261	4,941	5	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	880,047,226	399,524,550	459,870,044	17,082,306	1,271,140	2,299,186	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	880,047,226	399,524,550	459,870,044	17,082,306	1,271,140	2,299,186	0	0	0	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	737,422,353	341,244,063	381,462,136	12,394,787	1,448,917	872,450	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	724,629,892	336,400,705	373,352,185	12,555,634	1,448,917	872,451	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 116,657 and number of persons insured under indemnity only products 78

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

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**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey**

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Affiliates - U.S. Other</b>											
95044	23-2314460	11/01/1996	AMERIHEALTH HMO INC.	PA	OTH/IA	1,467,740			0		
95044	23-2314460	07/01/2014	AMERIHEALTH HMO INC.	PA	QA/G/A	192,979,259			35,745,473		
<b>0299999 - Total Affiliates - U.S. Other</b>						194,446,999	0	0	35,745,473	0	0
<b>0399999 - Total Affiliates - U.S. - Total</b>						194,446,999	0	0	35,745,473	0	0
<b>0799999 - Affiliates - Total Affiliates</b>						194,446,999	0	0	35,745,473	0	0
<b>Non-Affiliates - U.S. Non-Affiliates</b>											
95253	52-1542269	01/01/2013	UNITED CONCORDIA DENTAL PLANS	MD	QA/G/A	57,384			48,978		
<b>0899999 - Total Non-Affiliates - U.S. Non-Affiliates</b>						57,384	0	0	48,978	0	0
<b>1099999 - Total Non-Affiliates - Total Non-Affiliates</b>						57,384	0	0	48,978	0	0
<b>1199999 - Total U.S. (Sum of 0399999 and 0899999)</b>						194,504,383	0	0	35,794,451	0	0
<b>9999999 Totals</b>						194,504,383	0	0	35,794,451	0	0







Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	2,314	1,440	1,568	3,227	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	648	0	0	0	0
5. Total hospital and medical expenses.....	10,482	29,313	66,522	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	4,045	14,180	0	0
8. Reinsurance recoverable on paid losses.....	7,337	33,758	38,529	41,346	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	298,984,950		298,984,950
2. Accident and health premiums due and unpaid (Line 15).....	8,965,428		8,965,428
3. Amounts recoverable from reinsurers (Line 16.1).....	7,337,186	(7,337,186)	0
4. Net credit for ceded reinsurance.....	XXX	6,754,051	6,754,051
5. All other admitted assets (Balance).....	81,498,443		81,498,443
6. Total assets (Line 28)	396,786,007	(583,135)	396,202,872
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	131,843,141	0	131,843,141
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,204,580		4,204,580
9. Premiums received in advance (Line 8).....	19,338,636		19,338,636
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	583,135	(583,135)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	72,697,191		72,697,191
15. Total liabilities (Line 24).....	228,666,683	(583,135)	228,083,548
16. Total capital and surplus (Line 33).....	168,119,324	XXX	168,119,324
17. Total liabilities, capital and surplus (Line 34)	396,786,007	(583,135)	396,202,872
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	7,337,186		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	7,337,186		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	583,135		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	583,135		
31. Total net credit for ceded reinsurance	6,754,051		



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

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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	47-1233198				Independence Health Group, Inc.	PA	UIP			0.0		N	0
		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	0
		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Independence Health Group, Inc.	N	0
		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc. (93.7%) / OCC Insurance Company (6.3%)	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	0
		00000	66-0195325				PRHP, Inc.	PR	NIA		Ownership	100.0	Independence Health Group, Inc.	N	0
00936	Independence Health Group, Inc.	93688	23-2184623				OCC Insurance Company	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	OCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	0
		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	OCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	0
		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0
		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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	23-2521508				AmeriHealth Administrators, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	13-3155962				Self Funded Benefits, Inc	NJ	NIA	AmeriHealth Administrators, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	16053	81-3078234				Independence Assurance Company	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	95044	23-2314460				AmeriHealth HMO, Inc	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	95056	23-2405376				Keystone Health Plan East, Inc	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	82-3774494				KHPE SubCo, Inc	PA	NIA	Keystone Health Plan East, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	54704	23-0370270				Independence Hospital Indemnity Plan, Inc	PA	JA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc	Board	0.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	54763	23-0724427				Inter-County Hospitalization Plan, Inc	PA	JA	Independence Hospital Indemnity Plan, Inc (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc / Highmark Health	N	0
00936	Independence Health Group, Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	JA	Independence Hospital Indemnity Plan, Inc (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc / Highmark Health	N	0
		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	25-1686685				CompServices, Inc	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	25-1765486				CSI Services, Inc	PA	NIA	CompServices, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	UIP	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	UDP	AmeriHealth New Jersey Holdings, LLC	Ownership	92.4	Independence Health Group, Inc / Cooper Medical Services, Inc	N	0
		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	0
00936	Independence Health Group, Inc	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	RE	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc / Cooper Medical Services, Inc	N	0
		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	0
		00000	82-3756593				AHI SubCo 1, Inc	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	N	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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	82-3770369				AHI SubCo 2, Inc	PA	NIA	AHI SubCo 1, Inc	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	45-3672640				IBC MH LLC	DE	NIA	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc	N	0
00936	Independence Health Group, Inc	96660	23-2408039				Vista Health Plan, Inc	PA	JA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc	N	0
		00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
		00000	23-2859523				AmeriHealth Caritas 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	0
00936	Independence Health Group, Inc	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	JA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	15800	47-3923267				AmeriHealth Caritas Iowa, Inc	IA	JA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	15104	46-0906893				AmeriHealth Michigan, Inc	MI	JA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
00936	Independence Health Group, Inc	95458	57-1032456				Select Health of South Carolina, Inc	SC	JA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

**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.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	JA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	JA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	0
		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	0
00936	Independence Health Group, Inc.	14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	JA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska	N	0



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

Asterisk	Explanation
1	Certificate of Authority issued Dec. 28, 2017; pursuing Medicaid Certification.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54704	23-0370270	Independence Hosp Indemnity Plan, Inc.					(29,789,925)	755,688			(29,034,237)	402,517
00000	47-1233198	Independence Health Group, Inc.					97,037,315				97,037,315	
00000	46-3867722	Independence Blue Cross, LLC	25,500,000	(25,000,000)			788,359,838			39,950,000	828,809,838	
93688	23-2184623	OCC Insurance Company	(40,000,000)				(414,160,212)			(10,000,000)	(464,160,212)	
00000	23-2425461	AmeriHealth, Inc.	196,000,000	(9,050,010)			(47,611,424)			40,500,000	179,838,566	
95056	23-2405376	Keystone Health Plan East, Inc.	(90,000,000)				(353,943,998)			(57,950,000)	(501,893,998)	
60061	22-3338404	AmeriHealth Insurance Company of NJ					(59,310,239)	(10,520,659)			(69,830,898)	
95044	23-2314460	AmeriHealth HMO, Inc.					(15,912,397)	10,520,659		(12,500,000)	(17,891,738)	
00000	23-2800586	The AmeriHealth Agency, Inc.					(22,712)				(22,712)	
00000	23-2521508	AmeriHealth Administrators, Inc.		25,000,000			38,359,226				63,359,226	
00000	23-2795357	AmeriHealth Services, Inc.	(2,500,000)				(915,000)				(3,415,000)	
00000	25-1686685	CompServices, Inc.					(59,338)				(59,338)	
00000	25-1765486	CSI Services, Inc.	(1,000,000)				47,000				(953,000)	
96660	23-2408039	Vista Health Plan, Inc.					(1,734,834)				(1,734,834)	
00000	98-0426648	AmeriHealth Assurance, Ltd.					(527,663)				(527,663)	
00000	30-0703311	BMH LLC	(351,984)								(351,984)	
00000	13-3155962	Self Funded Benefits, Inc.					70,000				70,000	
00000	61-1741302	AmeriHealth New Jersey, LLC					94,905				94,905	
54763	23-0724427	Inter-County Hospitalization Plan, Inc.						(755,688)			(755,688)	(402,517)
00000	46-5339475	Tandigm Health, LLC		4,050,000							4,050,000	
00000	46-3893959	AmeriHealth New Jersey Holdings, LLC					19,458				19,458	
16053	81-3078234	Independence Assurance Company		5,000,010							5,000,010	
00000	46-3878323	AH Casualty Holdings, LLC	(88,000,000)								(88,000,000)	
00000	45-3672640	IBC MH LLC	351,984								351,984	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

<b>MARCH FILING</b>	<b>Responses</b>
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
<b>AUGUST FILING</b>	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your 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.

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

**Explanation:**

- 12.
- 13.
- 14.
- 15.
- 16.
- 17. The Company did not file for approval
- 18. The Company did not file for approval
- 19. The Company did not file for approval
- 20.
- 21.

**Bar code:**

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

12.   
6 0 0 6 1 2 0 1 7 2 0 5 0 0 0 0 0

13.   
6 0 0 6 1 2 0 1 7 4 2 0 0 0 0 0 0

14.   
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15.   
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16.   
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20.   
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21.   
6 0 0 6 1 2 0 1 7 2 1 1 5 9 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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SUPPLEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 0936 NAIC Company Code 60061
Address (City, State and Zip Code) Cranbury, NJ 08512-3706
Person Completing This Exhibit Kathryn A. Galarneau
Title Senior VP, Chief Actuary & Underwriting Officer Telephone Number 215-241-9096

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2014: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2015, 2016, 2017: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.NJ

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
2.2 Contact Person and Phone Number: Richard P. Roccato 215-241-0782
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 1901 Market Street Philadelphia, PA 19103-1480
3.2 Contact Person and Phone Number: Richard P. Roccato 215-241-0782
4. Explain any policies identified above as policy type "O"



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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The AmeriHealth Insurance Company of New Jersey Insurance Company  
 Address (City, State and Zip Code) Cranbury, NJ 08512-3706  
 NAIC Group Code 0936 NAIC Company Code 60061 Employer's ID Number 22-3338404



**AmeriHealth Insurance Company of New Jersey  
Statement of Actuarial Opinion for the year ending December 31, 2017**

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input checked="" type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments	<input type="checkbox"/> Revised Wording			
	<input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

**Identification Section:**

I, Kathryn A. Galarneau, Senior Vice President, Chief Actuary and Underwriting Officer, am an employee of Independence Blue Cross, LLC, an affiliated company of AmeriHealth Insurance Company of New Jersey, and a member of the American Academy of Actuaries. I was appointed on December 31, 2009 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

**Scope Section:**

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2017.

A. Claims Unpaid (Page 3, Line 1, Column 3)	\$ 131,843,141
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2, Column 3)	\$ 4,204,580
C. Unpaid claims adjustment expenses (Page 3, Line 3, Column 3)	\$ 1,391,020
D. Aggregate health policy reserves including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit—Part 2D (Page 3, Line 4, Column 3)	\$ 28,862,142
E. Aggregate life policy reserves (Page 3, Line 5, Column 3)	\$ 0
F. Property/casualty unearned premium reserves (Page 3, Line 6, Column 3)	\$ 0
G. Aggregate health claim reserves (Page 3, Line 7, Column 3)	\$ 100,000
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	Not Applicable
I. Specified actuarial items presented as assets in the annual statement.	
1. Pharmacy Rebates (Part 2, Line 24 in part, Column 1)	\$ 7,677,442
2. Reinsurance Recoverable on Paid Losses (Page 2, Line 16.1 in part, Column 3)	\$ 6,927,236
3. Risk Adjustment Receivables (Page 2, Line 15.3, Column 3)	\$ 4,153,090
4. Risk Corridor Receivables (Page 2, Line 25 in part, Column 3)	\$ 10,863

Reliance Section:

My examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to the Underwriting and Investment Exhibit Part – 2B of the company’s current annual statement.

Opinion Section:

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which this statement was prepared;
- C. Meet the requirements of the laws of the Insurance Laws and regulations of the state of New Jersey ; and are at least as great as the minimum aggregate amounts required by any state in which the organization is licensed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Relevant Comments:

*Kathryn A. Galarneau*

Signature of Actuary

Kathryn A. Galarneau, FSA, MAAA

Printed Name of Actuary

1901 Market Street; Philadelphia, PA 19103

Address of Actuary

215-241-9096

Telephone Number of Actuary

2/23/18

Date Opinion was Rendered





SUPPLEMENT FOR THE YEAR 2017 OF THE AmeriHealth Insurance Company of New Jersey

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)
PART 1 - INTERROGATORIES

RECEIVED
2018 APR -4 A 11:00

- 1. Is the reporting insurer a member of a group of insurers or other holding company system?
2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

Table with 10 columns: Name and Principal Position, Year, Salary, Bonus, Stock Awards, Option Awards, Sign-on Payments, Severance Payments, All Other Compensation, Totals. Rows include Michael N. Sullivan, Russell Heid, Gregory E. Deavens, Alan Krugstein, Paul A. Tufano, Anthony V. Coletta, Yvette D. Bright, Kenneth E. Kobylowski, Michael A. Munoz, Frank L. Urbano, Michael S. Zollenberg, and Ryan J. Petrizzi.

PART 3 - DIRECTOR COMPENSATION

Table with 7 columns: Name and Principal Position or Occupation and Company (if Outside Director), 2 Direct Compensation, 3 Stock Awards, 4 Option Awards, 5 Other, 6 All Other Compensation Paid or Deferred, 7 Totals.

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

(1) Independence Health Group, Inc. and its affiliated insurers have common officers that serve on multiple subsidiary insurers. The compensation listed above for the officers on this individual annual statement is the total compensation each officer receives for his/her service for all insurers. For example, Michael N. Sullivan's total compensation in 2017 is \$ 1,070,706. (2) Current year bonus payments are for previous year's performance.