

QUARTERLY STATEMENT

OF THE

Amerigroup Tennessee, Inc.

TO THE

Insurance Department

OF THE

STATE OF

Tennessee

FOR THE QUARTER ENDED
JUNE 30, 2022

HEALTH

2022



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Tennessee, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 12941 Employer's ID Number 20-4776597
(Current) (Prior)

Organized under the Laws of Tennessee, State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/26/2006 Commenced Business 04/01/2007

Statutory Home Office 22 Century Boulevard, Suite 220 Nashville, TN, US 37214
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1300 Amerigroup Way
(Street and Number)
Virginia Beach, VA, US 23464 757-490-6900
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address www.elevancehealth.com

Statutory Statement Contact Bette Lou Gronseth 757-490-6900
(Name) (Area Code) (Telephone Number)
bette.gronseth@elevancehealth.com
(E-mail Address) (FAX Number)

OFFICERS

Chairperson Kristen Louise Metzger Vice President/Assistant Secretary Jack Louis Young
President/CEO Alonzo Pendleton, Jr. Secretary Kathleen Susan Kiefer

OTHER

Vincent Edward Scher, Treasurer Eric (Rick) Kenneth Noble, Assistant Treasurer William Gregory Cannella, Medical Director

DIRECTORS OR TRUSTEES

Kristen Louise Metzger Jack Louis Young Alonzo Pendleton, Jr.
William Gregory Cannella

State of Indiana SS:
County of Johnson

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

DocuSigned by:
[Signature]
781678102E7D46C
Alonzo Pendleton, Jr.
President/CEO

DocuSigned by:
Vincent E. Scher
BF788FEEBF6C498...
Vincent Edward Scher
Treasurer

DocuSigned by:
[Signature]
34259124741844A...
Kathleen Susan Kiefer
Secretary

Subscribed and sworn to before me this
26th day of July 2022
[Signature]

Rita F. Gentry
Executive Assistant
1/17/2029

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

Rita F. Gentry
Notary Public
SEAL
Johnson County, State of Indiana
My Commission Expires January 17, 2029
Commission No: NP0641321



Amerigroup Tennessee, Inc.

Statement of Actuarial Opinion

Table of Key Indicators:

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

Identification

I, Adrian Rosen, Actuarial Director, am an employee of Elevance Health Inc., and a member of the American Academy of Actuaries. I was appointed on September 24, 2021 in accordance with the requirements of the annual statement instructions for Amerigroup Tennessee, Inc., a subsidiary of Elevance Health. I meet the Academy qualification standards for rendering the opinion.

Scope

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the quarterly statement of the organization as prepared for filing with state regulatory officials, as of June 30, 2022:

A. Claims unpaid (Page 3, Line 1)	\$255,322,797
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$1,382,871
C. Unpaid claims adjustment expenses (Page 3, Line 3)	\$5,589,732
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D	\$163,460,049
E. Aggregate life policy reserves (Page 3, Line 5)	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6)	\$0
G. Aggregate health claim reserves (Page 3, Line 7)	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the quarterly statement	Not Applicable
I. Specified actuarial items presented as assets in the quarterly statement	
1. Actuarial Portion of Rx Rebate Receivables (part of Page 2, Line 24, Column 1)	\$4,372,535
2. CMS - Medicare Final Sweep (part of Page 2, Line 15.3)	\$7,419,724
3. CMS - Medicare Mid Year Sweep (part of Page 2, Line 15.3)	\$8,499,152
4. CMS – MAPD Risk Corridor Receivable (part of Page 2, Line 15.3)	\$0

Reliance

In forming my opinion on Unearned Premium Reserves (part of Aggregate Health Policy Reserves) and Legal Claim Reserves (part of Unpaid Claims), I relied upon data prepared by Vincent Scher, Staff VP Investment Programs & Treasurer, and Michelle M. Rothenberg-Williams, Managing Associate General Counsel Senior, Elevance Health Inc., as certified in the attached statements. I evaluated that data for reasonableness and consistency.

In forming my opinion on the shared savings estimate of the Enhanced Personal Health Care balances, which is part of Accrued Medical Incentive Pool and Bonus Payments, I relied upon data prepared by Michael Smith, Director, Actuarial Cost of Care & Analytics, Elevance Health Inc., as certified in the attached statements. I evaluated that data for reasonableness and consistency.

In forming my opinion on Pharmacy Rebates Receivable, I relied upon data prepared by Kristin Roberts, Manager Actuarial Services, Elevance Health Inc., as certified in the attached statements. I evaluated that data for reasonableness and consistency.

In forming my opinion on the Medicare Final Risk Score Settlement, I relied upon data prepared by Jeffrey Reynolds, Director & Actuary III, Medicare Finance, Elevance Health Inc., as certified in the attached statements. I evaluated that data for reasonableness and consistency.

In other respects, 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, Analysis of Claims Unpaid of the company's current quarterly statement.

Opinion

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 the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of Tennessee, and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- 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, Analysis of Claims Unpaid 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

The liabilities being valued are mainly short term in nature, have no investment income or interest component, are not discounted for interest, and do not fluctuate with changes in the interest rate environment. As a result, no asset adequacy analysis was performed.

Historical claim payment patterns, which form the basis for the majority of the claims unpaid estimate, were analyzed net of claim recoveries, and I am satisfied that this treatment is reasonable based on past experience, current and reasonably anticipated activities.

My review also included consideration of incentive contracts with service providers and the effect on the reserves. I have not reviewed the financial position of any party related by contract to the Company, including those under a capitation agreement with the Company. I have relied on the opinion of the Company that such parties are in a financial position to meet all liabilities resulting from such contracts.

The impact from COVID-19 on healthcare utilization and medical claims submission patterns has increased estimation uncertainty on the incurred but not paid liability at June 30, 2022 due to changes in claims submission patterns and in utilization levels for COVID-19 testing and treatment.

This opinion has been prepared solely for the Board and management of the Company for filing with insurance regulatory agencies of states in which the Company is licensed.



Adrian Rosen, FSA, MAAA
Elevance Health
740 W. Peachtree St. NW
Atlanta, GA 30308
(404) 343-3008
Adrian.Rosen@elevancehealth.com
August 11, 2022



Investment Assumption Reliance Statement
AMERIGROUP Tennessee, Inc.
For 2022 Actuarial Opinion

I, Vincent E. Scher, Treasurer of **AMERIGROUP Tennessee, Inc.**, hereby affirm that the listings, summaries and analyses relating to the Unearned Premium Reserve balance, prepared for and submitted to **Adrian Rosen, Actuarial Director**, in support of the actuarial opinion for **AMERIGROUP Tennessee, Inc.**, as of June 30, 2022, were prepared in accordance with statutory accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete and are the same as, or derived from, the records and other data which form the basis of the quarterly statement for the period ended June 30, 2022.

DocuSigned by:

Vincent E. Scher

A85A33722D4143E...

Vincent E. Scher
Staff VP Investment Programs & Treasurer
July 19, 2022

Elevance Health, Inc.
220 Virginia Ave
Indianapolis, IN 46204
(317) 488-6004



Reliance Statement
AMERIGROUP Tennessee, Inc.
For 2022 Actuarial Opinion

I, Michelle M. Rothenberg-Williams, Managing Associate General Counsel Senior of Elevance Health, Inc., the ultimate parent company of **AMERIGROUP Tennessee, Inc.**, hereby affirm that the listings, summaries and analyses relating to the Legal Claim Reserve balance, prepared for and submitted to **Adrian Rosen, Actuarial Director**, in support of the actuarial opinion for **AMERIGROUP Tennessee, Inc.**, as of June 30, 2022, were prepared in accordance with generally accepted accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the quarterly statement for the period ended June 30, 2022.

DocuSigned by:

Michelle Rothenberg-Williams

4B52504A23034C8...


Michelle M. Rothenberg-Williams
Managing Associate General Counsel Senior
July 19, 2022

Elevance Health, Inc.
233 S. Wacker Dr., Suite 3700
Chicago, IL 60606
312-234-7402



Reliance Statement
AMERIGROUP Tennessee, Inc.
For 2022 Actuarial Opinion

I, **Michael Smith, Director, Actuarial Cost of Care & Analytics** of Elevance Health, Inc., the ultimate parent company of **AMERIGROUP Tennessee, Inc.**, hereby affirm that the actuarial analyses relating to the shared savings estimate of the Enhanced Personal Health Care balances prepared for and submitted to **Adrian Rosen, Actuarial Director**, in support of the actuarial opinion for **AMERIGROUP Tennessee, Inc.**, as of June 30, 2022, were prepared under my direction in accordance with statutory accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete.

DocuSigned by:

278DEEB993454A0...
Michael Smith, FSA, MAAA
Director, Actuarial Cost of Care & Analytics
July 19, 2022

Elevance Health, Inc.
108 Leigus Road
Wallingford, CT 06492
Michael.V.Smith@elevancehealth.com
(860) 305-8335



Reliance Statement
AMERIGROUP Tennessee, Inc.
For 2022 Actuarial Opinion

I, Kristin Roberts, Manager Actuarial Services, PBM Finance & Actuarial of Elevance Health, Inc., the ultimate parent company of **AMERIGROUP Tennessee, Inc.**, hereby affirm that the analyses relating to the Pharmacy Rebate Receivable balances prepared for and submitted to **Adrian Rosen, Actuarial Director**, in support of the actuarial opinion for **AMERIGROUP Tennessee, Inc.**, as of June 30, 2022, were prepared under my direction in accordance with generally accepted accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete based on the pharmacy rebates and utilization being modeled.

DocuSigned by:

Kristin Roberts

E5AC702CE25248B...

Kristin Roberts, FSA, MAAA

Manager Actuarial Services, PBM Finance & Actuarial

August 1, 2022

8514 Walden Trace Drive

Indianapolis, IN 46278

Kristin.Roberts@ingenio-rx.com

(765) 432-1417



Reliance Statement

AMERIGROUP Tennessee, Inc.

For 2022 Actuarial Opinion

I, **Jeffrey Reynolds, Director & Actuary III, Medicare Finance** of Elevance Health, Inc., the ultimate parent company of **AMERIGROUP Tennessee, Inc.**, hereby affirm that the actuarial analyses relating to the current year estimate of the Medicare Final Risk Score Settlement balances prepared for and submitted to **Adrian Rosen, Actuarial Director**, in support of the actuarial opinion for **AMERIGROUP Tennessee, Inc.**, as of June 30, 2022, were prepared under my direction in accordance with statutory accounting principles and, to the best of my knowledge and belief, are substantially accurate and complete.

DocuSigned by:

Jeff Reynolds

FE8DCD75300B437...

Jeffrey Reynolds
Director & Actuary III, Medicare Finance
July 19, 2022

3004 Albrecht Dr.
Prospect, KY 40059
Jeffrey.Reynolds@elevancehealth.com
(502) 381-1362

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	840,558,709		840,558,709	821,352,259
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$(5,573,570)), cash equivalents (\$7,500,000) and short-term investments (\$1,005,813)	2,932,243		2,932,243	38,443,742
6. Contract loans (including \$ premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities	3,481,247		3,481,247	2
10. Securities lending reinvested collateral assets	141,969,621		141,969,621	125,418,716
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	988,941,820	0	988,941,820	985,214,719
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	6,525,410		6,525,410	5,864,635
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,877,368		8,877,368	10,214,164
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$15,918,876)	15,918,876		15,918,876	10,028,308
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans	16,262,820		16,262,820	35,033,798
18.1 Current federal and foreign income tax recoverable and interest thereon	275,213		275,213	5,328,923
18.2 Net deferred tax asset	11,088,127	1,336,859	9,751,268	3,546,768
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)	361,557	361,557	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care (\$5,160,500) and other amounts receivable	8,854,152	3,693,652	5,160,500	3,498,056
25. Aggregate write-ins for other than invested assets	7,707,779	7,707,779	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,064,813,122	13,099,847	1,051,713,275	1,058,729,371
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	1,064,813,122	13,099,847	1,051,713,275	1,058,729,371
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	7,493,020	7,493,020	0	0
2502. Other receivable	214,759	214,759	0	0
2503.				
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)	7,707,779	7,707,779	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	255,322,797		255,322,797	215,634,411
2. Accrued medical incentive pool and bonus amounts	1,382,871		1,382,871	1,245,833
3. Unpaid claims adjustment expenses	5,589,732		5,589,732	5,256,353
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	163,460,049		163,460,049	249,819,945
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	661		661	1,650
9. General expenses due or accrued	1,781,828		1,781,828	2,565,296
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	155,586		155,586	146,261
13. Remittances and items not allocated	298,516		298,516	1,206,954
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	68,879,818		68,879,818	6,957,161
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending	141,969,621		141,969,621	125,418,716
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	65,644,318		65,644,318	15,095,932
23. Aggregate write-ins for other liabilities (including \$74,850,896 current)	75,889,610	0	75,889,610	67,663,215
24. Total liabilities (Lines 1 to 23)	780,375,407	0	780,375,407	691,011,727
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	110,809,432	110,809,432
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	160,527,436	256,907,212
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	271,337,868	367,717,644
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,051,713,275	1,058,729,371
DETAILS OF WRITE-INS				
2301. Accrued Premium Tax	54,777,214		54,777,214	47,778,368
2302. Other Premium Liability	18,465,454		18,465,454	17,834,852
2303. Escheat Liability	1,771,942		1,771,942	1,568,086
2398. Summary of remaining write-ins for Line 23 from overflow page	875,000	0	875,000	481,909
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	75,889,610	0	75,889,610	67,663,215
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	3,211,956	3,008,643	6,087,922
2. Net premium income (including \$ non-health premium income)	XXX	1,227,839,749	1,189,270,552	2,434,006,899
3. Change in unearned premium reserves and reserve for rate credits	XXX	86,359,896	(1,496,880)	(164,273,261)
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,314,199,645	1,187,773,672	2,269,733,638
Hospital and Medical:				
9. Hospital/medical benefits		811,014,098	665,668,531	1,330,511,811
10. Other professional services		123,624,846	112,880,028	221,262,017
11. Outside referrals				
12. Emergency room and out-of-area		112,414,518	97,539,255	196,139,380
13. Prescription drugs		11,409,854	12,824,292	24,227,567
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,712,732	425,360	2,555,203
16. Subtotal (Lines 9 to 15)	0	1,060,176,048	889,337,466	1,774,695,978
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	1,060,176,048	889,337,466	1,774,695,978
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 55,985,637 cost containment expenses		70,000,500	66,316,038	133,996,203
21. General administrative expenses		108,730,120	106,680,090	218,321,740
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22)	0	1,238,906,668	1,062,333,594	2,127,013,921
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	75,292,977	125,440,078	142,719,717
25. Net investment income earned		11,863,950	10,114,645	20,774,580
26. Net realized capital gains (losses) less capital gains tax of \$ (609,508)		(2,833,910)	(3,990,344)	(4,133,997)
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,030,040	6,124,301	16,640,583
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 53,963)]		(53,963)	(6,504)	(27,154)
29. Aggregate write-ins for other income or expenses	0	(8,580)	(6,506)	(14,707)
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	84,260,474	131,551,369	159,318,439
31. Federal and foreign income taxes incurred	XXX	17,652,164	19,806,991	25,397,731
32. Net income (loss) (Lines 30 minus 31)	XXX	66,608,310	111,744,378	133,920,708
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous (expense) income		(8,580)	(6,506)	(14,707)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(8,580)	(6,506)	(14,707)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	367,717,644	293,535,089	293,535,089
34. Net income or (loss) from Line 32.....	66,608,310	111,744,378	133,920,708
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (6,302,362)	(23,708,886)	4,185,398	3,611,280
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	781,266	(6,903,924)	(7,540,570)
39. Change in nonadmitted assets.....	(6,160,466)	(6,316,974)	(2,808,863)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....	(133,900,000)	(53,000,000)	(53,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	(96,379,776)	49,708,878	74,182,555
49. Capital and surplus end of reporting period (Line 33 plus 48)	271,337,868	343,243,967	367,717,644
DETAILS OF WRITE-INS			
4701.			0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,223,284,988	987,926,855	2,232,540,722
2. Net investment income	13,314,515	11,207,817	23,520,651
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,236,599,503	999,134,672	2,256,061,373
5. Benefit and loss related payments	1,020,915,995	848,304,963	1,757,894,702
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	102,711,697	162,456,424	365,112,835
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ (609,508) tax on capital gains (losses)	11,988,946	10,699,063	40,553,905
10. Total (Lines 5 through 9)	1,135,616,638	1,021,460,450	2,163,561,442
11. Net cash from operations (Line 4 minus Line 10)	100,982,865	(22,325,778)	92,499,931
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	96,074,006	129,989,744	250,094,091
12.2 Stocks	0	48,118,886	48,118,887
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(18,356)	23,211	12,468
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	96,055,650	178,131,841	298,225,446
13. Cost of investments acquired (long-term only):			
13.1 Bonds	150,905,538	340,550,064	567,057,454
13.2 Stocks	0	408,680	408,687
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	20,032,150	54,346,962	88,182,289
13.7 Total investments acquired (Lines 13.1 to 13.6)	170,937,688	395,305,706	655,648,430
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(74,882,038)	(217,173,865)	(357,422,984)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	133,900,000	53,000,000	53,000,000
16.6 Other cash provided (applied)	72,287,674	51,123,877	94,912,326
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(61,612,326)	(1,876,123)	41,912,326
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(35,511,499)	(241,375,766)	(223,010,727)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	38,443,742	261,454,469	261,454,469
19.2 End of period (Line 18 plus Line 19.1)	2,932,243	20,078,703	38,443,742
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. Depreciation	135,912	168,616	320,925

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	524,447	14,719	0	0	0	0	0	23,309	486,419	0
2. First Quarter	535,345	13,887	0	0	0	0	0	27,485	493,973	0
3. Second Quarter	543,168	13,068						28,527	501,573	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,211,956	82,519						165,917	2,963,520	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,202,363	24,088						233,142	945,133	
8. Non-Physician	2,554,120	32,476						316,982	2,204,662	
9. Total	3,756,483	56,564	0	0	0	0	0	550,124	3,149,795	0
10. Hospital Patient Days Incurred	242,440	4,284						39,738	198,418	
11. Number of Inpatient Admissions	34,533	1,412						5,227	27,894	
12. Health Premiums Written (a)	1,227,839,749	16,749,865						214,024,446	997,065,438	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,314,199,645	16,749,865						212,213,357	1,085,236,423	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	1,020,350,624	12,671,846						185,100,835	822,577,943	
18. Amount Incurred for Provision of Health Care Services	1,060,176,048	12,554,289						189,014,318	858,607,441	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$214,024,446

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered	42,345,718	1,900,807	671,530	157,130	1,463,751	46,538,936
0499999 Subtotals	42,345,718	1,900,807	671,530	157,130	1,463,751	46,538,936
0599999 Unreported claims and other claim reserves						208,783,861
0699999 Total amounts withheld						
0799999 Total claims unpaid						255,322,797
0899999 Accrued medical incentive pool and bonus amounts						1,382,871

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability 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 Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	5,350,904	11,393,822	(113,737)	2,671,763	5,237,167	2,676,705
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	28,805,902	159,713,402	479,314	34,887,073	29,285,216	31,360,120
7. Title XIX - Medicaid	157,690,985	664,674,067	31,766,473	185,631,911	189,457,458	181,597,586
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	191,847,791	835,781,291	32,132,050	223,190,747	223,979,841	215,634,411
10. Healthcare receivables (a)	2,112,225	6,741,927			2,112,225	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,443,843	131,851	288,773	1,094,098	1,732,616	1,245,833
13. Totals (Lines 9-10+11+12)	191,179,409	829,171,215	32,420,823	224,284,845	223,600,232	216,880,244

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2021. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	June 30, 2022	December 31, 2021
<u>Net Income</u>					
(1) AMERIGROUP Tennessee, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 66,608,310	\$ 133,920,708
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	_____	_____
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	_____	_____
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 66,608,310	\$ 133,920,708
<u>Surplus</u>					
(5) AMERIGROUP Tennessee, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 271,337,868	\$ 367,717,644
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	_____	_____
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	_____	_____
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 271,337,868	\$ 367,717,644

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

No significant change.

C. Accounting Policies

(1) No significant change.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.

The Company holds 5 SVO-Identified bond exchange traded funds (“ETFs”) reported on Schedule D-1. The Company has made an irrevocable decision to report ETFs at systematic value. Systematic valuation has been consistently applied to all ETFs held at June 30, 2022 and previous periods.

- (3) - (5) No significant change.

- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.

- (7) - (14) No significant change.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

1. Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
2. The following securities other-than-temporary impairments (“OTTI”) were recognized during the year:

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

(1)	(2)	(3)
Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 - 2

OTTI recognized 2nd Quarter

e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	3,072,347	223,884	2,848,463
f.	Total 2nd Quarter	3,072,347	223,884	2,848,463
l.	Total 4th Quarter	—	—	—
m.	Annual aggregate total	—	<u>\$ 223,884</u>	—

3. The table below illustrates, by security and in the aggregate, the effects of OTTI on the Company's loan-backed securities for the six months ended June 30, 2022. All the loan-backed securities where an OTTI was recognized are categorized such that the present value of cash flows expected to be collected is less than the amortized cost basis of the security.

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-than-Temporary Impairment	Amortized Cost After Other-than-Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
57645RAA9	\$ 3,072,347	\$ 2,848,463	\$ (223,884)	\$ 2,848,463	\$ 2,341,977	6/30/2022
Total			<u>\$ (223,884)</u>			

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	\$ (8,897,732)
2.	12 Months or Longer	\$ (2,543,979)
 - b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$ 186,855,869
2.	12 Months or Longer	\$ 26,817,273
5. The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at June 30, 2022.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

1. Not applicable.
2. No significant change.
3. Collateral Received

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

- a. No significant change.
 - b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged \$ 141,961,838
 - c. No significant change.
- 4. Not applicable.
 - 5. No significant change.
 - 6. Not applicable.
 - 7. Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at June 30, 2022.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at June 30, 2022.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at June 30, 2022.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at June 30, 2022.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at June 30, 2022.

O. 5GI Securities

The Company has no 5GI Securities as of June 30, 2022.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

P. Short Sales

The Company did not have any short sales at June 30, 2022.

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	11
(2) Aggregate Amount of Investment Income \$	242,007

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

The Company did not participate in a cash pool at June 30, 2022.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

The Company is a wholly-owned subsidiary of Elevance Health, Inc. (“Elevance Health”), a publicly traded company. Elevance Health changed its name from Anthem, Inc. on June 27, 2022, following approval of its shareholders.

B. Significant Transactions for the Period

The Board of Directors of the Company declared an ordinary dividend in the amount of \$133,900,000 on June 06, 2022. The Company paid the dividend to its parent company, Amerigroup Corporation, on June 21, 2022

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

No significant change.

D. Amounts Due to or from Related Parties

At June 30, 2022, the Company reported no amounts due from affiliates and \$68,879,818 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

E. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

B. Not applicable.

C. Not applicable.

D. Not applicable.

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

No significant change.

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

Not applicable.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At June 30, 2022 the fair value of securities loaned was \$138,926,008 and the carrying value of securities loaned was \$142,627,430.

(2) - (7) Not applicable.

C. Wash Sales

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At June 30, 2022, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans

No significant change.

B. Administrative Services Contract Plans

No significant change.

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

No significant change.

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

Not applicable.

20. Fair Value Measurements

A.

(1) Fair Value Measurement at Reporting Date

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Total
Bonds					
Industrial and miscellaneous	\$ —	\$173,818,674	\$ —	\$ —	\$173,818,674
Hybrid securities	—	2,305,205	—	—	2,305,205
Total bonds	\$ —	\$176,123,879	\$ —	\$ —	\$176,123,879
Total assets at fair value	\$ —	\$176,123,879	\$ —	\$ —	\$176,123,879

- (2) There are no investments in Level 3 as of June 30, 2022.
- (3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

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

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

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Not Practicable (Carrying Value)
Bonds	\$ 792,736,699	\$ 840,558,709	\$ 45,836,587	\$ 746,900,112	\$ —	\$ —	\$ —
Short-term Investments	1,002,913	1,005,813	—	1,002,913	—	—	—
Cash equivalents	7,500,000	7,500,000	—	7,500,000	—	—	—
Securities Lending Collateral	141,961,838	141,969,621	—	141,961,838	—	—	—

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

A. - E.

No significant change.

F. Subprime Mortgage-Related Risk Exposure

(1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Elevance Health Investment Impairment Review Committee.

(2) The Company did not carry investments in subprime mortgage loans in its portfolio at June 30, 2022.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

(3) At June 30, 2022, the Company's subprime mortgage-related risk exposure is detailed below:

	Actual Cost	Book/ Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than- Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$ 1,421,775	\$ 1,432,612	\$ 1,426,602	\$ —
b. Commercial mortgage-backed securities	—	—	—	—
c. Collateralized debt obligations	—	—	—	—
d. Structured securities	2,876,192	2,873,298	2,809,268	—
e. Equity investments in SCAs	—	—	—	—
f. Other assets	—	—	—	—
g. Total	\$ 4,297,967	\$ 4,305,910	\$ 4,235,870	\$ —

(4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at June 30, 2022.

G. Retained Assets

No significant change.

H. Insurance-Linked Securities Contracts

Not applicable.

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

No significant change.

22. Events Subsequent

Subsequent events have been considered through August 11, 2022 for the statutory statement issued on August 12, 2022. There were no events occurring subsequent to June 30, 2022 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

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)? No

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years increased by \$15,330,778 during 2022. This is approximately 6.9% of unpaid claims and claim adjustment expenses of \$222,136,598 as of December 31, 2021. The deficiency reflects the increases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2022. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

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

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

STATEMENT AS OF June 30, 2022 OF THE AMERIGROUP Tennessee, Inc.
NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

The Company did not record any premium deficiency reserves at June 30, 2022.

31. Anticipated Salvage and Subrogation

No significant change.

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 1

Summary of Significant Accounting Policies and Going Concern

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2022	2021
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	66,608,310	133,920,708
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	66,608,310	133,920,708
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	271,337,868	367,717,644
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	271,337,868	367,717,644

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 2

Accounting Changes and Corrections of Errors

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 3

Business Combinations and Goodwill

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

1	2	3	4	5
Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Goodwill	Original Amount of Admitted Goodwill
NONE				
Total		XXX		

1	6	7	8	9
Purchased Entity	Admitted Goodwill as of the Reporting Date	Amount of Goodwill Amortized During the Reporting Period	Book Value of SCA	Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill Col. 6/Col. 8
Total				XXX

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

	Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
(1) Capital & Surplus		XXX
Less:		
(2) Admitted Positive Goodwill		XXX
(3) Admitted EDP Equipment & Operating System Software		XXX
(4) Admitted Net Deferred Taxes		XXX
(5) Adjusted Capital and Surplus (Line 1-2-3-4)		XXX
(6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%])		XXX
(7) Current period reported Admitted Goodwill	XXX	
(8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)	XXX	%

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 4

Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1) List of Discontinued Operations Disposed of or Classified as Held for Sale

Discontinued Operation Identifier	Description of Discontinued Operation
NONE	

(3) Loss Recognized on Discontinued Operations

Discontinued Operation Identifier	Amount for Reporting Period	Cumulative Amount Since Classified as Held for Sale

(4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income

a. Carrying Amount of Discontinued Operations

Discontinued Operation Identifier	Carrying Amount Immediately Prior to Classification as Held for Sale	Current Fair Value Less Costs to Sell

b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

	Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
1. Assets				
2. Liabilities				
3. Surplus				
4. Income				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 5
Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Current Year Prior Year

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total.....

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
NONE							
a. Current Year							
1. Recorded Investment (All)							
(a) Current							
(b) 30 - 59 Days Past Due							
(c) 60 - 89 Days Past Due							
(d) 90 - 179 Days Past Due							
(e) 180+ Days Past Due							
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
4. Interest Reduced							
(a) Recorded Investment							
(b) Number of Loans							
(c) Percent Reduced							
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment							
b. Prior Year							
1. Recorded Investment							
(a) Current							
(b) 30 - 59 Days Past Due							
(c) 60 - 89 Days Past Due							
(d) 90 - 179 Days Past Due							
(e) 180+ Days Past Due							
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							
(b) Interest Accrued							
4. Interest Reduced							
(a) Recorded Investment							
(b) Number of Loans							
(c) Percent Reduced							
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment							

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. With Allowance for Credit Losses							
2. No Allowance for Credit Losses							
3. Total (1 + 2)							
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							
b. Prior Year							
1. With Allowance for Credit Losses							
2. No Allowance for Credit Losses							
3. Total (1 + 2)							
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Average Recorded Investment							
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							
b. Prior Year							
1. Average Recorded Investment							
2. Interest Income Recognized							
3. Recorded Investments on Nonaccrual Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(7) Allowance for credit losses:

	<u>Current Year</u>	<u>Prior Year</u>
a) Balance at beginning of period	NONE	
b) Additions charged to operations		
c) Direct write-downs charged against the allowance		
d) Recoveries of amounts previously charged off		
e) Balance at end of period		

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

	<u>Current Year</u>
a) Aggregate amount of mortgage loans derecognized	
b) Real estate collateral recognized	
c) Other collateral recognized	
d) Receivables recognized from a government guarantee of the foreclosed mortgage loan	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

B. Debt Restructuring

	Current Year	Prior Year
(1) The total recorded investment in restructured debt as of year end.....		
(2) The realized capital losses related to these loans.....		
(3) Total contractual commitments to extend credit to debtors whose terms have been modified in troubled debt restructurings.....		

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

C. Reverse Mortgages

(3) Reverse Mortgages: Enter the reserve amount that is netted against the asset.

(4) Reverse Mortgages: Investment income or (loss) recognized in the period as a result of the restricted cash flows.

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

D. Loan-Backed Securities

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell .....			.0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			.0
c. Total 1st Quarter .....	.0	.0	.0
OTTI recognized 2nd Quarter			
d. Intent to sell .....			.0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	3,072,347	223,884	2,848,463
f. Total 2nd Quarter	3,072,347	223,884	2,848,463
OTTI recognized 3rd Quarter			
g. Intent to sell .....			.0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			.0
i. Total 3rd Quarter .....	.0	.0	.0
OTTI recognized 4th Quarter			
j. Intent to sell .....			.0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			.0
l. Total 4th Quarter .....	.0	.0	.0
m. Annual Aggregate Total		223,884	

(3)

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than- Temporary Impairment	5 Amortized Cost After Other-Than- Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
57645R-AA-9	3,072,347	2,848,463	(223,884)	2,848,463	2,341,977	.06/30/2022
Total	XXX	XXX	(223,884)	XXX	XXX	XXX

(4)

a. The aggregate amount of unrealized losses:	
1. Less than 12 Months	(8,897,732)
2. 12 Months or Longer	(2,254,397,340,914)
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	186,855,869
2. 12 Months or Longer	26,817,273

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

3. Collateral Received

a. Aggregate Amount Collateral Received

Fair Value

1. Securities Lending

(a) Open	
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Subtotal	0
(g) Securities Received	
(h) Total Collateral Received	0

2. Dollar Repurchase Agreement

(a) Open	
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Subtotal	0
(g) Securities Received	
(h) Total Collateral Received	0

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged141,961,838

5. Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested

Amortized Cost Fair Value

1. Securities Lending

(a) Open		
(b) 30 Days or Less		
(c) 31 to 60 Days		
(d) 61 to 90 Days		
(e) 91 to 120 Days		
(f) 121 to 180 Days		
(g) 181 to 365 Days		
(h) 1 to 2 years		
(i) 2 to 3 years		
(j) Greater than 3 years		
(k) Subtotal	0	0
(l) Securities Received		
(m) Total Collateral Reinvested	0	0

2. Dollar Repurchase Agreement

(a) Open		
(b) 30 Days or Less		
(c) 31 to 60 Days		
(d) 61 to 90 Days		
(e) 91 to 120 Days		
(f) 121 to 180 Days		
(g) 181 to 365 Days		
(h) 1 to 2 years		
(i) 2 to 3 years		
(j) Greater than 3 years		
(k) Subtotal	0	0
(l) Securities Received		
(m) Total Collateral Reinvested	0	0

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date.

Description of Collateral	Amount
.....	
.....	
Total Collateral Extending beyond one year of the reporting date	0

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

NONE

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

(5) Securities "Sold" Under Repo – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(7) Collateral Received – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
b. Ending Balance				
1. Cash				
2. Securities (FV)				

NONE

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Cash				
b. Bonds - FV				
c. LB & SS - FV				
d. Preferred Stock - FV				
e. Common Stock				
f. Mortgage Loans - FV				
g. Real Estate - FV				
h. Derivatives - FV				
i. Other Invested Assets - FV				
j. Total Collateral Assets - FV (Sum of a through i)				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Cash				
b. Bonds - FV				
c. LB & SS - FV				
d. Preferred Stock - FV				
e. Common Stock				
f. Mortgage Loans - FV				
g. Real Estate - FV				
h. Derivatives - FV				
i. Other Invested Assets - FV				
j. Total Collateral Assets - FV (Sum of a through i)				

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

	FAIR VALUE
a. Overnight and Continuous	
b. 30 Days or Less	
c. 31 to 90 Days	
d. > 90 Days	

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. 30 Days or Less		
b. 31 to 60 Days		
c. 61 to 90 Days		
d. 91 to 120 Days		
e. 121 to 180 Days		
f. 181 to 365 Days		
g. 1 to 2 Years		
h. 2 to 3 Years		
i. > 3 Years		

(11) Liability to Return Collateral – Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash (Collateral – All)				
2. Securities Collateral (FV)				
b. Ending Balance				
1. Cash (Collateral – All)				
2. Securities Collateral (FV)				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)	NONE			
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

(5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
b. Ending Balance				

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - FV				
b. LB & SS - FV				
c. Preferred Stock - FV				
d. Common Stock				
e. Mortgage Loans - FV				
f. Real Estate - FV				
g. Derivatives - FV				
h. Other Invested Assets - FV				
i. Total Assets - FV (Sum of a through h)				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Bonds - FV				
b. LB & SS - FV				
c. Preferred Stock - FV				
d. Common Stock				
e. Mortgage Loans - FV				
f. Real Estate - FV				
g. Derivatives - FV				
h. Other Invested Assets - FV				
i. Total Assets - FV (Sum of a through h)				

(7) Collateral Provided – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)				
4. Nonadmitted Subset (BACV)				

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. Overnight and Continuous		
b. 30 Days or Less		
c. 31 to 90 Days		
d. > 90 Days		

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	NONE			
2. Securities (FV)				
b. Ending Balance				
1. Cash	NONE			
2. Securities (FV)				

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral				
2. Repo Securities Sold/Acquired with Securities Collateral (FV)				
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral				
2. Repo Securities Sold/Acquired with Securities Collateral (FV)				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

H. Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

NONE

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

(5) Securities "Sold" Under Repo – Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				

(6) Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(7) Proceeds Received – Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
3. Nonadmitted				
b. Ending Balance				
1. Cash				
2. Securities (FV)				
3. Nonadmitted				

NONE

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - FV				
b. LB & SS - FV				
c. Preferred Stock - FV				
d. Common Stock				
e. Mortgage Loans - FV				
f. Real Estate - FV				
g. Derivatives - FV				
h. Other Invested Assets - FV				
i. Total Collateral Assets - FV (Sum of a through h)				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds - FV				
b. LB & SS - FV				
c. Preferred Stock - FV				
d. Common Stock				
e. Mortgage Loans - FV				
f. Real Estate - FV				
g. Derivatives - FV				
h. Other Invested Assets - FV				
i. Total Collateral Assets - FV (Sum of a through h)				

(9) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
b. Ending Balance				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

NONE

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

(5) Securities Acquired Under Repo – Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				

(6) Securities Acquired Under Repo – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds - BACV				
b. Bonds - FV				
c. LB & SS - BACV				
d. LB & SS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV				
q. Total Assets - FV				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(7) Proceeds Provided – Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)				
4. Nonadmitted Subset (BACV)				

NONE

(8) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
b. Ending Balance				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

J. Real Estate

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

K. Low Income Housing tax Credits (LIHTC)

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states							
k. On deposit with other regulatory bodies							
l. Pledged collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets							

NONE

(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)

Description of Assets	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 Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)						

NONE

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	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 Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)						

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

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

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted)*	4 % of BACV to Total Admitted Assets **
a. Cash, Cash Equivalents and Short-Term Investments			%	%
b. Schedule D, Part 1			%	%
c. Schedule D, Part 2, Section 1			%	%
d. Schedule D, Part 2, Section 2			%	%
e. Schedule B			%	%
f. Schedule A			%	%
g. Schedule BA, Part 1			%	%
h. Schedule DL, Part 1			%	%
i. Other			%	%
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)			%	%

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

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

	1 Amount	2 % of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset		%

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

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

M. Working Capital Finance Investments

1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

	Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a. WCFI Designation 1			
b. WCFI Designation 2			
c. WCFI Designation 3			
d. WCFI Designation 4			
e. WCFI Designation 5			
f. WCFI Designation 6			
g. Total			

NONE

2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
a. Up to 180 Days	
b. 181 to 365 Days	
c. Total	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

N. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			

NONE

* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(2) Liabilities			

* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

O. 5GI Securities

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds - AC						
(2) Bonds - FV						
(3) LB&SS - AC						
(4) LB&SS - FV						
(5) Preferred Stock - AC						
(6) Preferred Stock - FV						
(7) Total (1+2+3+4+5+6)						

NONE

AC - Amortized Cost FV - Fair Value

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or Loss	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secured Borrowing
a. Bonds						
b. Preferred Stock						
c. Common Stock						
d. Totals (a+b+c)						

NONE

(2) Settled Short Sale Transactions

	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or Loss on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a. Bonds					
b. Preferred Stock					
c. Common Stock					
d. Totals (a+b+c)					

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

Q. Prepayment Penalty and Acceleration Fees

	<u>General Account</u>
1. Number of CUSIPs	11
2. Aggregate Amount of Investment Income	242,007

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

	Asset Type	Percent Share
(1) Cash	NONE	%
(2) Cash Equivalents		%
(3) Short-Term Investments		%
(4) Total		%

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 6

Joint Ventures, Partnerships and Limited Liability Companies

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 7
Investment Income

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 8

Derivative Instruments

A. Derivatives under SSAP No. 86 - Derivatives

(8)

a.

Fiscal Year	Derivative Premium Payments Due
1. 2022	
2. 2023	
3. 2024	
4. 2025	
5. Thereafter	
6. Total Future Settled Premiums	

NONE

b.

	Indisposed Future Premium Commitments	Derivative Fair Value With Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1. Prior Year			
2. Current Year			

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

(2) Recognition of gains/losses and deferred assets and liabilities

a. Scheduled Amortization

Amortization Year	Deferred Assets	Deferred Liabilities
1. 2022		
2. 2023		
3. 2024		
4. 2025		
5. 2026		
6. 2027		
7. 2028		
8. 2029		
9. 2030		
10. 2031		
11. Total		

b. Total Deferred Balance *

* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

1. Prior Year Total Deferred Balance	
2. Current Year Amortization	
3. Current Year Deferred Recognition	
4. Ending Deferred Balance [1 - (2 + 3)]	

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

1. Total Derivative Fair Value Change	
2. Change in Fair Value Reflected as a Natural Offset to VM21 Liability under SSAP No. 108	
3. Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108	
4. Other Changes	
5. Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)]	

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

1. Total Derivative Fair Value Change	
2. Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108	
3. Other Changes	
4. Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]	

(3) Hedging Strategies Identified as No Longer Highly Effective

b. Details of Hedging Strategies Identified as No Longer Highly Effective

Unique Identifier	Date Domiciliary State Notified	Amortization (# of Years) 5 or Less	Recognized Deferred Assets	Recognized Deferred Liabilities

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2022				
2. 2023				
3. 2024				
4. 2025				
5. 2026				

6. Total Adjusted Amortization

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(4) Hedging Strategies Terminated

b. Details of Hedging Strategies Terminated

Unique Identifier	Date Domiciliary State Notified	Amortization (# of Years) 5 or Less	Recognized Deferred Assets	Recognized Deferred Liabilities
NONE				

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2022	NONE			
2. 2023				
3. 2024				
4. 2025				
5. 2026				

6. Total Adjusted Amortization

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 9

Income Taxes

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2021			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets									
(b) Statutory Valuation Allowance Adjustment									
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)									
(d) Deferred Tax Assets Nonadmitted									
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)									
(f) Deferred Tax Liabilities									
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)									

NONE

2.

	As of End of Current Period			12/31/2021			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components									
SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks									
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date									
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX		XXX	XXX		XXX	XXX	
(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									
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))									

3.

	<u>2022</u>	<u>2021</u>
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount		
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above		

4.

	As of End of Current Period		12/31/2021		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) 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)						
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)						
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies						

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No []

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

	(1) As of End of Current Period	(2) 12/31/2021	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal			
(b) Foreign			
(c) Subtotal			
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred			
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses			
(2) Unearned premium reserve			
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed Assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward			
(13) Other (including items <5% of total ordinary tax assets)			
(99) Subtotal			
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2b - c)			
(e) Capital:			
(1) Investments			
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total ordinary tax assets)			
(99) Subtotal			
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)			
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)			
(99) Subtotal			
(b) Capital:			
(1) Investments			
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal			
(c) Deferred tax liabilities (3a99 + 3b99)			
4. Net deferred tax assets/liabilities (2i - 3c)			

NONE

I. Alternative Minimum Tax Credit

	Amount
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	
b. Deferred tax asset (DTA)	
(2) Beginning Balance of AMT Credit Carryforward	
(3) Amounts Recovered	
(4) Adjustments	
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	
(6) Reduction for Sequestration	
(7) Nonadmitted by Reporting Entity	
(8) Reporting Entity Ending Balance (8=5-6-7)	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 10

Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Name of Relationship	Type of Transaction	Written Agreement (Yes/No)	Due Date	Reporting Period Date Amount Due From (To)
NONE							

Options for Type of Transaction:

- Loan
- Exchange of Assets or Liabilities (e.g., buys, sells and other borrowing transactions)
- Management of Services
- Cost-Sharing Agreement
- Other Transactions Involving Services
- Guarantee (e.g., guarantees to related parties, on behalf of, and when beneficiary is related party)
- Other

(2) Detail of Material Related Party Transactions Involving Services

Ref #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
Total					

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

a. Description of Transaction

Ref #	Name of Related Party	Overview Description	Have Terms Changed from Preceding Period? (Yes/No)
Total			

b. Assets Received

Ref #	Name of Related Party	Description of Assets Received	Statement Value of Assets Received
Total			

c. Assets Transferred

Ref #	Name of Related Party	Description of Assets Transferred	Statement Value of Assets Transferred
Total			

(4) Detail of Amounts Owed To/From a Related Party

Ref #	Name of Related Party	Aggregate Reporting Period Amount Due From	Aggregate Reporting Period (Amount Due To)	Amount Offset in Financial Statement (if qualifying)	Net Amount Recoverable / (Payable) by Related Party	Admitted Recoverable
Total		XXX				

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX			
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX			
c. SSAP No. 97 8b(iii) Entities				
Total SSAP No. 97 8b(iii) Entities	XXX			
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX			
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX			
f. Aggregate Total (a+ e)	XXX			

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	NAIC Filing * Materiality	NAIC Filing to the NAIC	NAIC Filing Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code **
NONE						
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX		XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX		XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Total SSAP No. 97 8b(iii) Entities	XXX	XXX		XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX		XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX		XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX		XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in Insurance SCAs

(2) The monetary effect on net income and surplus as a result of using an accounting practice that differed from NAIC Statutory Accounting Practices and Procedures (NAIC SAP), the amount of the investment in the insurance SCA per audited statutory equity and amount of the investment if the insurance SCA had completed statutory financial statements in accordance with the AP&P Manual.

SCA Entity (Investments in Insurance SCA Entities)	Monetary Effect on NAIC SAP		Amount of Investment	
	Net Income Increase (Decrease)	Surplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA Had Completed Statutory Financial Statements *

* Per AP&P Manual (without permitted or prescribed practices)

O. SCA or SSAP 48 Entity Loss Tracking

1 Entity	2 Reporting Entity's Share of Net Income (Loss)	3 Accumulated Share of Net Income (Losses)	4 Reporting Entity's Share of Equity, Including Negative Equity	5 Guaranteed Obligation / Commitment for Financial Support (Yes/No)	6 Amount of the Recognized Guarantee Under SSAP No. 5R

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 11
Debt

- B. FHLB (Federal Home Loan Bank) Agreements
 - (2) FHLB Capital Stock
 - a. Aggregate Totals

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

NONE

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

	1	2	Eligible for Redemption			
	Current Year Total (2+3+4+5+6)	Not 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
Membership Stock						
1. Class A						
2. Class B						

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

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

- (4) Borrowing from FHLB
 - a. Amount as of Reporting Date

	Total	Funding Agreements Reserves Established
1. Current Year		
(a) Debt		XXX
(b) Funding Agreements		
(c) Other		XXX
(d) Aggregate Total (a+b+c)		
2. Prior Year-end		
(a) Debt		XXX
(b) Funding Agreements		
(c) Other		XXX
(d) Aggregate Total (a+b+c)		

- b. Maximum Amount During Reporting Period (Current Year)

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

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
- 2. Funding Agreements
- 3. Other

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 12

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

A. Defined Benefit Plan

- (1) Change in benefit obligation
 - a. Pension Benefits

	Overfunded		Underfunded	
	2022	2021	2022	2021
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year				

NONE

b. Postretirement Benefits

	Overfunded		Underfunded	
	2022	2021	2022	2021
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year				

c. Special or Contractual Benefits Per SSAP No. 11

	Overfunded		Underfunded	
	2022	2021	2022	2021
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain (loss)				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year				

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
	2022	2021	2022	2021	2022	2021
(2) Change in plan assets						
a. Fair value of plan assets at beginning of year						
b. Actual return on plan assets						
c. Foreign currency exchange rate changes						
d. Reporting entity contribution						
e. Plan participants' contributions						
f. Benefits paid						
g. Business combinations, divestitures and settlements						
h. Fair value of plan assets at end of year						

(3) Funded status

	Pension Benefits		Postretirement Benefits	
	2022	2021	2022	2021
a. Components:				
1. Prepaid benefit costs				
2. Overfunded plan assets				
3. Accrued benefit costs				
4. Liability for pension benefits				
b. Assets and liabilities recognized:				
1. Assets (nonadmitted)				
2. Liabilities recognized				
c. Unrecognized liabilities				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
	2022	2021	2022	2021	2022	2021
(4) Components of net periodic benefit cost						
a. Service cost						
b. Interest cost						
c. Expected return on plan assets						
d. Transition asset or obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement or curtailment						
h. Total net periodic benefit cost						

NONE

	Pension Benefits		Postretirement Benefits	
	2022	2021	2022	2021
(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost				
a. Items not yet recognized as a component of net periodic cost - prior year				
b. Net transition asset or obligation recognized				
c. Net prior service cost or credit arising during the period				
d. Net prior service cost or credit recognized				
e. Net gain and loss arising during the period				
f. Net gain and loss recognized				
g. Items not yet recognized as a component of net periodic cost - current year				

	Pension Benefits		Postretirement Benefits	
	2022	2021	2022	2021
(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost				
a. Net transition asset or obligation				
b. Net prior service cost or credit				
c. Net recognized gains and losses				

	2022	2021
	(7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period:	
a. Weighted average discount rate		
b. Expected long-term rate of return on plan assets		
c. Rate of compensation increase		
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)		
Weighted average assumptions used to determine projected benefit obligations as of end of current period:		
e. Weighted average discount rate		
f. Rate of compensation increase		
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)		

	Years	Amount
	(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:	
a. 2023		
b. 2024		
c. 2025		
d. 2026		
e. 2027		
f. 2028 through 20xx		

C. The fair value of each class of plan assets

(1) Fair Value Measurements of Plan Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Total Plan Assets				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 13

Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

J. The portion of unassigned funds (surplus) reconstituted or reduced by cumulative realized gains and losses

NONE

K. The Company issued the following surplus debentures or similar obligations:

1 Item Number	2 Date Issued	3 Interest Rate	4 Original Issue Amount of Note	5 Is Surplus Note Holder a Related Party (Y/N)	6 Carrying Value of Note Prior Year	7 Carrying Value of Note Current Year*	8 Unapproved Interest And/Or Principal
Total	XXX	XXX		XXX			

* Total should agree with Page 3, Line 29.

1 Item Number	9 Current Year Interest Expense Recognized	10 Life-To-Date Interest Expense Recognized	11 Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	12 Current Year Principal Paid	13 Life-To-Date Principal Paid	14 Date of Maturity
Total			XXX			XXX

1 Item Number	15 Are Surplus Note Payments Contractually Linked? (Y/N)	16 Surplus Note Payments Subject to Administrative Offsetting Provisions? (Y/N)	17 Were Surplus Note Proceeds Used to Purchase an Asset Directly From the Holder of the Surplus Note? (Y/N)	18 Is Asset Issuer a Related Party (Y/N)	19 Type of Assets Received Upon Issuance
Total	XXX	XXX	XXX	XXX	XXX

1 Item Number	20 Principal Amount of Assets Received Upon Issuance	21 Book/Adjusted Carry Value of Assets	22 Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Total			XXX

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus
.....		
.....		

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 14

Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Total contingent liabilities:

NONE

(2)

(1)	(2)	(3)	(4)	(5)
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R.)	Ultimate financial statement impact if action under the guarantee is required	Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted.	Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted
Total		XXX		XXX

(3)

	Amount
a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.)	
b. Current Liability Recognized in F/S:	
1. Noncontingent Liabilities	
2. Contingent Liabilities	
c. Ultimate Financial Statement Impact if action under the guarantee is required:	
1. Investments in SCA	
2. Joint Venture	
3. Dividends to Stockholders (capital contribution)	
4. Expense	
5. Other	
6. Total (Should equal (3)a.)	

B. Assessments

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end

b. Decreases current period:

.....

c. Increases current period:

.....

d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end

(3)

a. Discount Rate Applied

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

Direct

(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits

(2) 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

(3) Indicate whether claim count information is disclosed per claim or per claimant

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 15
Leases

A. Lessee Operating Lease:

(2)a. At January 1, 2022, the minimum aggregate rental commitments are as follows:

	Operating Leases
1. 2022	NONE
2. 2023	
3. 2024	
4. 2025	
5. 2026	
6. Total	

B. Lessor Leases

(1)c. Future minimum lease payment receivables under noncancelable leasing arrangements as of the end of current period are as follows:

	Operating Leases
1. 2022	
2. 2023	
3. 2024	
4. 2025	
5. 2026	
6. Total	

(2) Leveraged Leases

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases as of the end of current period and December 31, 2021 were as shown below:

	2022	2021
1. Income from leveraged leases before income tax including investment tax credit		
2. Less current income tax		
3. Net income from leverage leases		

c. The components of the investment in leveraged leases as of the end of current period and December 31, 2021 were as shown below:

	2022	2021
1. Lease contracts receivable (net of principal and interest on non-recourse financing)		
2. Estimated residual value of leased assets		
3. Unearned and deferred income		
4. Investment in leveraged leases		
5. Deferred income taxes related to leveraged leases		
6. Net investment in leveraged leases		

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 16

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

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk.

	ASSETS		LIABILITIES	
	2022	2021	2022	2021
a. Swaps	NONE			
b. Futures				
c. Options				
d. Total				

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 17

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

B. Transfer and Servicing of Financial Assets

1 Identification of Transaction	2 BACV at Time of Transfer	3 Original Reporting Schedule of the Transferred Assets	4 Amount Derecognized from Sale Transaction	5 Amount that continues to be recognized in the statement of financial position (Col. 2 minus 4)	6 BACV of acquired interests in transferred assets	7 Reporting Schedule of Acquired Interests	8 Percentage of interests of a reporting entity's transferred assets acquired by affiliated entities
NONE							

C. Wash Sales

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current quarter and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 18

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

A. ASO Plans:

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses			
b. Total net other income or expenses (including interest paid to or received from plans)			
c. Net gain or (loss) from operations			
d. Total claim payment volume			

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 2022:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred			
b. Gross administrative fees accrued			
c. Other income or expenses (including interest paid to or received from plans)			
d. Gross expenses incurred (claims and administrative)			
e. Total net gain or loss from operations			

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 19

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

Name and Address of Managing General Agent or Third Party Administrator	FEDERAL IDENTIFICATION NUMBER	Exclusive Contract	Type of Business Written	Type of Authority Granted	Total Direct Premiums Written/Produced By
NONE					
Total				XXX	

- C - Claims Payment
- CA - Claims Adjustment
- R - Reinsurance Ceding
- B - Binding Authority
- P - Premium Collection
- U - Underwriting

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 20

Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds - Industrial and miscellaneous		173,818,674			173,818,674
Bonds - Hybrid securities		2,305,205			2,305,205
Total assets at fair value/NAV	0	176,123,879	0	0	176,123,879

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	0	0	0	0	0

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Ending Balance as of Prior Quarter End	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
a. Assets										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Ending Balance as of Prior Quarter End	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
b. Liabilities										
Total Liabilities	0	0	0	0	0	0	0	0	0	0

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	792,736,699	840,558,709	45,836,587	746,900,112			
Cash equivalents	7,500,000	7,500,000		7,500,000			
Short-term investments	1,002,913	1,005,813		1,002,913			
Securities lending collateral asset	141,961,838	141,969,621		141,961,838			

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 21
Other Items

E. State Transferable and Non-transferable Tax Credits

(1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

Description of State Transferable and Non-transferable Tax Credits	State	Carrying Value	Unused Amount
21E1999 - Total		0	0

(4) State Tax Credits Admitted and Nonadmitted

	Total Admitted	Total Nonadmitted
a. Transferable		
b. Non-transferable		

F. Subprime Mortgage Related Risk Exposure

(2) Direct exposure through investments in subprime mortgage loans.

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure					
b. Mortgages in good standing					
c. Mortgages with restructure terms					
d. Total	0	0	0	0	

(3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage backed securities	1,421,775	1,432,612	1,426,602	
b. Commercial mortgage backed securities				
c. Collateralized debt obligations				
d. Structured securities	2,876,192	2,873,298	2,809,268	
e. Equity investment in SCAs *				
f. Other assets				
g. Total	4,297,967	4,305,910	4,235,870	0

* These investments comprise % of the companies invested assets.

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
a. Mortgage Guaranty Coverage				
b. Financial Guaranty Coverage				
c. Other Lines (specify):				
d. Total	0	0	0	0

G. Retained Assets

(2)

	In Force			
	As of End of Current Year		As of End of Prior Year	
	(a) Number	(b) Balance	(c) Number	(d) Balance
a. Up to and including 12 Months				
b. 13 to 24 Months				
c. 25 to 36 Months				
d. 37 to 48 Months				
e. 49 to 60 Months				
f. Over 60 Months				
g. Total	0	0	0	0

(3)

	Individual		Group	
	Number	Balance/Amount	Number	Balance/amount
a. Number/Balance of Retained Asset Accounts at the Beginning of the Year	0	0	0	0
b. Number/Amount of Retained Asset Accounts Issued/Added During the Year				
c. Investment Earnings Credited to Retained Asset Accounts During the Year	XXX		XXX	
d. Fees and Other Charges Assessed to Retained Asset Account During the Year	XXX		XXX	
e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds During the Year				
f. Number/Amount of Retained Asset Accounts Closed/Withdrawn During the Year				
g. Number/balance of retained asset accounts at the end of the year (g = a + b + c - d - e - f)	0	0	0	0

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

H. Insurance-Linked Securities (ILS) Contracts

	Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
Management of Risk Related To:		
(1) Directly-Written Insurance Risks		
a. ILS Contracts as Issuer		
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		
(2) Assumed Insurance Risks		
a. ILS Contracts as Issuer		
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		

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

(1) Amount of admitted balance that could be realized from an investment vehicle	
(2) Percentage Bonds	%
(3) Percentage Stocks	%
(4) Percentage Mortgage Loans	%
(5) Percentage Real Estate	%
(6) Percentage Cash and Short-Term Investments	%
(7) Percentage Derivatives	%
(8) Percentage Other Invested Assets	%

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 23

Reinsurance

B. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due from the companies listed below, the amount of:

That is reflected as:

- a. Losses incurred
- b. Loss adjustment expenses incurred
- c. Premiums earned
- d. Other

NONE

e. _____ Company _____ Amount _____

NONE

C. Commutation of Reinsurance Reflected in Income and Expenses:

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

- (1) Losses incurred
- (2) Loss adjustment expenses incurred
- (3) Premiums earned
- (4) Other

(5) _____ Company _____ Amount _____

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

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Collateral Percentage Requirement		Net Obligation Subject to Collateral	Collateral Required (but not received)
				Before	After		

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Collateral Percentage Requirement		Net Obligation Subject to Collateral	Collateral Required (but not yet Funded)
		Before	After		

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 24

Retrospectively Rated Contracts & Contracts Subject to Redetermination

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid					0
(3) Medical loss ratio rebates unpaid					0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [] No [X]

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

AMOUNT

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium

5. Ceded reinsurance premiums payable due to ACA Reinsurance

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

9. ACA Reinsurance contributions – not reported as ceded premium

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)

4. Effect of ACA Risk Corridors on change in reserves for rate credits

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

(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 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 Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)					0	0			A	0	0
2. Premium adjustments (payable) (including high risk pool premium)					0	0			B	0	0
3. Subtotal ACA Permanent Risk Adjustment Program	0	0	0	0	0	0	0	0		0	0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					0	0			C	0	0
2. Amounts recoverable for claims unpaid (contra liability)					0	0			D	0	0
3. Amounts receivable relating to uninsured plans					0	0			E	0	0
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					0	0			F	0	0
5. Ceded reinsurance premiums payable					0	0			G	0	0
6. Liability for amounts held under uninsured plans					0	0			H	0	0
7. Subtotal ACA Transitional Reinsurance Program	0	0	0	0	0	0	0	0		0	0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium					0	0			I	0	0
2. Reserve for rate credits or policy experience rating refunds					0	0			J	0	0
3. Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
d. Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0		0	0

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

(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 Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium					0	0			A	0	0
2. Reserve for rate credits or policy experience rating refunds					0	0			B	0	0
b. 2015											
1. Accrued retrospective premium					0	0			C	0	0
2. Reserve for rate credits or policy experience rating refunds					0	0			D	0	0
c. 2016											
1. Accrued retrospective premium					0	0			E	0	0
2. Reserve for rate credits or policy experience rating refunds					0	0			F	0	0
d. Total for Risk Corridors	0	0	0	0	0	0	0	0		0	0

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(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 .....				.....0		.....0
b. 2015 .....				.....0		.....0
c. 2016 .....				.....0		.....0
d. Total (a + b + c)	.....0	.....0	.....0	.....0	.....0	.....0

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

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

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 25

Change in Incurred Claims and Claim Adjustment Expenses

NONE

NOTE 26
Intercompany Pooling Arrangements

NONE

NOTE 27
Structured Settlements

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 28

Health Care Receivables

Date	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
NONE					

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other

NOTE 29
Participating Policies

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

NOTE 30

Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability06/30/2022
3. Was anticipated investment income utilized in the calculation? Yes [] No []

NOTE 31
Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001156039
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
See Note to Financial Statements 10E for details regarding changes to the management agreement.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2020
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/08/2022
- 6.4 By what department or departments?
State of Tennessee Department of Commerce and Insurance, TennCare Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
n/a
- 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.
n/a
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
Code amended to reflect name change from Anthem to Elevance Health.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0
13. Amount of real estate and mortgages held in short-term investments: \$0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$0 | \$0 |
| 14.22 Preferred Stock | \$0 | \$0 |
| 14.23 Common Stock | \$0 | \$0 |
| 14.24 Short-Term Investments | \$0 | \$0 |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$0 |
| 14.26 All Other | \$0 | \$0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$0 | \$0 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
- If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$141,961,843
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$141,969,621
- 16.3 Total payable for securities lending reported on the liability page. \$141,969,621

GENERAL INTERROGATORIES

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Elevance Health, Inc.	I.....
Loomis, Sayles & Company, LP	U.....
Pacific Investment Management Company	U.....
Western Asset Management	U.....

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

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

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105377	Loomis, Sayles & Company, LP	J1ZPN2RX3UMNOYID1313	Securities Exchange Commission	NO.....
104559	Pacific Investment Management Company	549300KGPYQZXGMYYN38	Securities Exchange Commission	NO.....
110441	Western Asset Management	549300C5A561UXUICN46	Securities Exchange Commission	NO.....

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

- 18.2 If no, list exceptions:

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent84.9 %
 - 1.2 A&H cost containment percent4.3 %
 - 1.3 A&H expense percent excluding cost containment expenses9.3 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

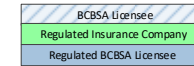
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	N								0	
4. Arkansas	AR	N								0	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	N								0	
16. Iowa	IA	N								0	
17. Kansas	KS	N								0	
18. Kentucky	KY	N								0	
19. Louisiana	LA	N								0	
20. Maine	ME	N								0	
21. Maryland	MD	N								0	
22. Massachusetts	MA	N								0	
23. Michigan	MI	N								0	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	N								0	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	N								0	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	L	214,024,446	997,065,438	16,749,865					1,227,839,749	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	214,024,446	997,065,438	16,749,865	0	0	0	1,227,839,749	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	214,024,446	997,065,438	16,749,865	0	0	0	1,227,839,749	0	
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

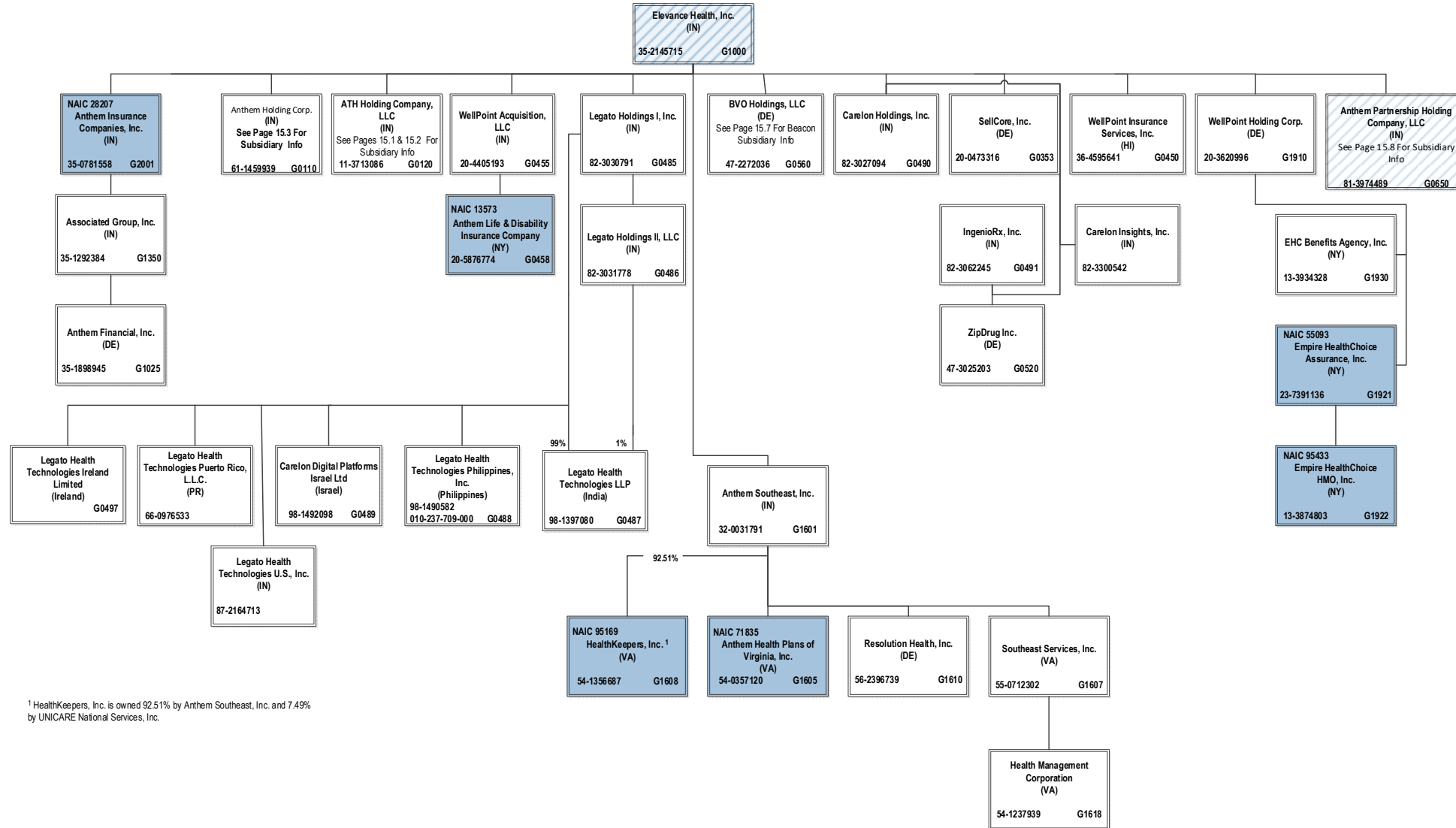
(a) Active Status Counts:

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

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



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



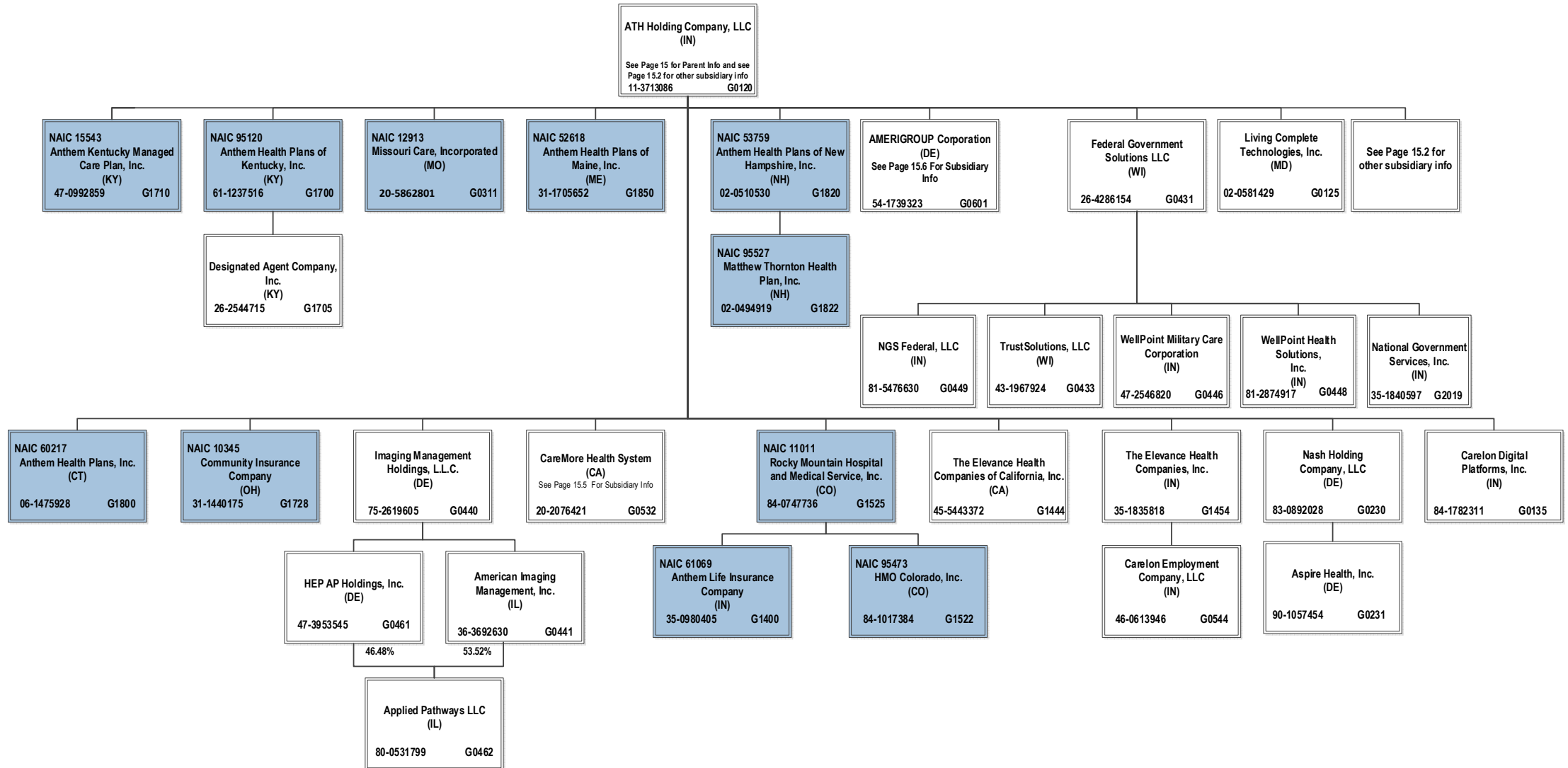
¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

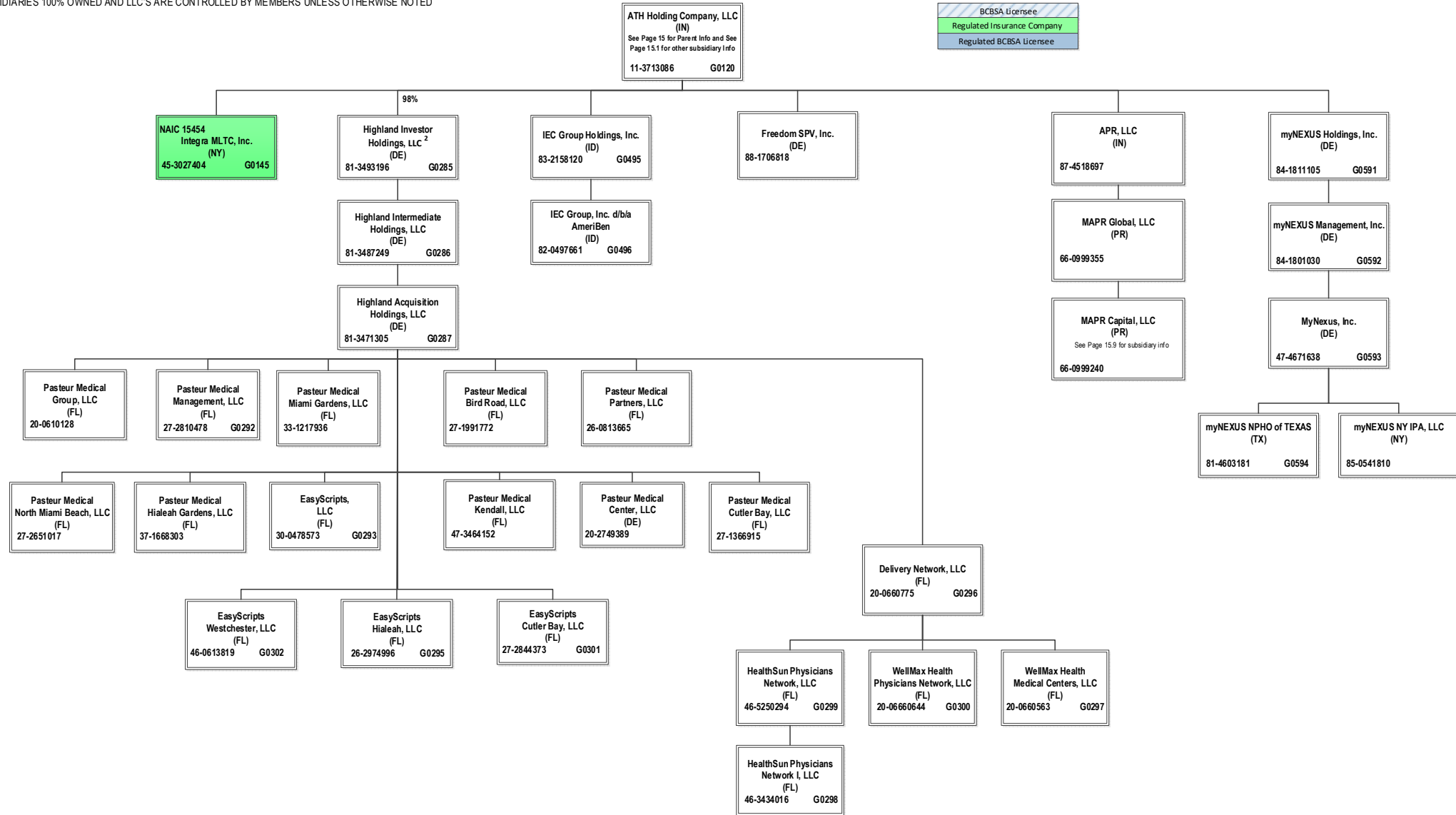


15.1

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

PART 1 – ORGANIZATIONAL CHART

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



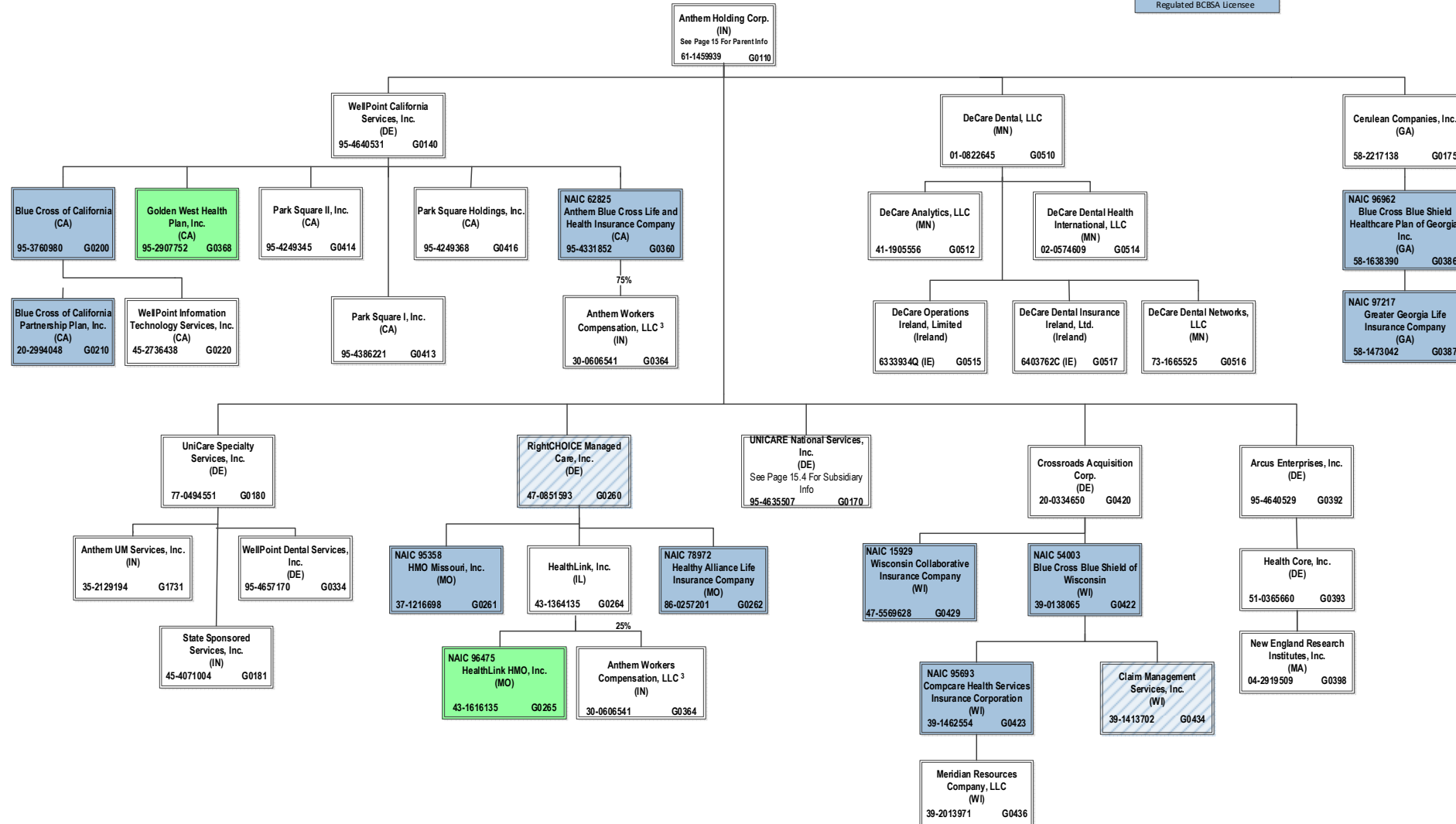
² ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

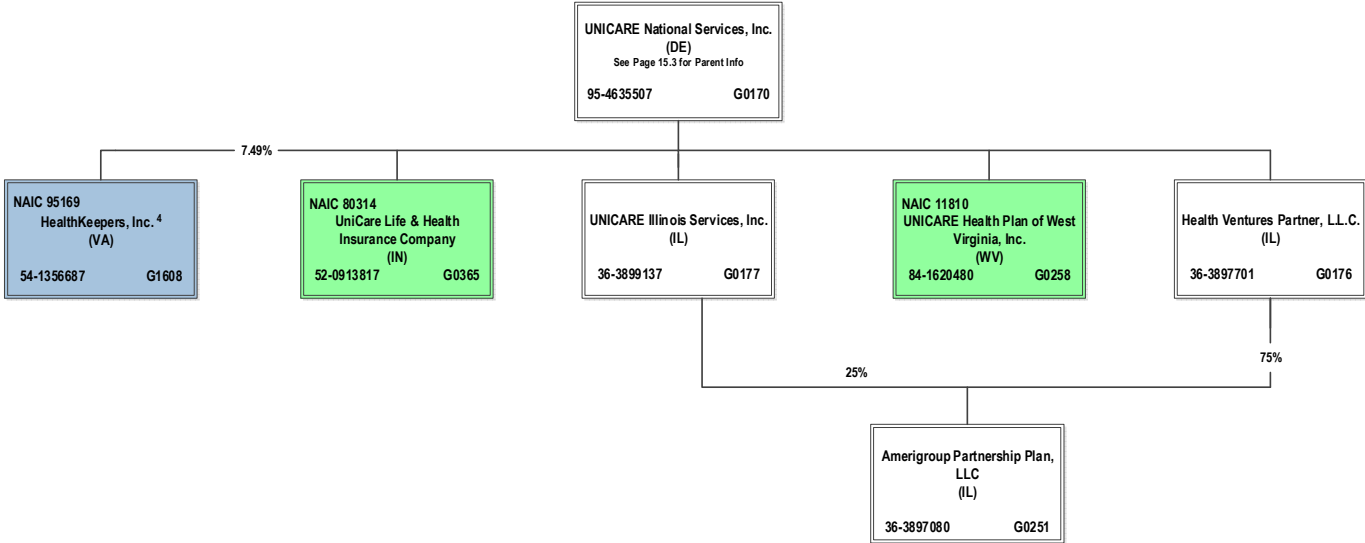


³ Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



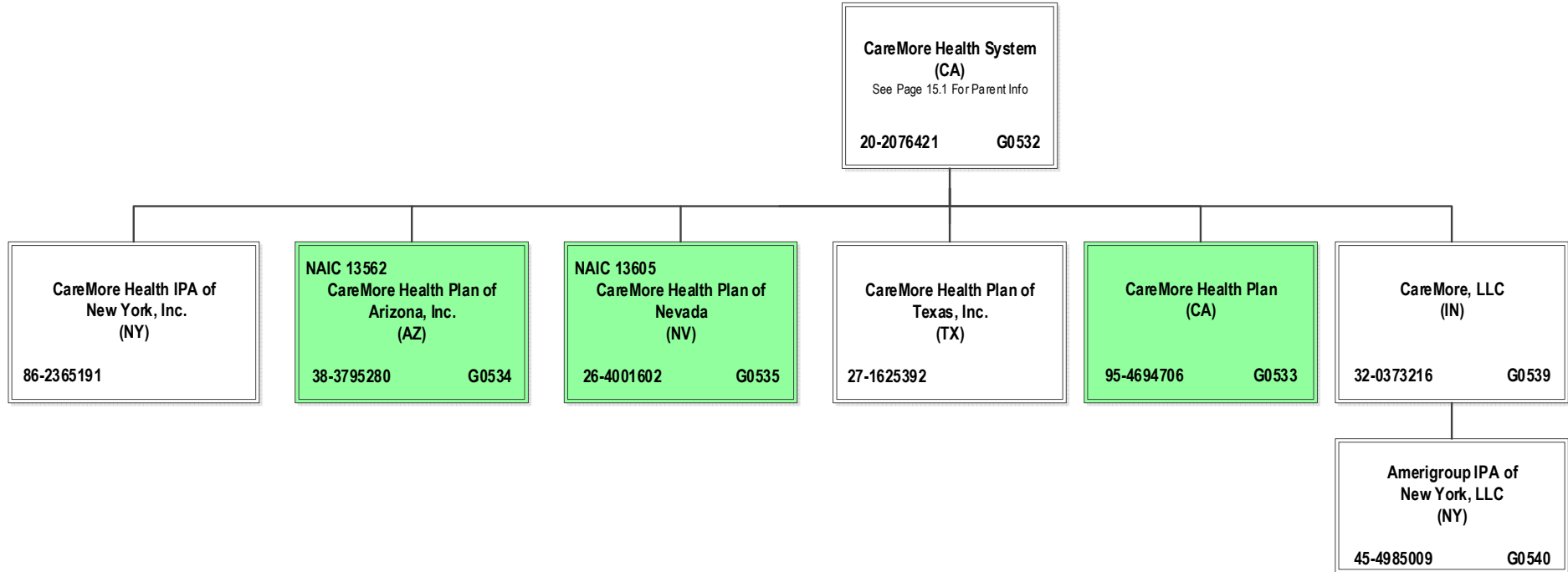
15.4

⁴ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

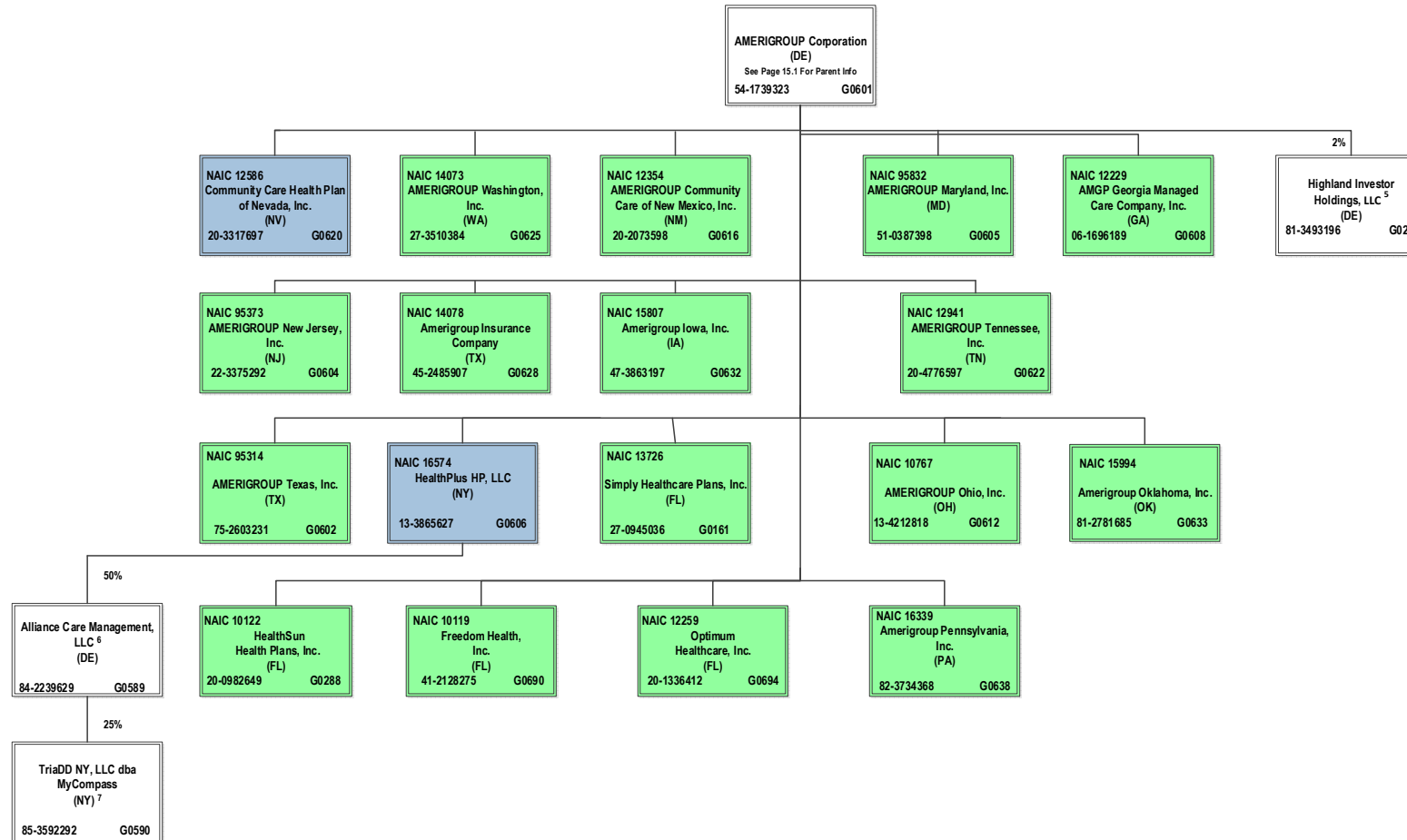
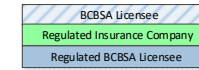
BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

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



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

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



⁵ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

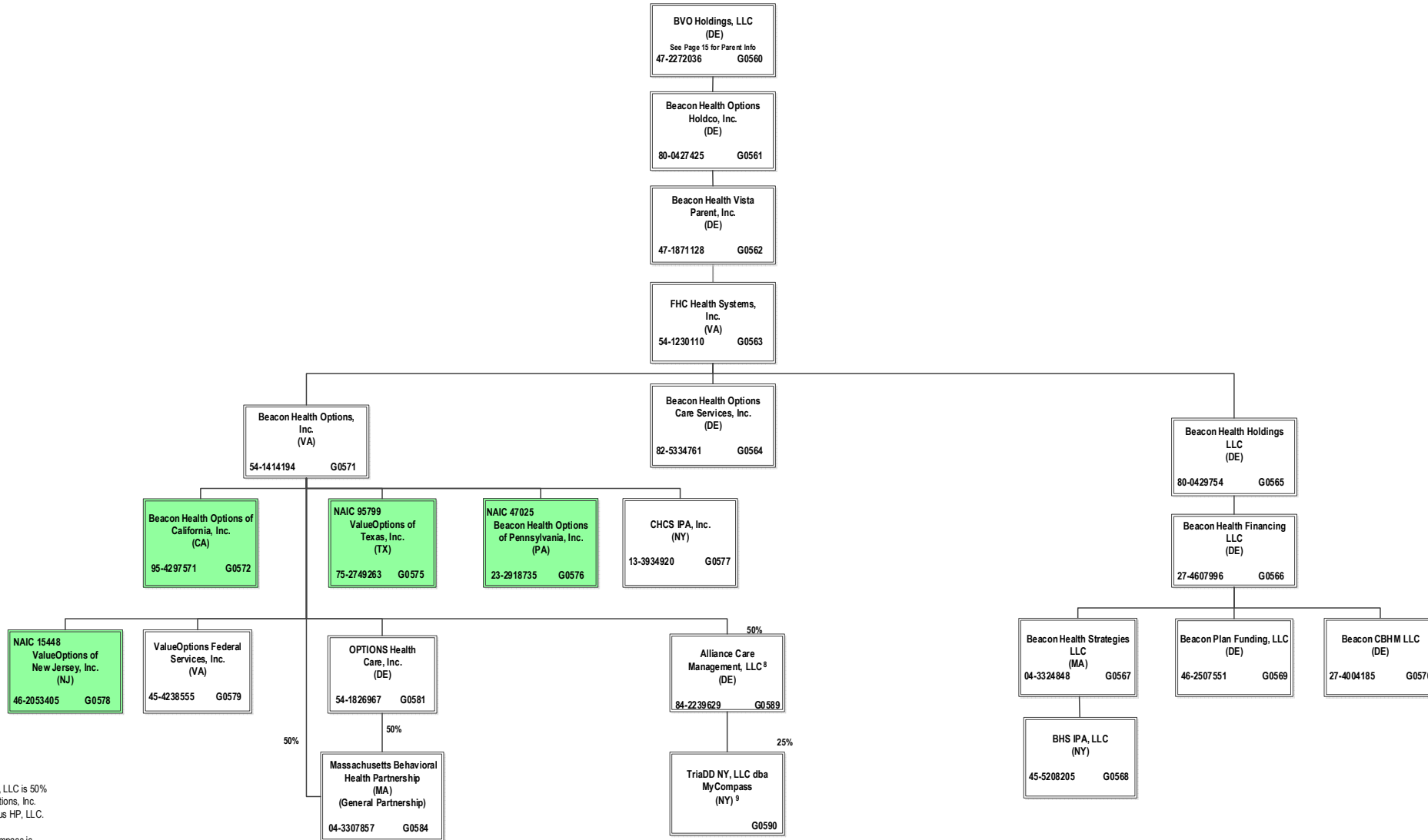
⁶ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

⁷ TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

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

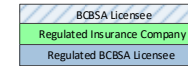


⁸ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

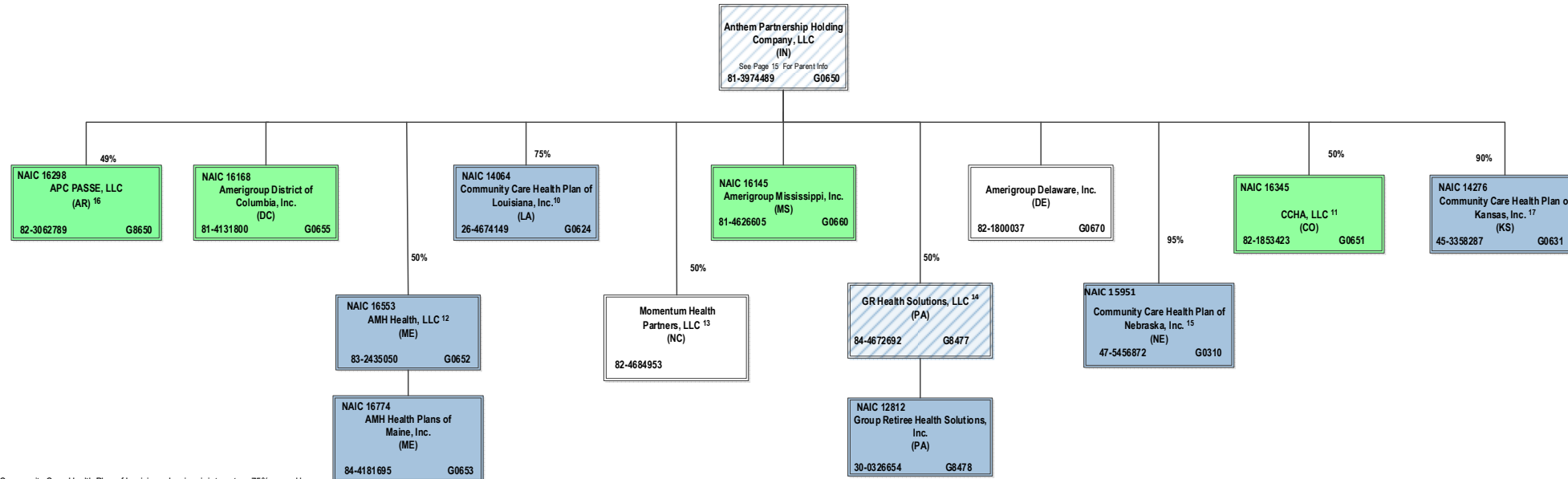
⁹ TriaDD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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

PART 1 – ORGANIZATIONAL CHART



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



¹⁰ Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

¹¹ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

¹² AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

¹³ Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

¹⁴ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹⁵ Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate)

¹⁶ APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate)

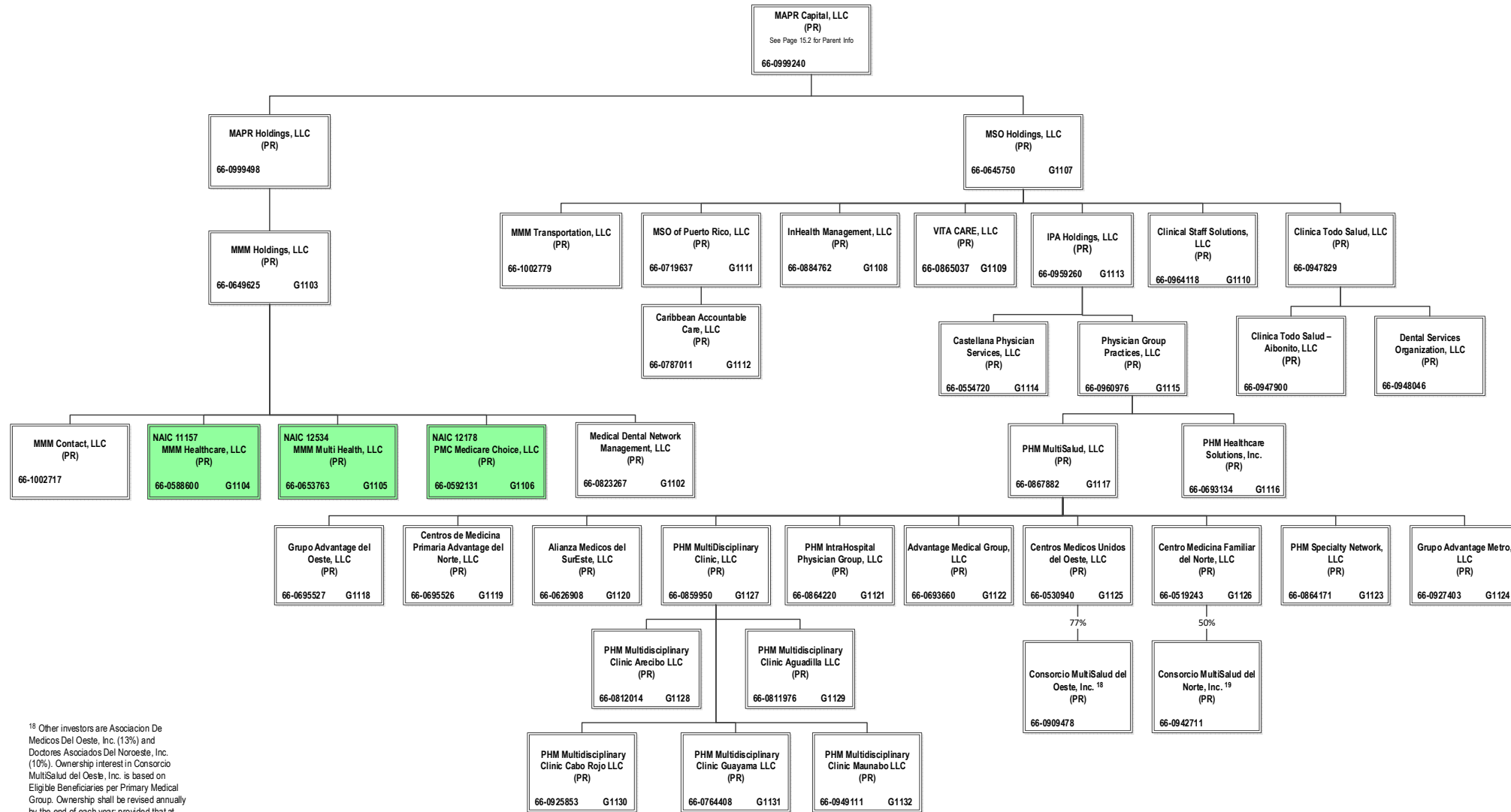
¹⁷ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate)

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



¹⁸ Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (10%). Ownership interest in Consortio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

¹⁹ Other 50% owned by ACO del Norte, LLC (non-affiliate)

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		66-0693660		0001156039		Advantage Medical Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		66-0626908		0001156039		Alianza Medicos del SurEste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Ownership	50.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Ownership	50.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		36-3692630		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Elevance Health, Inc.	.NO.	
							AMERIGROUP Community Care of New Mexico, Inc.								
.0671	Elevance Health, Inc.	12354	20-2073598		0001156039		AMERIGROUP Corporation	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		54-1739323		0001156039		AMERIGROUP Delaware, Inc.	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		82-1800037		0001156039		Amgroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16168	81-4131800		0001156039		Amgroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	14078	45-2485907		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	15807	47-3863197		0001156039		Amgroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95832	81-4626605		0001156039		Amgroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16145	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95373	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	10767	81-2781685		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	15994	36-3897080		0001156039		Amgroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		36-3897080		0001156039		Amgroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16339	82-3734368		0001156039		Amgroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	RE	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95314	75-2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	14073	37-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	IA	AMH Health, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	.NO.	.0105
							Anthem Blue Cross Life and Health Insurance Company								
.0671	Elevance Health, Inc.	62825	95-4331852		0001156039		Anthem Financial, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		35-1898945		0001156039		Anthem Health Plans of Kentucky, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Maine, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of New Hampshire, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of Virginia, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	60217	06-1475928		0001156039		Anthem Holding Corp.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		61-1459939		0001156039		Anthem Insurance Companies, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	28207	35-0781558		0001156039		Anthem Kentucky Managed Care Plan, Inc.	IN	IA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	15543	47-0992859		0001156039		Anthem Life & Disability Insurance Company	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
							Rocky Mountain Hospital and Medical Service, Inc.								
.0671	Elevance Health, Inc.	61069	35-0980405		0001156039		Anthem Partnership Holding Company, LLC	IN	IA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		81-3974489		0001156039		Anthem Southeast, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		32-0031791		0001156039		Anthem UM Services, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		35-2129194		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16298	82-3062789		0001156039		APC Passe, LLC	AR	NIA	Anthem Partnership Holding Company, LLC	Ownership	49.000	Elevance Health, Inc.	.NO.	.0115
.0671	Elevance Health, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		87-4518697		0001156039		APR, LLC	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	.NO.	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UIP	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		80-0429754		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc.	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc.	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	.0101
.0671	Elevance Health, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc.	PA	IA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	96962	58-1638390		0001156039		Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	.0101
.0671	Elevance Health, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	NO	.0101
.0671	Elevance Health, Inc.		47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		98-1492098		0001156039		Carelon Digital Platforms Israel Ltd.	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		84-1782311		0001156039		Carelon Digital Platforms, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		46-0613946		0001156039		Carelon Employment Company, LLC	IN	NIA	The Elevance Health Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-3027094		0001156039		Carelon Holdings, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-3300542		0001156039		Carelon Insights, Inc.	IN	NIA	Carelon Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		86-2365191		0001156039		CareMore Health IPA of New York, Inc.	NY	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	.0101
.0671	Elevance Health, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0787011		0001156039		Caribbean Accountable Care, LLC	PR	NIA	MSO of Puerto Rico, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0554720		0001156039		Castellana Physician Services, LLC	PR	NIA	IPA Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	16345	82-1853423		0001156039		CCHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	.0102
.0671	Elevance Health, Inc.		66-0695526		0001156039		Centros de Medicina Primaria Advantage del Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0519243		0001156039		Centros Medicos Familiar del Norte, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		13-39324920		0001156039		CHCS IPA, Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0947829		0001156039		Clinica Todo Salud, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0947900		0001156039		Clinica Todo Salud-Aibonito, LLC	PR	NIA	Clinica Todo Salud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0964118		0001156039		Clinical Staff Solutions, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	14276	45-3358287		0001156039		Community Care Health Plan of Kansas, Inc.	KS	IA	Anthem Partnership Holding Company, LLC	Ownership	90.000	Elevance Health, Inc.	NO	.0114
.0671	Elevance Health, Inc.		26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Elevance Health, Inc.	NO	.0104
.0671	Elevance Health, Inc.	14064	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc.	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	95.000	Elevance Health, Inc.	NO	.0112
.0671	Elevance Health, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95693	39-1462554		0001156039		CompCare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0942711		0001156039		Consortio MultiSalud del Norte, Inc.	PR	NIA	Centros Medicina Familiar del Norte, LLC	Ownership	50.000	Elevance Health, Inc.	NO	.0109

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		66-0909478		0001156039		Consorcio MultiSalud del Oeste, Inc.	PR	NIA	Centros Medicos Unidos del Oeste, LLC	Ownership	.77.000	Elevance Health, Inc.	.NO.	.0103
.0671	Elevance Health, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		66-0948046		0001156039		Dental Services Organization, LLC	PR	NIA	Clinica Todo Salud, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Elevance Health, Inc.	IN	UIP				Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		54-1230110		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.				0001156039		Freedom SPV, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	.0101
.0671	Elevance Health, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	.50.000	Elevance Health, Inc.	.NO.	.0108
.0671	Elevance Health, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		66-0695527		0001156039		Grupo Advantage del Oeste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		66-0927403		0001156039		Grupo Advantage Metro, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16426	82-1820099		0001156039		Health Colorado, Inc.	CO	IA	Beacon Health Options, Inc.	Ownership	.16.670	Elevance Health, Inc.	.NO.	.0111
.0671	Elevance Health, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	.92.510	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	.7.490	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	16574	13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	.100.000	Elevance Health, Inc.	.NO.	.0100
.0671	Elevance Health, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		46-3434016		0001156039		HealthSun Physicians Network 1, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		81-3471305		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		81-3487249		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	.98.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Ownership	.2.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		83-2158120		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	.100.000	Elevance Health, Inc.	.NO.	
.0671	Elevance Health, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	.100.000	Elevance Health, Inc.	.NO.	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0671	Elevance Health, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-3062245		0001156039		IngeniRX, Inc.	IN	NIA	Carelon Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0884762		0001156039		InHealth Management, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	15454	45-3027404		0001156039		Integra MLTC, Inc.	IA	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0959260		0001156039		IPA Holdings, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		98-1397080		0001156039		Legato Health Technologies Ireland, Ltd	IRL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	99.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings II, LLC	Ownership	1.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		98-1490582		0001156039		Legato Health Technologies Philippines, Inc.	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	0106
.0671	Elevance Health, Inc.		82-3030791		0001156039		Legato Health Technologies Puerto Rico, LLC	PR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		87-2164713		0001156039		Legato Health Technologies, U.S., Inc	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-3031178		0001156039		Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999240		0001156039		MAPR Capital, LLC	PR	NIA	MAPR Global, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999355		0001156039		MAPR Global, LLC	PR	NIA	APR, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999498		0001156039		MAPR Holdings, LLC	PR	NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Ownership	50.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0823267		0001156039		Medical Dental Network Management, LLC	PR	NIA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-1002717		0001156039		MMM Contact, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	11157	66-0588600		0001156039		MMM Healthcare, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0649625		0001156039		MMM Holdings, LLC	PR	NIA	MAPR Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12534	66-0653763		0001156039		MMM Multi Health, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-1002779		0001156039		MMM Transportation, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	0107
.0671	Elevance Health, Inc.		66-0645750		0001156039		MSO Holdings, LLC	PR	NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		84-1811105		0001156039		myNEXUS Holdings, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		84-1801030		0001156039		myNEXUS Management, Inc.	DE	NIA	myNEXUS Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-4603181		0001156039		myNEXUS NPHO of TEXAS	TX	NIA	MyNexus, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		85-0541810		0001156039		myNEXUS NY IPA, LLC	NY	NIA	MyNexus, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-4671638		0001156039		MyNexus, Inc.	DE	NIA	myNEXUS Management, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		35-1840597		0001156039		National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		54-1826967		0001156039		OPTIONS Health Care, Inc.	DE	NIA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4249368		0001156039		Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4249345		0001156039		Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0693134		0001156039		PHM Healthcare Solutions, Inc.	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0864220		0001156039		PHM IntraHospital Physician Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0925853		0001156039		PHM Multidisciplinary Clinic Cabo Rojo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0764408		0001156039		PHM Multidisciplinary Clinic Guayama LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0949111		0001156039		PHM Multidisciplinary Clinic Maunabo LLC	PR	NIA	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0859950		0001156039		PHM MultiDisciplinary Clinic, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0867882		0001156039		PHM MultiSalud, LLC	PR	NIA	Physician Group Practices, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12178	66-0592131		0001156039		PMC Medicare Choice, LLC	PR	IA	MM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.						Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	11011	84-0747736		0001156039		SeiCore, Inc.	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0473316		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	13726	27-0945036		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		55-0712302		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-4071004		0001156039		The Elevance Health Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-5443372		0001156039		The Elevance Health Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		35-1835818		0001156039		Triadd NY, LLC dba MyCompass	NY	NIA	Alliance Care Management, LLC	Ownership	25.000	Elevance Health, Inc.	NO	0113
.0671	Elevance Health, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	11810	36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	80314	95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	15448	46-2053405		0001156039		ValueOptions of New Jersey, Inc.	NJ	IA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95799	75-2749263		0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0865037		0001156039		VITA CARE, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-2736438		0001156039		WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC, a non-affiliate.
0103	Owned 77% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 10% by Doctores Asociados del Noroeste, Inc. (a non-affiliate).
0104	Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (a non-affiliate).
0105	AMH Health, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% by MaineHealth, a non-affiliate.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina, a non-affiliate.
0108	GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC, a non-affiliate.
0109	Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity.
0110	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)
0111	83.33% owned by unaffiliated investors
0112	Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, a non-affiliate.
0113	TriadDD NY, LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates.
0114	Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (a non-affiliate), and 5% owned by Blue Cross and Blue Shield of Kansas City, a non-affiliate.
0115	APC Passe, LLC is 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by the Arkansas Provider Coalition, LLC, which is not affiliated with Anthem, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
--	-----

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Other Liabilities	875,000		875,000	481,909
2397. Summary of remaining write-ins for Line 23 from overflow page	875,000	0	875,000	481,909

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	821,352,259	556,388,591
2. Cost of bonds and stocks acquired	150,905,538	567,466,141
3. Accrual of discount	338,313	862,173
4. Unrealized valuation increase (decrease)	(30,027,723)	4,572,220
5. Total gain (loss) on disposals	(3,183,569)	(4,821,268)
6. Deduct consideration for bonds and stocks disposed of	96,316,013	299,718,231
7. Deduct amortization of premium	2,527,086	4,902,620
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	225,017	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	242,007	1,505,253
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	840,558,709	821,352,259
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	840,558,709	821,352,259

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	479,518,266	178,892,799	188,399,202	(970,394)	479,518,266	469,041,469	0	437,272,544
2. NAIC 2 (a)	196,086,615	5,729,323	3,628,252	168,207	196,086,615	198,355,893	0	182,521,515
3. NAIC 3 (a)	176,179,256	7,646,144	6,918,006	(17,883,358)	176,179,256	159,024,036	0	187,303,449
4. NAIC 4 (a)	24,301,314	1,875,500	1,650,449	(3,497,096)	24,301,314	21,029,269	0	21,225,434
5. NAIC 5 (a)	1,216,402	0	0	397,453	1,216,402	1,613,855	0	1,228,500
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	877,301,853	194,143,766	200,595,909	(21,785,188)	877,301,853	849,064,522	0	829,551,442
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	877,301,853	194,143,766	200,595,909	(21,785,188)	877,301,853	849,064,522	0	829,551,442

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 7,500,000 ; NAIC 2 \$ 1,005,813 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals	1,005,813	xxx	1,013,900	0	14,826

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,199,498	
2. Cost of short-term investments acquired	4,307,504	87,188,871
3. Accrual of discount	2,375	3,628
4. Unrealized valuation increase (decrease)	0	
5. Total gain (loss) on disposals	(1,078)	3,969
6. Deduct consideration received on disposals	6,494,399	83,996,970
7. Deduct amortization of premium	8,087	
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)	1,005,813	3,199,498
11. Deduct total nonadmitted amounts	0	
12. Statement value at end of current period (Line 10 minus Line 11)	1,005,813	3,199,498

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	37,949,710	223,583,873
2. Cost of cash equivalents acquired	1,624,981,145	2,303,679,649
3. Accrual of discount	2,123	1,328
4. Unrealized valuation increase (decrease)	16,475	(983)
5. Total gain (loss) on disposals	(33,753)	9,479
6. Deduct consideration received on disposals	1,655,415,700	2,489,323,636
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	7,500,000	37,949,710
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	7,500,000	37,949,710

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
052398-HT-4	AUSTIN TX ARPT SYS REVENUE 5.000% 04/01/52		04/27/2022	Morgan Stanley		1,089,470	1,000,000	.0	1.E FE
3140ML-M9-8	FINMA POOL BV6683 3.500% 04/01/52		04/26/2022	J P Morgan		4,641,888	4,744,563	12,454	1.A
3140MM-AD-0	FINMA POOL BV7203 3.500% 04/01/52		04/26/2022	Morgan Stanley		978,945	1,000,000	2,625	1.A
54627R-AM-2	LOUISIANA ST LOCAL GOVT ENVRM SERIES A 4.145% 02/01/33		05/12/2022	J P Morgan		2,700,000	2,700,000	.0	1.A FE
59447T-3U-5	MICHIGAN ST FIN AUTH REVENUE SERIES A 4.000% 04/15/38		04/29/2022	Morgan Stanley		2,000,000	2,000,000	.0	1.D FE
611530-DP-8	MONROEVILLE PA FIN AUTH UPMC R SERIES B 4.000% 02/15/41		04/06/2022	Bony/Barclays Capital Inc		1,453,788	1,400,000	.0	1.F FE
0909999999	Subtotal - Bonds - U.S. Special Revenues					12,864,091	12,844,563	15,079	XXX
00790R-AB-0	ADVANCED DRAINAGE SYSTEM SERIES 144A 6.375% 06/15/30		06/02/2022	Various		392,700	390,000	.0	4.A FE
03969Y-AC-2	ARDAGH METAL PACKAGING SERIES 144A 6.000% 06/15/27		06/01/2022	Citigroup Global Markets		410,000	410,000	.0	3.B FE
06051G-HD-4	BANK OF AMERICA CORP SERIES VII 3.419% 12/20/28		06/28/2022	State Street		2,775,194	3,000,000	2,849	1.F FE
11135F-BV-2	BROADCOM INC SERIES 144A 4.926% 05/15/37		04/13/2022	Taxable Exchange		435,973	436,174	.0	2.C FE
12116L-AC-3	BURFORD CAPITAL GBLBL FIN SERIES 144A 6.875% 04/15/30		04/06/2022	Piper Jeffries & Co		625,225	630,000	.0	3.C FE
237266-AJ-0	DARLING INGREDIENTS INC SERIES 144A 6.000% 06/15/30		06/08/2022	Bank of America		596,975	590,000	.35	3.A FE
25461L-AA-0	DIRECTV HOLDINGS FING SERIES 144A 5.875% 08/15/27		05/31/2022	Goldman Sachs & Co		361,000	380,000	6,698	3.B FE
26885B-AN-0	EQM MIDSTREAM PARTNERS L SERIES 144A 7.500% 06/01/30		05/31/2022	Various		907,444	900,000	.0	3.C FE
31556T-AA-7	FERTITTA ENTERTAINMENT SERIES 144A 4.625% 01/15/29		05/23/2022	Goldman Sachs & Co		608,925	690,000	10,460	4.B FE
344849-AA-2	FOOT LOCKER INC SERIES 144A 4.000% 10/01/29		05/23/2022	Pershing		842,700	1,060,000	6,360	3.B FE
41984L-AA-5	HAWAIIAN BRAND INTELLECT SERIES 144A 5.750% 01/20/26		06/02/2022	CS First Boston		245,625	250,000	1,837	4.A FE
431318-AZ-7	HILCORP ENERGY HILCORP SERIES 144A 6.250% 04/15/32		04/05/2022	J P Morgan		680,000	680,000	.0	3.C FE
435765-AJ-1	HOLLY NRG PRTRN FIN CORP SERIES 144A 6.375% 04/15/27		04/06/2022	Wachovia Securities		900,000	900,000	.0	3.C FE
45866F-AU-8	INTERCONTINENTALEXCHANGE 4.000% 09/15/27		05/12/2022	Goldman Sachs & Co		4,986,750	5,000,000	.0	1.G FE
46647P-DC-7	JPMORGAN CHASE & CO 4.586% 04/26/33		04/25/2022	Citigroup Global Markets		916,335	900,000	.115	1.F FE
501797-AW-4	L BRANDS INC SERIES 144A 6.625% 10/01/30		06/01/2022	Citigroup Global Markets		359,100	360,000	4,108	3.B FE
67571E-AB-3	OCTANE RECEIVABLES TRUST SERIES 2022-1A CLASS A2 144A 4.180% 03/20/28		04/29/2022	J P Morgan		2,999,716	3,000,000	.0	1.C FE
95000U-2L-6	WELLS FARGO & COMPANY SERIES MTN 4.478% 04/04/31		04/05/2022	Carmona Motley & Co. Inc		1,885,580	1,800,000	672	2.A FE
02154C-AH-6	ALTICE FINANCING SA SERIES 144A 5.750% 08/15/29	D.	06/01/2022	Bank of America		628,250	700,000	12,075	4.B FE
143658-BQ-4	CARNIVAL CORP SERIES 144A 4.000% 08/01/28	D.	05/18/2022	Goldman Sachs & Co		574,200	660,000	7,993	3.C FE
225401-AM-0	CREDIT SUISSE GROUP AG SERIES 144A 2.593% 09/11/25	D.	04/25/2022	Bank of New York		957,039	1,000,000	3,313	2.A FE
225460-AA-4	CREDIT SUISSE GROUP AG SERIES 144A 6.500% 08/08/23	D.	04/26/2022	Bank of New York		1,029,150	1,000,000	14,264	2.C FE
30251G-BE-6	FMG RESOURCES AUG 2006 SERIES 144A 6.125% 04/15/32	D.	04/06/2022	Morgan Stanley		620,000	620,000	.0	3.A FE
43103Q-AA-6	HIGHLAND HOLDINGS BOND SERIES 144A 7.625% 10/15/25	D.	04/19/2022	Merrill Lynch Pierce Fenner		769,500	760,000	966	3.B FE
539439-AQ-2	LLOYDS BANKING GROUP PLC 3.574% 11/07/28	D.	06/28/2022	State Street		2,789,620	3,000,000	15,785	1.F FE
H72108-HG-3	UBS AG 5.125% 05/15/24	D.	04/26/2022	Goldman Sachs & Co		407,680	400,000	19,475	2.A FE
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					28,704,681	29,516,174	107,005	XXX
69897U-AF-0	ZURICH FINANCE IRELAND SERIES EMTN HYB 3.000% 04/19/51	D.	04/01/2022	Morgan Stanley		452,488	500,000	13,250	1.E FE
69897U-AG-8	ZURICH FINANCE IRELAND SERIES EMTN HYB 3.500% 05/02/52	D.	04/01/2022	Morgan Stanley		2,414,880	2,600,000	24,267	1.E FE
1309999999	Subtotal - Bonds - Hybrid Securities					2,867,368	3,100,000	37,517	XXX
2509999997	Total - Bonds - Part 3					44,436,140	45,460,737	159,601	XXX
2509999998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999	Total - Bonds					44,436,140	45,460,737	159,601	XXX
4509999997	Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks					0	XXX	0	XXX
5989999997	Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks					0	XXX	0	XXX
5999999999	Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999	Totals					44,436,140	XXX	159,601	XXX

E04

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	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 Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
52475P-AA-9	LEGACY MORTGAGE ASSET TRUST SERIES 2021-SL1 CLASS A 144A 1.991% 09/25/60		06/27/2022	Paydown		720,458	720,458	720,454	650,476	0	69,981	0	69,981	0	720,458	0	0	0	6,825	09/25/2060	1.F Z
542514-EU-4	LONG BEACH MORTGAGE LOAN TRU SERIES 2004-1 CLASS M1 2.374% 02/25/34		06/27/2022	Paydown		27,111	27,111	26,857	26,885	0	226	0	226	0	27,111	0	0	0	114	02/25/2034	1.A FM
552751-AA-7	MFRA TRUST SERIES 2020-NQM2 CLASS A1 144A 1.381% 04/25/65		06/01/2022	Paydown		436,804	436,804	436,798	436,624	0	180	0	180	0	436,804	0	0	0	2,429	04/25/2065	1.A FE
57643L-GZ-3	MASTR ASSET BACKED SECURITIES SERIES 2005-WMC1 CLASS M4 2.569% 03/25/35		06/27/2022	Paydown		77,174	77,174	77,235	77,227	0	(52)	0	(52)	0	77,174	0	0	0	404	03/25/2035	1.A FM
57645R-AA-9	MASTR ADJUSTABLE RATE MORTGA SERIES 2007-HF1 CLASS A1 2.104% 05/25/37		05/25/2022	Paydown		62,697	62,697	38,373	38,486	0	24,212	0	24,212	0	62,697	0	0	0	174	05/25/2037	1.D FM
61744C-HA-7	MORGAN STANLEY CAPITAL INC SERIES 2004-HE8 CLASS M1 2.584% 09/25/34		06/27/2022	Paydown		34,678	34,678	33,465	33,715	0	963	0	963	0	34,678	0	0	0	185	09/25/2034	1.A FM
62482B-AA-0	MOZART DEBT MERGER SUB SERIES 144A 3.875% 04/01/29		05/20/2022	RBC		554,125	650,000	649,188	647,706	1,498	34	0	1,532	0	649,237	0	(95,112)	(95,112)	15,322	04/01/2029	4.A FE
62959R-AA-3	NEW YORK MORTGAGE TRUST SERIES 2021-SP1 CLASS A1 144A 1.670% 08/25/61		06/01/2022	Paydown		173,144	173,144	173,144	173,144	0	0	0	0	0	173,144	0	0	0	1,200	08/25/2061	2.B Z
64352V-NY-3	NEW CENTURY HOME EQUITY LN TR SERIES 05-C CLASS A2D 1.964% 12/25/35		06/27/2022	Paydown		351,931	351,931	348,314	349,945	0	1,986	0	1,986	0	351,931	0	0	0	1,482	12/25/2035	1.A FM
64831E-AB-6	NEW RESIDENTIAL MORTGAGE LOAN SERIES 2021-NQ2R CLASS A2 144A 1.147% 09/25/58		06/01/2022	Paydown		296,760	296,760	296,760	296,691	0	69	0	69	0	296,760	0	0	0	1,353	09/25/2058	1.A
64831E-AC-4	NEW RESIDENTIAL MORTGAGE LOAN SERIES 2021-NQ2R CLASS A3 144A 1.353% 09/25/58		06/01/2022	Paydown		214,895	214,895	214,895	214,836	0	59	0	59	0	214,895	0	0	0	1,155	09/25/2058	1.A
68404L-AA-0	OPTION CARE HEALTH INC SERIES 144A 4.375% 10/31/29		05/24/2022	Bank of America		140,800	160,000	160,000	160,000	0	0	0	0	0	160,000	0	(19,200)	(19,200)	4,061	10/31/2029	4.C FE
69546R-AA-4	PAGAYA A1 DEBT SELECTION TRUST SERIES 2021-3 CLASS A 144A 1.150% 05/15/29		06/15/2022	Paydown		352,406	352,406	352,406	352,406	0	0	0	0	0	352,406	0	0	0	1,702	05/15/2029	1.G FE
69702H-AA-6	PALMER SQUARE LOAN FUNDING LTD SERIES 2021-4A CLASS A1 144A 1.036% 10/15/29		04/15/2022	Paydown		171,577	171,577	171,577	171,577	0	0	0	0	0	171,577	0	0	0	800	10/15/2029	1.A FE
74140Q-AA-6	PRETIUM MORTGAGE CREDIT PARTN SERIES 2021-RN1 CLASS A1 144A 1.992% 02/25/61		06/25/2022	Paydown		1,019,071	1,019,071	1,019,070	1,019,071	0	0	0	0	0	1,019,071	0	0	0	8,384	02/25/2061	2.B Z
76774L-AA-5	RITCHIE BROS HLDGS INC SERIES 144A 4.750% 12/15/31		05/04/2022	Call	100.0000	1,350,000	1,350,000	1,352,079	504,858	0	(139)	0	(139)	0	1,351,922	0	(1,922)	(1,922)	23,691	12/15/2031	3.C FE
78355H-KM-0	RYDER SYSTEM INC MTN SERIES MTN 2.875% 06/01/22		06/01/2022	Maturity		170,000	170,000	169,901	169,986	0	14	0	14	0	170,000	0	0	0	2,444	06/01/2022	2.B FE
78449A-AA-0	SLAM 2021 1 LLC SERIES 2021-1A CLASS A 144A 2.434% 06/15/46		06/15/2022	Paydown		15,600	15,600	15,599	15,599	0	1	0	1	0	15,600	0	0	0	158	06/15/2046	1.F FE
83610C-AW-1	SOUND POINT CLO LTD SERIES 2016-2A CLASS AR2 144A 2.113% 10/20/28		04/20/2022	Paydown		90,339	90,339	90,339	90,339	0	0	0	0	0	90,339	0	0	0	567	10/20/2028	1.A FE
85172F-AS-8	SPRINGLEAF FINANCE CORP 8.875% 06/01/25		06/01/2022	Call	104.4380	340,000	340,000	340,000	340,000	0	0	0	0	0	340,000	0	0	0	30,177	06/01/2025	3.B FE
87166F-AA-1	SYNCHRONY BANK 3.000% 06/15/22		05/16/2022	Call	100.0000	600,000	600,000	572,268	596,503	0	2,879	0	2,879	0	599,382	0	618	618	7,550	06/15/2022	2.C FE
87166P-AF-8	SYNCHRONY CARD ISSUANCE TRUST SERIES 2019-A2 CLASS A 2.340% 06/15/25		06/15/2022	Paydown		1,588,000	1,588,000	1,587,885	1,587,980	0	20	0	20	0	1,588,000	0	0	0	18,580	06/15/2025	1.A FE
88339V-AA-6	THEOREM FUNDING TRUST SERIES 2021-1A CLASS A 144A 1.210% 12/15/27		06/15/2022	Paydown		97,605	97,605	97,600	97,600	0	5	0	5	0	97,605	0	0	0	488	12/15/2027	1.G FE
88339V-AA-2	THEOREM FUNDING TRUST SERIES 2022-1A CLASS A 144A 1.850% 02/15/28		06/15/2022	Paydown		345,766	345,766	345,169	0	0	597	0	597	0	345,766	0	0	0	1,879	02/15/2028	1.G Z
89177H-AA-0	TOWN POINT MORTGAGE TRUST SERIES 2019-HY2 CLASS A1 144A 2.624% 05/25/58		06/27/2022	Paydown		155,245	155,245	156,434	156,089	0	(844)	0	(844)	0	155,245	0	0	0	847	05/25/2058	1.A
90932V-AA-3	UNITED AIR 2020 1 B PTT 4.875% 07/15/27		04/15/2022	Redemption	100.0000	7,480	7,480	7,574	7,559	0	(4)	0	(4)	0	7,555	0	(75)	(75)	182	07/15/2027	2.C FE
91679U-AA-0	UPSTART SECURITIZATION TRUST SERIES 2020-1 CLASS A 2.322% 04/22/30		04/20/2022	Paydown		31,465	31,465	31,464	31,463	0	1	0	1	0	31,465	0	0	0	244	04/22/2030	1.F FE
92331M-AE-8	VENTURE CLO LTD SERIES 2017-26A CLASS AR 144A 2.163% 01/20/29		04/20/2022	Paydown		12,310	12,310	12,310	12,310	0	0	0	0	0	12,310	0	0	0	80	01/20/2029	1.A FE

E05.2

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22			
										11	12	13	14	15										
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's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	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	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol			
92347Y-AA-2	VERIZON OWNER TRUST SERIES 2019-A CLASS A1A 2.930% 09/20/23		06/20/2022	Paydown		150,838	150,838	150,807	150,827	0	11	0	11	0	150,838	0	0	0	1,809	09/20/2023	1.A FE			
92558E-AJ-1	VIBRANT CLO LTD SERIES 2017-6A CLASS AR 144A 3.013% 06/20/29		06/20/2022	Paydown		73,234	73,234	73,234	73,234	0	0	0	0	0	73,234	0	0	0	567	06/20/2029	1.A FE			
92911U-AJ-7	VOYA CLO LTD SERIES 2016-2A CLASS A1R 144A 1.398% 07/19/28		04/19/2022	Paydown		34,723	34,723	34,723	34,723	0	0	0	0	0	34,723	0	0	0	234	07/19/2028	1.A FE			
958254-AB-0	WESTERN GAS PARTNERS 4.000% 07/01/22		04/01/2022	Call 100.0000		160,000	160,000	146,000	156,635	0	1,682	0	1,682	0	158,318	0	1,682	1,682	4,800	07/01/2022	3.A FE			
96926J-AC-1	WILLIAM CARTER SERIES 144A 5.625% 03/15/27		05/23/2022	Bank of America		1,025,550	1,060,000	1,111,420	1,088,081	164	(6,891)	0	(6,727)	0	1,081,355	0	(55,805)	(55,805)	41,406	03/15/2027	3.B FE			
96926J-AE-7	WILLIAM CARTER SERIES 144A 5.500% 05/15/25		04/04/2022	Call 103.1356		278,466	270,000	271,650	271,016	0	(105)	0	(105)	0	270,912	0	(912)	(912)	14,200	05/15/2025	3.B FE			
983793-AH-3	XPO LOGISTICS INC SERIES 144A 6.250% 05/01/25		04/09/2022	Call 103.3646		107,499	104,000	105,820	105,133	0	(124)	0	(124)	0	105,009	0	(1,009)	(1,009)	6,352	05/01/2025	4.A FE			
552704-AD-0	MEG ENERGY CORP SERIES 144A 6.500% 01/15/25	A	04/04/2022	Call 101.6250		323,168	318,000	330,653	323,168	7,486	0	0	7,486	0	330,653	0	(12,653)	(12,653)	20,038	01/15/2025	3.C FE			
30251G-BC-0	FMG RESOURCES AUG 2006 SERIES 144A 4.375% 04/01/31	D	04/06/2022	Morgan Stanley		1,134,675	1,230,000	1,230,000	1,230,000	0	0	0	0	0	1,230,000	0	(95,325)	(95,325)	27,953	04/01/2031	3.A FE			
91835R-AA-8	VMC FINANCE LLC SERIES 2021-FL4 CLASS A 144A 2.695% 06/16/36	D	06/20/2022	Paydown		1,297,530	1,297,530	1,297,530	1,297,530	0	0	0	0	0	1,297,530	0	0	0	7,580	06/16/2036	1.A FE			
961214-EC-3	WESTPAC BANKING CORP 3.300% 02/26/24	D	04/26/2022	Carmona Motley & Co. Inc		2,516,500	2,500,000	2,499,075	2,499,583	0	61	0	61	0	2,499,644	0	16,856	16,856	55,458	02/26/2024	1.D FE			
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						20,737,277	21,274,063	21,349,826	20,072,962	20,126	110,151	0	130,277	0	21,395,785	0	(712,106)	(712,106)	439,919	XXX	XXX			
48127F-AA-1	JPMORGAN CHASE & CO SERIES V 3.535% Perpet.		04/25/2022	Paribas		893,790	900,000	906,471	900,000	0	0	0	0	0	900,000	0	(6,210)	(6,210)	18,672	01/01/9999	2.B FE			
1309999999. Subtotal - Bonds - Hybrid Securities						893,790	900,000	906,471	900,000	0	0	0	0	0	900,000	0	(6,210)	(6,210)	18,672	XXX	XXX			
2509999997. Total - Bonds - Part 4						43,746,049	44,979,382	46,276,902	43,231,537	20,126	(18,221)	0	1,905	0	45,517,578	0	(1,825,127)	(1,825,127)	802,216	XXX	XXX			
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2509999999. Total - Bonds						43,746,049	44,979,382	46,276,902	43,231,537	20,126	(18,221)	0	1,905	0	45,517,578	0	(1,825,127)	(1,825,127)	802,216	XXX	XXX			
4509999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX		
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4509999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals						43,746,049	XXX	46,276,902	43,231,537	20,126	(18,221)	0	1,905	0	45,517,578	0	(1,825,127)	(1,825,127)	802,216	XXX	XXX			

E05.3

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
	ROYAL BANK CANADA TORONTO		1.D	727,410	727,410	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	387,952	387,952	08/04/2022
	DEUTSCHE BANK SECURITIES INC.		1.G	2,387,493	2,387,493	08/04/2022
	ING BANK NV, LONDON BRANCH		1.E	1,687,162	1,687,162	08/04/2022
	ING FINANCIAL MARKETS LLC RPEQ		1.E	795,831	795,831	08/04/2022
	ING FINANCIAL MARKETS LLC RPEQ		1.E	795,831	795,831	08/04/2022
	NATIXIS FINANCIAL PRODUCTS LLC		1.F	477,499	477,499	08/04/2022
	RBC CAPITAL MKS		1.D	2,228,327	2,228,327	08/04/2022
	RBC CAPITAL MKS		1.D	1,591,662	1,591,662	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	2,387,493	2,387,493	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	1,591,662	1,591,662	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	1,591,662	1,591,662	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	2,387,493	2,387,493	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	1,273,329	1,273,329	08/04/2022
	DEUTSCHE BANK SECURITIES INC.		1.G	872,821	872,821	08/04/2022
	ING BANK NV, LONDON BRANCH		1.E	616,794	616,794	08/04/2022
	ING FINANCIAL MARKETS LLC RPEQ		1.E	290,940	290,940	08/04/2022
	ING FINANCIAL MARKETS LLC RPEQ		1.E	290,940	290,940	08/04/2022
	NATIXIS FINANCIAL PRODUCTS LLC		1.F	174,564	174,564	08/04/2022
	RBC CAPITAL MKS		1.D	814,633	814,633	08/04/2022
	RBC CAPITAL MKS		1.D	581,881	581,881	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	872,821	872,821	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	581,881	581,881	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	581,881	581,881	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	872,821	872,821	08/04/2022
	ROYAL BANK CANADA TORONTO		1.D	465,505	465,505	08/04/2022
	UNITED STATES OF AMERICA NOTES FIXED 0.125% 15/JUL/2022 USD 100		1.A	91,812	91,812	07/15/2022
	UNITED STATES OF AMERICA NOTES VARIABLE 31/JUL/2022 USD 100		1.A	104,530	104,530	07/31/2022
	UNITED STATES OF AMERICA NOTES FIXED 1.625% 15/AUG/2022 USD 100		1.A	142,922	142,918	08/15/2022
9709999999	Total - Cash Equivalents (Schedule E Part 2 type)			62,722,676	62,723,429	XXX
9999999999	Totals			141,961,843	141,969,621	XXX

General Interrogatories:

- Total activity for the year Fair Value \$16,541,452 Book/Adjusted Carrying Value \$16,550,905
- Average balance for the year Fair Value \$132,690,692 Book/Adjusted Carrying Value \$132,694,259
- Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
 NAIC 1 \$141,969,621 NAIC 2 \$ NAIC 3 \$ NAIC 4 \$ NAIC 5 \$ NAIC 6 \$

**SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Date
NONE						
999999999 - Totals						XXX

General Interrogatories:

- | | | |
|---------------------------------|---------------------|---------------------------------------|
| 1. Total activity for the year | Fair Value \$ | Book/Adjusted Carrying Value \$ |
| 2. Average balance for the year | Fair Value \$ | Book/Adjusted Carrying Value \$ |

STATEMENT AS OF JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of America 101 S. Tryon Street, 19th Floor, Charlotte, NC 28255		0.000	0	0	(7,416,474)	(29,197,220)	(14,518,652)	.XXX
JP Morgan Chase 4 New York Plaza, 13th Floor, New York, NY 10004		0.000	0	0	12,392,535	10,396,774	8,945,082	.XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	4,976,061	(18,800,446)	(5,573,570)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	4,976,061	(18,800,446)	(5,573,570)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	4,976,061	(18,800,446)	(5,573,570)	XXX



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2022 OF THE Amerigroup Tennessee, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0671

NAIC Company Code 12941

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS

**AMERIGROUP Tennessee, Inc. - Total
Report 2A - Cover Kids
For the Period Ending 06/30/2022**

Member Months	Current Period <u>39,346</u>	Year-To-Date Total <u>82,519</u>	Previous Year Total <u>169,538</u>
Revenues:			
TennCare Capitation	8,412,989	16,749,864	32,182,924
Investment	64,804	115,090	225,818
Other Revenues	-	-	-
Total Revenues	<u>8,477,793</u>	<u>16,864,954</u>	<u>32,408,742</u>
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	4,625,218	4,625,218	-
Inpatient Hospital Services	1,785,050	4,180,890	9,770,445
Outpatient Hospital Services	(1,535,526)	636,692	7,403,482
Emergency Room Services	267,987	642,189	1,915,263
Dental Services	(282,519)	-	1,034,467
Vision Services	30,527	30,527	-
Pharmacy Services	(27,398)	-	85,856
Home Health Services	6,944	6,944	-
Chiropractic Services	-	-	-
Radiology Services	718,593	718,593	-
Laboratory Services	306,025	678,939	896,507
Durable Medical Equipment Services	(170,863)	122,695	622,530
Transportation Services	(4,460)	59,248	128,835
Outside Referrals	(38,133)	-	81,390
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	<u>5,681,444</u>	<u>11,701,936</u>	<u>21,938,775</u>
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	214,971	214,971	-
Inpatient Substance Abuse Treatment and Detox	(109,505)	53,743	395,366
Outpatient Mental Health Services	341,456	382,268	98,841
Outpatient Substance Abuse Treatment and Detox	(181,537)	1,898	542,882
Housing/Residential Treatment	(989)	-	28,071
Specialized Crisis Services	116,019	116,019	24,768
Psychiatric Rehab and Support Services	(16,354)	48,681	197,239
Case Management	(15,024)	10,306	60,833
Forensics	(6,385)	-	42,883
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Tennessee Health Link	-	-	-
Other Mental Health Services - Write-Ins	-	-	24,768
Subtotal MH&SAS	<u>342,651</u>	<u>827,885</u>	<u>1,415,650</u>
CHOICES			
Nursing Facility Care	1,416	1,416	360
HCBS Services	23,053	23,053	-
Subtotal CHOICES	<u>24,469</u>	<u>24,469</u>	<u>359</u>
Value Based Payouts	-	-	-
Value Based Recoveries	-	-	-
Other Medical Incentive Pool and Withhold Adjustments	-	-	-
Subtotal Hospital, Medical, MH&SAS, CHOICES	<u>6,048,564</u>	<u>12,554,289</u>	<u>23,354,785</u>
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	<u>-</u>	<u>-</u>	<u>-</u>
Total Hospital, Medical, MH&SAS	<u>6,048,564</u>	<u>12,554,289</u>	<u>23,354,785</u>
Administration:			
Compensation	545,928	1,135,471	2,521,877
Direct and Allocated Admin expenses	-	-	-
Marketing	9,704	21,909	68,164
Interest Expense	-	-	-
Premium Tax Expense	552,933	931,448	2,369,957
Occupancy, Depreciation, and Amortization	43,718	100,904	203,990
Other Administration - Write-Ins	252,517	607,502	1,475,853
Total Administration Expenses	<u>1,404,800</u>	<u>2,797,234</u>	<u>6,639,841</u>
Total Expenses	<u>7,453,364</u>	<u>15,351,523</u>	<u>29,994,626</u>
Extraordinary Item	-	-	-
Provision for Income Tax	220,297	317,026	386,480
Net Income (Loss)	<u>804,132</u>	<u>1,196,405</u>	<u>2,027,636</u>
Write-Ins for Other Revenues			
HIF Reimbursement	-	-	-
ASO for ECF	-	-	-
Total Other Revenues	<u>-</u>	<u>-</u>	<u>-</u>
Write-Ins for Other Medical and Hospital			
	<u>-</u>	<u>-</u>	<u>-</u>
Total Other Medical and Hospital	<u>-</u>	<u>-</u>	<u>-</u>
Write-Ins for Other MH & SS			
	<u>-</u>	<u>-</u>	<u>-</u>
Total Other MH & SS	<u>-</u>	<u>-</u>	<u>-</u>
Write-Ins for Other Administration			
ACA Health Insurer Fee	-	-	-
Outsourced Services	103,356	217,204	542,376
Postage, Express, and Telephone	11,281	28,203	61,466
Administrative Service Fee	-	-	-
Legal Fees	5,467	12,677	26,653
Travel	2,746	5,299	5,473
Auditing, Actuarial, and Other consulting	46,115	123,420	288,655
Other Administration < \$175,000 YTD	83,552	220,699	551,230
Total Other Administration	<u>252,517</u>	<u>607,502</u>	<u>1,475,853</u>

**AMERIGROUP Tennessee, Inc. - Middle Region
Report 2A
For the Period Ending 06/30/2022**

	<u>Current Period</u>	<u>Year-To-Date Total</u>	<u>Previous Year Total</u>
Member Months	587,302	1,164,905	2,215,688
Revenues:			
TennCare Capitation	227,813,215	431,020,608	724,757,540
Investment	1,494,584	2,976,467	5,801,596
Other Revenues	1,131,682	2,163,773	4,141,640
Total Revenues	230,439,481	436,160,848	734,700,775
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	45,940,216	92,852,249	156,675,532
Inpatient Hospital Services	24,174,339	56,531,815	119,967,145
Outpatient Hospital Services	9,215,447	19,052,137	34,415,990
Emergency Room Services	10,841,634	18,551,078	23,083,244
Dental Services	-	-	-
Vision Services	528,356	1,068,423	1,628,702
Pharmacy Services	-	-	-
Home Health Services	2,317,085	5,209,087	9,296,156
Chiropractic Services	-	-	-
Radiology Services	4,049,406	8,227,088	13,436,235
Laboratory Services	2,854,024	5,695,865	7,834,995
Durable Medical Equipment Services	1,900,254	3,958,965	5,499,944
Transportation Services	6,136,584	12,190,926	16,723,519
Outside Referrals	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	107,957,345	223,337,633	388,561,463
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	5,441,066	10,439,987	14,565,120
Inpatient Substance Abuse Treatment and Detox	1,360,267	2,609,997	3,641,280
Outpatient Mental Health Services	7,174,445	14,016,774	22,957,240
Outpatient Substance Abuse Treatment and Detox	102,368	170,230	893,099
Housing/Residential Treatment	(309,417)	101,493	1,168,177
Specialized Crisis Services	1,123,824	2,272,483	3,478,547
Psychiatric Rehab and Support Services	1,356,394	2,592,529	4,641,414
Case Management	136,482	364,423	1,693,760
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Tennessee Health Link	4,507,013	9,293,084	16,061,170
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	20,892,441	41,861,000	69,099,808
CHOICES			
Nursing Facility Care	27,506,949	57,298,429	87,566,483
HCBS Services	6,815,268	15,311,249	27,539,885
Subtotal CHOICES	34,322,217	72,609,677	115,106,368
Value Based Payouts	-	-	-
Value Based Recoveries	-	-	-
Other Medical Incentive Pool and Withhold Adjustments	-	-	-
Subtotal Hospital, Medical, MH&SAS, CHOICES	163,172,002	337,808,310	572,767,638
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MH&SAS	163,172,002	337,808,310	572,767,638
Administration:			
Compensation	11,637,259	22,716,690	42,574,790
Direct and Allocated Admin expenses	-	-	-
Marketing	192,036	386,130	997,690
Interest Expense	-	-	-
Premium Tax Expense	12,748,380	24,813,084	49,859,708
Occupancy, Depreciation, and Amortization	914,066	1,880,776	3,249,881
Other Administration - Write-Ins	5,246,184	10,913,889	22,550,205
Total Administration Expenses	30,737,925	60,710,569	119,232,273
Total Expenses	193,909,927	398,518,879	691,999,911
Extraordinary Item	-	-	-
Provision for Income Tax	3,751,741	8,190,261	6,904,867
Net Income (Loss)	32,777,813	29,451,708	35,795,997
Write-Ins for Other Revenues			
HIF Reimbursement	-	-	-
ASO for ECF	1,131,682	2,163,773	4,141,640
Total Other Revenues	1,131,682	2,163,773	4,141,640
Write-Ins for Other Medical and Hospital			
	-	-	-
Total Other Medical and Hospital	-	-	-
Write-Ins for Other MH & SS			
	-	-	-
Total Other MH & SS	-	-	-
Write-Ins for Other Administration			
ACA Health Insurer Fee	-	-	-
Outsourced Services	2,154,897	4,108,754	8,798,430
Postage, Express, and Telephone	234,754	522,104	952,151
Administrative Service Fee	1,464,187	2,960,047	5,371,785
Legal Fees	103,917	199,492	367,590
Travel	51,891	87,843	79,297
Auditing, Actuarial, and Other consulting	1,031,140	2,346,160	4,571,190
Other Administration < \$175,000 YTD	205,398	689,489	2,409,762
Total Other Administration	5,246,184	10,913,889	22,550,205

**AMERIGROUP Tennessee, Inc. - East Region
Report 2A
For the Period Ending 06/30/2022**

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	486,436	964,271	1,841,754
Revenues:			
TennCare Capitation	168,252,904	356,695,462.17	655,616,553
Investment	1,312,893	2,457,959	4,627,424
Other Revenues	534,991	1,027,135	1,775,676
Total Revenues	170,100,788	360,180,556	662,019,653
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	36,738,025	70,086,183	130,045,088
Inpatient Hospital Services	17,390,508	38,329,199	76,071,018
Outpatient Hospital Services	7,362,859	14,038,142	23,994,387
Emergency Room Services	8,889,805	15,077,041	20,447,646
Dental Services	-	-	-
Vision Services	435,151	847,007	1,352,105
Pharmacy Services	-	-	-
Home Health Services	1,838,836	3,400,371	5,556,064
Chiropractic Services	-	-	-
Radiology Services	4,097,416	7,692,051	12,776,158
Laboratory Services	2,018,454	4,090,267	6,090,933
Durable Medical Equipment Services	968,873	2,377,875	4,216,555
Transportation Services	3,856,831	6,870,577	9,295,334
Outside Referrals	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	83,596,759	162,808,714	289,845,288
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	3,004,775	7,047,988	11,600,951
Inpatient Substance Abuse Treatment and Detox	751,194	1,761,997	2,900,238
Outpatient Mental Health Services	4,997,246	9,900,977	17,747,469
Outpatient Substance Abuse Treatment and Detox	96,803	155,971	625,140
Housing/Residential Treatment	(35,115)	74,588	606,623
Specialized Crisis Services	589,036	1,146,603	1,842,707
Psychiatric Rehab and Support Services	943,536	1,997,400	3,622,299
Case Management	133,490	330,872	1,082,703
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Tennessee Health Link	3,046,217	6,221,048	11,400,719
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	13,527,183	28,637,444	51,428,850
CHOICES			
Nursing Facility Care	38,622,842	80,710,664	137,757,191
HCBS Services	9,506,882	17,872,775	22,342,635
Subtotal CHOICES	48,129,725	98,583,438	160,099,826
Value Based Payouts	-	-	-
Value Based Recoveries	-	-	-
Other Medical Incentive Pool and Withhold Adjustments	-	-	-
Subtotal Hospital, Medical, MH&SAS, CHOICES	145,253,666	290,029,596	501,373,964
LESS:			0.00
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MH&SAS	145,253,666	290,029,596	501,373,964
Administration:			
Compensation	9,638,427	18,804,142	35,389,590
Direct and Allocated Admin expenses	-	-	-
Marketing	159,057	319,626	829,313
Interest Expense	-	-	-
Premium Tax Expense	10,558,665	20,539,470	41,445,057
Occupancy, Depreciation, and Amortization	757,112	1,556,846	2,701,410
Other Administration - Write-Ins	4,345,425	9,034,165	18,744,485
Total Administration Expenses	25,458,686	50,254,248	99,109,855
Total Expenses	170,712,352	340,283,844	600,483,819
Extraordinary Item	-	-	-
Provision for Income Tax	(109,319)	3,737,810	9,383,674
Net Income (Loss)	(502,245)	16,158,902	52,152,160
Write-Ins for Other Revenues			
HIF Reimbursement	-	-	-
ASO for ECF	534,991	1,027,135	1,775,676
Total Other Revenues	534,991	1,027,135	1,775,676
Write-Ins for Other Medical and Hospital			
	-	-	-
	-	-	-
Total Other Medical and Hospital	-	-	-
Write-Ins for Other MH & SS			
	-	-	-
	-	-	-
Total Other MH & SS	-	-	-
Write-Ins for Other Administration			
ACA Health Insurer Fee	-	-	-
Outsourced Services	1,784,721	3,401,094	7,313,549
Postage, Express, and Telephone	194,464	432,181	791,460
Administrative Service Fee	1,212,747	2,450,231	4,465,208
Legal Fees	86,066	165,133	305,553
Travel	42,971	72,713	65,914
Auditing, Actuarial, and Other consulting	854,194	1,942,076	3,799,726
Other Administration < \$175,000 YTD	170,261	570,736	2,003,075
Total Other Administration	4,345,425	9,034,165	18,744,485

**AMERIGROUP Tennessee, Inc. - West Region
Report 2A
For the Period Ending 06/30/2022**

Member Months	Current Period 420,007	Year-To-Date Total 834,343	Previous Year Total 1,606,412
Revenues:			
TennCare Capitation	145,218,568	293,623,753	526,511,381
Investment	1,120,890	2,022,377	3,714,783
Other Revenues	331,526	705,692	1,332,804
Total Revenues	146,670,984	296,351,822	531,558,968
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	27,655,140	57,208,128	104,750,583
Inpatient Hospital Services	18,046,149	35,845,528	67,337,095
Outpatient Hospital Services	4,650,159	10,042,395	18,640,397
Emergency Room Services	6,427,566	10,900,706	17,868,646
Dental Services	-	-	-
Vision Services	378,224	768,328	1,176,286
Pharmacy Services	-	-	-
Home Health Services	1,306,503	2,899,045	5,185,003
Chiropractic Services	-	-	-
Radiology Services	2,821,337	5,663,784	8,633,245
Laboratory Services	1,463,947	3,230,632	5,322,223
Durable Medical Equipment Services	791,583	1,833,990	2,830,328
Transportation Services	4,589,262	8,749,529	11,810,351
Outside Referrals	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	68,129,869	137,142,064	243,554,157
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	3,631,037	8,884,849	15,632,102
Inpatient Substance Abuse Treatment and Detox	907,759	2,221,212	3,908,025
Outpatient Mental Health Services	3,219,071	6,606,301	11,304,161
Outpatient Substance Abuse Treatment and Detox	38,203	66,788	546,452
Housing/Residential Treatment	119,302	457,287	1,540,718
Specialized Crisis Services	429,089	871,719	1,341,383
Psychiatric Rehab and Support Services	707,742	1,720,201	3,132,978
Case Management	109,538	349,646	1,062,507
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Tennessee Health Link	1,098,113	2,480,165	4,778,177
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	10,259,856	23,658,168	43,246,503
CHOICES			
Nursing Facility Care	26,627,540	57,099,313	90,753,157
HCBS Services	5,761,904	12,869,990	21,015,647
Subtotal CHOICES	32,389,444	69,969,303	111,768,804
Value Based Payouts	-	-	-
Value Based Recoveries	-	-	-
Other Medical Incentive Pool and Withhold Adjustments	-	-	-
Subtotal Hospital, Medical, MH&SAS, CHOICES	110,779,168	230,769,535	398,569,464
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MH&SAS	110,779,168	230,769,535	398,569,464
Administration:			
Compensation	8,322,753	16,270,438	30,867,457
Direct and Allocated Admin expenses	-	-	-
Marketing	137,328	276,559	723,343
Interest Expense	-	-	-
Premium Tax Expense	9,117,487	17,771,944	36,149,148
Occupancy, Depreciation, and Amortization	653,616	1,347,074	2,356,220
Other Administration - Write-Ins	3,751,231	7,816,885	16,349,287
Total Administration Expenses	21,982,416	43,482,900	86,445,454
Total Expenses	132,761,584	274,252,435	485,014,918
Extraordinary Item	-	-	-
Provision for Income Tax	3,086,542	4,755,815	7,742,375
Net Income (Loss)	10,822,858	17,343,572	38,801,675
Write-Ins for Other Revenues			
HIF Reimbursement	-	-	-
ASO for ECF	331,526	705,692	1,332,804
Total Other Revenues	331,526	705,692	1,332,804
Write-Ins for Other Medical and Hospital			
	-	-	-
	-	-	-
Total Other Medical and Hospital	-	-	-
Write-Ins for Other MH & SS			
	-	-	-
	-	-	-
Total Other MH & SS	-	-	-
Write-Ins for Other Administration			
ACA Health Insurer Fee	-	-	-
Outsourced Services	1,541,251	2,942,824	6,379,013
Postage, Express, and Telephone	167,822	373,948	690,326
Administrative Service Fee	1,047,047	2,120,082	3,894,637
Legal Fees	74,323	142,883	266,509
Travel	37,126	62,916	57,492
Auditing, Actuarial, and Other consulting	737,084	1,680,397	3,314,191
Other Administration < \$175,000 YTD	146,578	493,834	1,747,119
Total Other Administration	3,751,231	7,816,885	16,349,287

AMERIGROUP Tennessee, Inc.
MLR Reconciliation to NAIC Filing
June 30, 2022

TOTAL REVENUES

	Middle Tennessee	East Tennessee	West Tennessee	CoverKids	AMERIVANTAGE	NAIC Filing	Page, Col, Line
Net premium income 2022	433,184,381	357,722,597	294,329,445	16,749,865	212,209,864	1,314,196,152	4, C2, L8
Net premium income 2021	728,899,179	657,392,229	527,844,185	32,182,924	323,415,121	2,269,733,638	4, C2, L8
Net premium income 2020	714,075,228	661,506,304	529,726,746		2,040,654	1,907,348,932	4, C2, L8
Net premium income 2019	688,812,106	605,917,803	509,749,519		713,215	1,805,192,643	4, C2, L8
Net premium income 2018	654,659,543	499,268,806	427,835,408		157,252,299	1,739,016,056	4, C2, L8
Net premium income 2017	620,288,491	559,235,050	462,090,561		135,710,645	1,777,324,747	4, C2, L8
Net premium income 2016	672,498,687	609,688,416	510,457,257		113,275,475	1,905,919,835	4, C2, L8
Net premium income 2015	685,111,632	485,675,994	432,065,197		85,552,392	1,688,405,215	4, C2, L8
Net premium income 2014	942,351,546				63,997,819	1,006,349,365	4, C2, L8
Net premium income 2013	865,968,872				51,049,846	917,018,718	4, C2, L8
Net premium income 2012	863,517,958				41,362,158	904,880,116	4, C2, L8
Net premium income 2011	896,910,241				23,222,262	920,132,503	4, C2, L8
Net premium income 2010	871,851,131				16,750,528	888,601,659	4, C2, L8
Net premium income 2009	612,724,592				13,401,387	626,125,979	4, C2, L8
Net premium income 2008	598,983,073				8,112,101	607,095,174	4, C3, L2-2008
Net premium income 2007	382,864,891					382,864,891	4, C3, L2-2009
TOTAL by Region	11,232,701,551	4,436,407,199	3,694,098,318	48,932,789	1,248,065,765		
MLR Report by Region	3,533,737,346	3,098,371,133	2,533,439,051	55,023,410			
TOTAL	19,363,207,068						
MLR Report Total	9,165,547,530						
Difference	10,197,659,539						
ASO PCP administrative fee reclassified to SG&A	942,810						
Affordable Care Act (ACA) Health Insurer Fee (HIF)							
Reimbursement	(139,961,901)						
Vendor gift cards in wrong product (4Q15)	(8,246)						
Middle Non-Choices pulling wrong month Dec 2015	(633,617)						
TDI updated MLR Oct 2017-dropped 2015-2007 premium amounts - Middle	(7,489,425,604)						
TDI updated MLR Oct 2017-dropped 2015-2007 premium amounts - East	(1,248,584,871)						
TDI updated MLR Oct 2017-dropped 2015-2007 premium amounts - West	(1,065,539,495)						
Unreconciled difference/timing	(254,448,615)						
Rounding							
Difference	0						

UNPAID CLAIMS

	Middle Tennessee	East Tennessee	West Tennessee	CoverKids	AMERIVANTAGE	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded)	87,197,548	67,235,163	62,965,673	2,558,026	35,366,388	255,322,797	3, C3, L1
Accrued medical incentive pool and bonus amounts	205,180	54,578	335,637	1,122	786,339	1,382,857	3, C3, L2
Unpaid claims adjustment expenses	1,867,226	1,459,249	1,379,015	58,950	825,292	5,589,732	3, C3, L3
TOTAL	89,269,954	68,748,990	64,680,325	2,618,099	36,978,019	262,295,386	
Unpaid Claims Total by Region	89,269,954	68,748,990	64,680,325	2,618,099		225,317,367	
IBNR on MLR report	105,928,867	67,997,336	72,975,656	3,185,603		250,087,462	
Difference	(16,658,913)	751,654	(8,295,331)	(567,505)		(24,770,095)	
Held Checks issued but awaiting disbursement							
Unreconciled Claims Unpaid							
Held Checks issued but awaiting disbursement							
Unreconciled difference/Timing						2,901,018	
AtC Suspense /Medical Claims Payable (Claims)						(27,671,113)	
Difference						(0)	

HOSPITAL AND MEDICAL

					NAIC Filing	Page, Col, Line
Total Middle expenses on MLR report					3,397,193,052	
Total East expenses on MLR report					2,764,756,839	
Total West expenses on MLR report					2,347,254,259	
Total CoverKids expenses on MLR report					-	
					8,509,204,149	
Total hospital and medical 07 Dec 31					360,775,300	4, C4, L18-2007
Total hospital and medical 08 Dec 31					535,851,712	4, C4, L18-2008
Total hospital and medical 09 Dec 31					516,193,087	4, C2, L18
Total hospital and medical 10 Dec 31					653,302,266	4, C2, L18
Total hospital and medical 11 Dec 31					695,948,802	4, C2, L18
Total hospital and medical 12 Dec 31					741,069,296	4, C2, L18
Total hospital and medical 13 Dec 31					758,273,927	4, C2, L18
Total hospital and medical 14 Dec 31					790,011,501	4, C2, L18
Total hospital and medical 15 Dec 31					1,364,712,278	4, C2, L18
Total hospital and medical 16 Dec 31					1,606,355,995	4, C2, L18
Total hospital and medical 17 Dec 31					1,433,884,490	4, C2, L18
Total hospital and medical 18 Dec 31					1,442,610,122	4, C2, L18
Total hospital and medical 19 Dec 31					1,517,185,302	4, C2, L18
Total hospital and medical 20 Dec 31					1,533,578,882	4, C2, L18
Total hospital and medical 21 Dec 31					1,774,695,978	4, C2, L18
Total hospital and medical 22 Jun 30					1,060,176,048	
Total from NAIC filing					16,784,624,986	
Less Medicare expenses					1,048,927,813	
NAIC net of Medicare expenses					15,735,697,173	
LAE Change-A&H					2,632,616	
Jul-Sep 2013 reinsurance expense					(735)	
Paid claim data that has dropped off MLR report					(7,229,124,905)	
Difference					0	

Table 1

<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>
<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>	<p>Activity</p>

Kategorie	Beschreibung	Menge	Einheit	Werte
Material	Beton		m ³	
	Stahlbeton		m ³	
	Stahl		t	
	Zement		t	
	Sand		m ³	
Arbeitslohn	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
	Arbeitslohn		h	
Sonstige	Sonstige			
	Sonstige			
	Sonstige			
	Sonstige			
	Sonstige			
Zusammen	Zusammen			
	Zusammen			
	Zusammen			
	Zusammen			
	Zusammen			

		MAY 2024																												TOTAL		AVERAGE							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
GENERAL INFORMATION	Project Name																																						
	Project Number																																						
	Client Name																																						
	Project Location																																						
PHASE I: PRELIMINARY DESIGN	Site Visit																																						
	Conceptual Design																																						
	Preliminary Site Plan																																						
	Site Investigation																																						
	Soil Testing																																						
	Utility Mapping																																						
	Environmental Assessment																																						
	Public Consultation																																						
	Final Preliminary Design																																						
	Approval of Preliminary Design																																						
PHASE II: DETAILED DESIGN	Final Site Plan																																						
	Detailed Site Plan																																						
	Final Design Report																																						
	Final Design Drawings																																						
	Final Design Approval																																						
	PHASE III: CONSTRUCTION	Construction Start																																					
		Construction Progress																																					
		Construction Completion																																					
		Final Construction Report																																					
		Final Construction Drawings																																					
Final Construction Approval																																							
PHASE IV: MAINTENANCE		Final Design Review																																					
		Final Construction Review																																					
		Final Design Approval																																					
		Final Construction Approval																																					
	Final Design Report																																						
	Final Construction Report																																						
	Final Design Drawings																																						
	Final Construction Drawings																																						
	Final Design Approval																																						
	Final Construction Approval																																						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals..... Group Subscribers:						
0299997. Group subscriber subtotal	0	0	0	0	0	0
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	1,136,834		34,612	937,599		2,109,045
0499999. Premiums due and unpaid from Medicaid entities	6,768,323					6,768,323
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	7,905,157	0	34,612	937,599	0	8,877,368

FL-18

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	0	0	0	0	0	0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 -90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
						0	
0199999 Total - Individually listed receivables						0	
0299999 Receivables not individually listed						0	
0399999 Total gross amounts receivable						0	

NONE