



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas District of Columbia, Inc.

NAIC Group Code 00936 , 00936 NAIC Company Code 15088 Employer's ID Number 46-1480213
(Current Period) (Prior Period)

Organized under the Laws of District of Columbia , State of Domicile or Port of Entry District of Columbia

Country of Domicile United States

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

Incorporated/Organized 11/30/2012 Commenced Business 03/18/2013

Statutory Home Office 1120 Vermont Avenue, Suite 200 , Washington, DC, US 20005
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1120 Vermont Avenue, Suite 200 , Washington, DC, US 20005
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealthdc.com

Statutory Statement Contact Terrence James Cunningham , 202-326-8740
(Name) (Area Code) (Telephone Number) (Extension)
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(E-Mail Address) (Fax Number)

OFFICERS

<u>Steven Harvey Bohner</u> , <u>Vice President and Treasurer</u>	<u>Karen Margaret Dale</u> , <u>Executive Director</u>
<u>Robert Howard Gilman, Esquire</u> , <u>Vice President and Secretary</u>	<u>George Dennis Mulligan</u> , <u>Assistant Secretary</u>

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

Peter Andrew Jakuc Steven Harvey Bohner _____

State of _____
 County of _____ **ss**

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

Steven Harvey Bohner Robert Howard Gilman, Esquire
 Vice President and Treasurer Vice President and Secretary

Subscribed and sworn to before me this _____ day of _____ February, 2016

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 _____

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	.0		.0	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$73,922,443 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$60,553,394 , Schedule DA).....	134,475,837		134,475,837	105,956,046
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	134,475,837	.0	134,475,837	105,956,046
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued .....			.0	.0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	6,549,727		6,549,727	8,897,991
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon	955,828		955,828	.0
18.2 Net deferred tax asset.....	5,980,127	3,680,151	2,299,976	2,256,937
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....	62,708		62,708	91,951
21. Furniture and equipment, including health care delivery assets (\$)	178,592	178,592	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates .....			.0	.0
24. Health care (\$573,519) and other amounts receivable.....	2,914,808	2,341,289	573,519	598,310
25. Aggregate write-ins for other-than-invested assets	4,278,061	6,274,251	(1,996,190)	(2,268,398)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	155,395,688	12,474,283	142,921,405	115,532,837
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	155,395,688	12,474,283	142,921,405	115,532,837
DETAILS OF WRITE-INS				
1101. ....			.0	.0
1102. ....			.0	.0
1103. ....			.0	.0
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.....	371,239	371,239	.0	.0
2502. Intangible Assets.....	5,554,746	5,554,746	.0	.0
2503. Goodwill.....	(1,996,190)		(1,996,190)	(2,268,398)
2598. Summary of remaining write-ins for Line 25 from overflow page	348,266	348,266	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	4,278,061	6,274,251	(1,996,190)	(2,268,398)

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	69,702,620		69,702,620	50,977,833
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	456,613		456,613	458,594
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	1,103,523		1,103,523	440,877
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	3,657,517
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	5,104,068		5,104,068	3,899,423
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	10,352,772	0	10,352,772	11,024,091
24. Total liabilities (Lines 1 to 23)	86,719,596	0	86,719,596	70,458,335
25. Aggregate write-ins for special surplus funds	XXX	XXX	9,070,499	9,253,483
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	41,999,900	41,999,900
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	5,131,310	(6,178,981)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	56,201,809	45,074,502
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	142,921,405	115,532,837
DETAILS OF WRITE-INS				
2301. Premium Assessment	9,876,745		9,876,745	10,807,400
2302. Stale Dated Checks	476,027		476,027	216,691
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	10,352,772	0	10,352,772	11,024,091
2501. Subsequent Year Affordable Care Act Assessment	XXX	XXX	9,070,499	9,253,483
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	9,070,499	9,253,483
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,293,059	1,304,374
2. Net premium income (including \$0 non-health premium income).....	XXX	477,327,420	447,017,854
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	477,327,420	447,017,854
Hospital and Medical:			
9. Hospital/medical benefits		187,075,940	171,817,270
10. Other professional services		95,122,242	87,505,285
11. Outside referrals			0
12. Emergency room and out-of-area		53,205,661	43,616,346
13. Prescription drugs		41,281,840	41,365,727
14. Aggregate write-ins for other hospital and medical.....	0	8,721,265	7,110,922
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	385,406,948	351,415,550
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	385,406,948	351,415,550
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$13,757,808 cost containment expenses.....		20,875,045	18,267,188
21. General administrative expenses.....		51,536,309	51,095,033
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	457,818,302	420,777,771
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	19,509,118	26,240,083
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		13,549	29,192
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	13,549	29,192
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	19,522,667	26,269,275
31. Federal and foreign income taxes incurred	XXX	9,997,655	9,862,746
32. Net income (loss) (Lines 30 minus 31)	XXX	9,525,012	16,406,529
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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Durable Medical Equipment.....		5,285,689	3,717,131
1402. Alternative Medical Cost.....		2,944,765	2,489,729
1403. Affordable Care Act Pass-thru expense.....		356,302	904,062
1498. Summary of remaining write-ins for Line 14 from overflow page	0	134,509	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	8,721,265	7,110,922
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	45,074,502	24,808,644
34. Net income or (loss) from Line 32	9,525,012	16,406,529
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	272,207	272,207
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(375,787)	(503,242)
39. Change in nonadmitted assets	1,705,875	1,590,364
40. Change in unauthorized and certified reinsurance		0
41. Change in treasury stock		0
42. Change in surplus notes		0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	100
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	2,499,900
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	11,127,307	20,265,858
49. Capital and surplus end of reporting year (Line 33 plus 48)	56,201,809	45,074,502
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	479,675,684	440,229,801
2. Net investment income	13,549	29,192
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	479,689,233	440,258,993
5. Benefit and loss related payments	366,384,026	346,346,974
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	71,591,856	69,380,129
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	14,611,000	8,512,000
10. Total (Lines 5 through 9)	452,586,882	424,239,103
11. Net cash from operations (Line 4 minus Line 10)	27,102,351	16,019,890
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	272,207	272,207
12.8 Total investment proceeds (Lines 12.1 to 12.7)	272,207	272,207
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	272,207	272,207
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	2,500,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	1,145,233	4,430,552
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,145,233	6,930,552
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)	28,519,791	23,222,649
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	105,956,046	82,733,397
19.2 End of year (Line 18 plus Line 19.1)	134,475,837	105,956,046

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	477,327,420	21,414,700	0	0	0	0	(67,279)	455,979,999	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	477,327,420	21,414,700	0	0	0	0	(67,279)	455,979,999	0	0
8. Hospital/medical benefits	187,075,940	5,998,046					(480,805)	181,558,699		XXX
9. Other professional services	95,122,242	9,957,207					61,068	85,103,967		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	53,205,661	457,884					0	52,747,777		XXX
12. Prescription drugs	41,281,840	1,459,136					(1,919)	39,824,623		XXX
13. Aggregate write-ins for other hospital and medical	8,721,265	284,173	0	0	0	0	421	8,436,671	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	385,406,948	18,156,446	0	0	0	0	(421,235)	367,671,737	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	385,406,948	18,156,446	0	0	0	0	(421,235)	367,671,737	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 13,757,808 cost containment expenses	20,875,045	0					104,207	20,770,838		
20. General administrative expenses	51,536,309	4,030,799					57,538	47,447,972		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	457,818,302	22,187,245	0	0	0	0	(259,490)	435,890,547	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	19,509,118	(772,545)	0	0	0	0	192,211	20,089,452	0	0
DETAILS OF WRITE-INS										
0501. Aggregate write ins for other hospital and medical	0	0					0			XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment	5,285,689	284,173					421	5,001,095		XXX
1302. Alternative Medical Cost	2,944,765							2,944,765		XXX
1303. Affordable Care Act Pass-thru expense	356,302							356,302		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	134,509	0	0	0	0	0	0	134,509	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	8,721,265	284,173	0	0	0	0	421	8,436,671	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	21,414,700			21,414,700
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare			67,279	(67,279)
7. Title XIX - Medicaid.....	455,979,999			455,979,999
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	477,394,699	.0	67,279	477,327,420
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	477,394,699	0	67,279	477,327,420

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The Company maintained reinsurance (stop-loss) coverage for its Medicare plan from a commercial insurance carrier through December 31, 2014. Medicare reinsurance premiums recorded in 2015 represent a true up for the 2014 contract period.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	366,351,563	17,999,744					228,307	348,123,512		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	366,351,563	17,999,744	0	0	0	0	228,307	348,123,512	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	69,702,620	2,408,251	0	0	0	0	0	67,294,369	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	69,702,620	2,408,251	0	0	0	0	0	67,294,369	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	(330,598)	126,740					(17,093)	(440,245)		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	50,977,833	2,124,809	0	0	0	0	666,635	48,186,389	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	50,977,833	2,124,809	0	0	0	0	666,635	48,186,389	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	385,406,948	18,156,446	0	0	0	0	(421,235)	367,671,737	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	385,406,948	18,156,446	0	0	0	0	(421,235)	367,671,737	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	9,159,881	460,708						8,699,173		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	9,159,881	460,708	0	0	0	0	0	8,699,173	0	0
2. Incurred but Unreported:										
2.1. Direct	60,542,739	1,947,543						58,595,196		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	60,542,739	1,947,543	0	0	0	0	0	58,595,196	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	69,702,620	2,408,251	0	0	0	0	0	67,294,369	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	69,702,620	2,408,251	0	0	0	0	0	67,294,369	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,651,595	15,380,613	(133,254)	2,541,505	2,518,341	2,124,809
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	247,867				247,867	666,635
7. Title XIX - Medicaid.....	46,777,566	304,541,795	1,746,176	65,548,193	48,523,742	48,186,389
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	49,677,028	319,922,408	1,612,922	68,089,698	51,289,950	50,977,833
10. Healthcare receivables (a).....	2,468	2,914,808	0		2,468	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	49,674,560	317,007,600	1,612,922	68,089,698	51,287,482	50,977,833

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

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	7,938	9,736	9,881
5. 2014	XXX	XXX	XXX	14,142	16,649
6. 2015	XXX	XXX	XXX	XXX	15,221

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	9,863	9,748	9,881
5. 2014	XXX	XXX	XXX	16,255	16,516
6. 2015	XXX	XXX	XXX	XXX	17,763

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	.0	.0		.0	.0	.0			.0	.0
2. 2012.....	.0	.0		.0	.0	.0			.0	.0
3. 2013.....	.0	9,881	455	4.6	10,336	.0			10,336	.0
4. 2014.....	.0	16,649	728	4.4	17,377	.0	(133)		17,244	.0
5. 2015	21,415	15,221	917	6.0	16,138	75.4	2,542	92	18,772	87.7

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Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	.0	.0	
5. 2014	XXX	XXX	XXX	.763	
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	.0	.0	
5. 2014	XXX	XXX	XXX	1,430	
6. 2015	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	.0	.0		.0	.0	.0			.0	.0
2. 2012.....	.0	.0		.0	.0	.0			.0	.0
3. 2013.....	.0	.0		.0	.0	.0			.0	.0
4. 2014.....	1,605	.0	786	.0	786	.49			786	.49
5. 2015.....	(67)	0	104	0.0	104	(155.2)	0	0	104	(155.2)

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	166,119	199,767	200,808
5. 2014	XXX	XXX	XXX	294,331	340,067
6. 2015	XXX	XXX	XXX	XXX	301,786

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	
2. 2011 .....	.0	.0	.0	.0	
3. 2012	XXX	.0	.0	.0	
4. 2013	XXX	XXX	208,440	200,317	200,808
5. 2014	XXX	XXX	XXX	341,968	341,813
6. 2015	XXX	XXX	XXX	XXX	367,334

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	.0	.0		.0	.0	.0			.0	.0
2. 2012.....	.0	.0		.0	.0	.0			.0	.0
3. 2013.....	255,497	200,808	6,523	3.2	207,331	81.1			207,331	81.1
4. 2014.....	445,412	340,067	16,602	4.9	356,669	80.1	1,746		358,415	80.5
5. 2015.....	455,980	301,786	19,856	6.6	321,642	70.5	65,548	365	387,555	85.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Caritas District of Columbia, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	.0
2. 2011 .....	.0	.0	.0	.0	.0
3. 2012	XXX	.0	.0	.0	.0
4. 2013	XXX	XXX	174,057	209,503	210,689
5. 2014	XXX	XXX	XXX	309,236	356,716
6. 2015	XXX	XXX	XXX	XXX	317,007

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	.0	.0	.0	.0
2. 2011 .....	.0	.0	.0	.0	.0
3. 2012	XXX	.0	.0	.0	.0
4. 2013	XXX	XXX	218,303	210,065	210,689
5. 2014	XXX	XXX	XXX	359,653	358,329
6. 2015	XXX	XXX	XXX	XXX	385,097

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2012 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2013	255,497	210,689	6,978	3.3	217,667	85.2	.0	.0	217,667	85.2
4. 2014	447,017	356,716	18,116	5.1	374,832	83.9	1,613	.0	376,445	84.2
5. 2015	477,328	317,007	20,877	6.6	337,884	70.8	68,090	457	406,431	85.1

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Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	266,884	210,637	2,058,193		2,535,714
2. Salaries, wages and other benefits	9,479,923	4,073,782	14,395,441		27,949,146
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses	10,394	19,608	47,414		77,416
5. Certifications and accreditation fees	10,288	23,734	37,277		71,299
6. Auditing, actuarial and other consulting services	233,581	601,671	1,190,447		2,025,699
7. Traveling expenses	145,813	72,237	284,555		502,605
8. Marketing and advertising	490,987	21,237	391,118		903,342
9. Postage, express and telephone	89,529	75,004	589,397		753,930
10. Printing and office supplies	476,539	10,496	338,781		825,816
11. Occupancy, depreciation and amortization	238,562	405,183	2,393,821		3,037,566
12. Equipment	67,814	107,792	280,121		455,727
13. Cost or depreciation of EDP equipment and software	1,935	0	176,988		178,923
14. Outsourced services including EDP, claims, and other services	713,208	1,138,415	2,390,850		4,242,473
15. Boards, bureaus and association fees	43,278	0	48,457		91,735
16. Insurance, except on real estate	724	5,126	175,074		180,924
17. Collection and bank service charges	146	643	32,256		33,045
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes	3,788	7,133	76,454		87,375
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			14,321,841		14,321,841
23.3 Regulatory authority licenses and fees			16,965		16,965
23.4 Payroll taxes	563,965	236,489	763,687		1,564,141
23.5 Other (excluding federal income and real estate taxes)			8,532,486		8,532,486
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	920,450	108,050	2,994,686	0	4,023,186
26. Total expenses incurred (Lines 1 to 25)	13,757,808	7,117,237	51,536,309	0 (a)	72,411,354
27. Less expenses unpaid December 31, current year	300,933	155,680	1,103,523		1,560,136
28. Add expenses unpaid December 31, prior year	265,984	192,610	440,877	0	899,471
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	13,722,859	7,154,167	50,873,663	0	71,750,689
DETAILS OF WRITE-INS					
2501. Consulting.....	628,097	0	1,992,035		2,620,132
2502. Miscellaneous expenses.....	65,527	108,050	355,541		529,118
2503. Administrative Services.....					0
2598. Summary of remaining write-ins for Line 25 from overflow page	226,826	0	647,110	0	873,936
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	920,450	108,050	2,994,686	0	4,023,186

(a) Includes management fees of \$28,307,564 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 13,549	13,549
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	13,549	13,549
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		13,549
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	272,208	0
10. Total capital gains (losses)	0	0	0	272,208	0
DETAILS OF WRITE-INS					
0901. Goodwill amortization			0	272,208	
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	272,208	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	3,680,151	4,098,979	418,828
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets.....	178,592	226,095	47,503
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	2,341,289	2,614,633	273,344
25. Aggregate write-ins for other-than-invested assets	6,274,251	7,240,451	966,200
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	12,474,283	14,180,158	1,705,875
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	12,474,283	14,180,158	1,705,875
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102. ....		.0	.0
1103. ....		.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	371,239	120,469	(250,770)
2502. Intangible Assets.....	5,554,746	6,771,716	1,216,970
2503. Security Deposit on Leased Office Space.....	348,266	348,266	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,274,251	7,240,451	966,200

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	112,048	108,492	107,086	105,600	105,919	1,293,059
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	112,048	108,492	107,086	105,600	105,919	1,293,059
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

NOTES TO FINANCIAL STATEMENTS

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of AmeriHealth Caritas District of Columbia, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the Government of District of Columbia for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under District of Columbia Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the Government of District of Columbia. The Government has adopted prescribed or permitted accounting practices that differ from those found in NAIC SAP. Currently, "prescribed" statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Government of District of Columbia is shown below:

	<u>State of Domicile</u>	<u>2015</u>	<u>2014</u>
NET INCOME			
(1) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	District of Columbia	\$ 9,525,012	\$ 16,406,529
(2) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(3) State Permitted Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(4) NAIC SAP (1-2-3=4)	District of Columbia	<u>\$ 9,525,012</u>	<u>\$ 16,406,529</u>
SURPLUS			
(5) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	District of Columbia	\$ 56,201,809	\$ 45,074,502
(6) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(7) State Permitted Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(8) NAIC SAP (5-6-7=8)	District of Columbia	<u>\$ 56,201,809</u>	<u>\$ 45,074,502</u>

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

The preparation of financial statements in conformity with accounting practices prescribed or permitted by the DISB requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds – None
- (3) Common Stocks – None
- (4) Preferred Stock – None
- (5) Mortgage Loans – None
- (6) Loan-backed securities – None
- (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
- (8) Investments in joint ventures, partnerships and limited liability companies – None
- (9) Derivatives – None
- (10) Anticipated investment income as a factor in premium deficiency calculation – None
- (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses include medical expenses billed and not paid and an estimate for costs incurred but not reported, which is actuarially determined. In addition, unpaid claims adjustment expenses are accrued based on an estimate of the cost to process these claims. To estimate the required claims incurred but not reported reserves, the Company uses the triangulation method. The method of triangulation makes estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors.

For the most current dates of service where there is insufficient paid claim data to rely solely on the completion factor method, the Company examines cost and utilization trends as well as plan changes, provider contracts, membership changes, and historical seasonal patterns to estimate the reserve required for these months. While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates.

- (12) Fixed asset capitalization policy modifications – Furniture and leasehold improvements are designated as "non-admitted assets" and are charged directly to capital and surplus. Electronic Data Processing (EDP) equipment exceeding three percent of statutory capital and surplus for the most recently filed statement with the District of Columbia (adjusted to exclude EDP equipment and deferred taxes) are designated as non-admitted assets and are charged directly to surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets, which ranges from three to seven years. Leasehold improvements are amortized on a straight-line basis over the shorter of the remaining lease term or the estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.
- (13) Pharmaceutical Rebates – Estimated rebates to be collected are based on rebates invoiced to the pharmaceutical manufacturers.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – Pursuant to a notification received on March 13, 2015 from Janice Gordon, Senior Financial Analyst with the DISB, effective in 2015 the Alliance program should be reported as a Comprehensive (hospital and medical) line of business. The 2014 balances related to the Alliance program were reclassified from Title XIX - Medicaid line of business to Comprehensive (hospital and medical) line of business to conform with the 2015 presentation.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – On May 1, 2013, the Company executed an Asset Purchase Agreement with DC Chartered, whereby the Company acquired certain tangible and intangible assets in exchange for consideration of \$6,800,000. In accordance with statutory accounting guidance for business combinations, the consideration was allocated to the fair value of DC Chartered's assets acquired and liabilities assumed, including identifiable intangible assets, resulting in negative goodwill of \$2,722,077. Such negative goodwill is amortized on a straight-line basis over the estimated useful life of ten years. The amortization adjustment relating to negative goodwill credited to surplus was \$272,207 for the years ended December 31, 2015 and 2014, which is reflected as a change in unrealized capital gains on the accompanying statutory statements of changes in capital and surplus. The carrying value of negative goodwill totaling \$1,996,190 and \$2,268,398 at December 31, 2015 and 2014, respectively, has been reported as a contra asset on the accompanying statutory statements of admitted assets pursuant to SSAP No. 68, *Business Combinations and Goodwill*.

B. Statutory Merger – None

- (1) (a) None
- (b) None
- (c) None
- (d) None
- (2) None
- (3) None
- (4) None
- (5) None

C. Assumption Reinsurance – None

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

4. Discontinued Operations

- A. Segment of business that has been or will be discontinued – None
- B. Expected disposal date, if known – None
- C. Manner of disposal – None
- D. Description of remaining assets and liabilities of the segment at the balance sheet date – None
- E. Amounts related to the discontinued operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
 - (1) Prepayment assumptions – None
 - (2) Recognized Other-than-Temporary Impairment – None
 - (3) Present Value of Cash Flows – None
 - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized – None

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

F. Real Estate – None

G. Investments in low-income housing tax credits (LIHTC) – None

H. Restricted Assets

The Company holds restricted cash in the amount of \$300,000 at December 31, 2015 and 2014 pursuant to District of Columbia Code 31-3412, which requires an entity to deposit with the Commissioner or, at the discretion of the Commissioner, with any organization or trustee acceptable to the Commissioner through which a custodial or controlled account is utilized, cash, securities, or any combination of these or other measures that are acceptable to the Commissioner.

- (1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
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	300,000	300,000	-	300,000	0.2%	0.2%
k. On deposit with other regulatory bodies						
l. Pledged as 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	\$ 300,000	\$ 300,000		\$ 300,000	0.2%	0.2%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

I. Working Capital Finance Investments – None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

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

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

B. Total amount excluded was 0.

8. Derivative Instruments

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

B. Objective for using derivative instruments – None

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

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

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

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

9. Income Taxes

A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) at December 31, 2015 and 2014 are as follows:

1.

12/31/2015			
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross DTA	\$ 3,414,381	\$ 2,565,746	\$ 5,980,127
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA (1a - 1b)	3,414,381	2,565,746	5,980,127
(d) DTA Nonadmitted	1,568,560	2,111,591	3,680,151
(e) Subtotal Net Admitted DTA (1c - 1d)	1,845,821	454,155	2,299,976
(f) Deferred Tax Liabilities	0	0	0
(g) Net Admitted DTA/(Net DTL) (1e - 1f)	\$ 1,845,821	\$ 454,155	\$ 2,299,976

12/31/2014			
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross DTA	\$ 3,543,511	\$ 2,812,405	\$ 6,355,916
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA (1a - 1b)	3,543,511	2,812,405	6,355,916
(d) DTA Nonadmitted	1,727,753	2,371,226	4,098,979
(e) Subtotal Net Admitted DTA (1c - 1d)	1,815,758	441,179	2,256,937
(f) DTL	0	0	0
(g) Net Admitted DTA/(Net DTL) (1e - 1f)	\$ 1,815,758	\$ 441,179	\$ 2,256,937

Change			
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross DTA	\$ (129,130)	\$ (246,659)	\$ (375,789)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA (1a - 1b)	(129,130)	(246,659)	(375,789)
(d) DTA Nonadmitted	(159,193)	(259,635)	(418,828)
(e) Subtotal Net Admitted DTA (1c - 1d)	30,063	12,976	43,039
(f) DTL	0	0	0
(g) Net Admitted DTA/(Net DTL) (1e - 1f)	\$ 30,063	\$ 12,976	\$ 43,039

2. Admission Calculation Components SSAP No. 101:

12/31/2015			
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,960,706	\$ 0	\$ 1,960,706
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	339,270	0	339,270
1. Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	339,270	0	339,270
2. Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	8,075,869
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL	0	0	0
(d) DTA Admitted as the result of application of SSAP No. 101. Total 2(a) + 2(b) + 2(c)	\$ 2,299,976	\$ 0	\$ 2,299,976

12/31/2014			
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,908,431	\$ 0	\$ 1,908,431
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	348,506	0	348,506
1. Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	348,506	0	348,506
2. Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	6,408,842
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

Offset by Gross DTL

(d) DTA Admitted as the result of application of SSAP No. 101.
Total (2(a) + 2(b) + 2(c))

\$ 2,256,937 \$ 0 \$ 2,256,937

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

(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 52,275	\$ 0	\$ 52,275
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	..... (9,236)	..... 0	..... (9,236)
1. Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	..... (9,236)	..... 0	..... (9,236)
2. Adjusted Gross DTA Allowed per Limitation Threshold	..... XXX	..... XXX	..... 1,667,027
(c) Adjusted Gross DTA (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross DTL	..... 0	..... 0	..... 0
(d) DTA Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 43,039	\$ 0	\$ 43,039

3.

	2015	2014
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(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. 358% 316%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 53,901,833	\$ 42,817,565

4. Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage

12/31/2015	
(1) Ordinary	(2) Capital

1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 3,414,381	\$ 2,565,746
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		
3. Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 1,845,821	\$ 454,155
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		

12/31/2014	
(3) Ordinary	(4) Capital

1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 3,543,511	\$ 2,812,405
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		
3. Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 1,815,758	\$ 441,179
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		

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

1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ (129,130)	\$ (246,659)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		
3. Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 30,063	\$ 12,976
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		

(b) Does the company's tax-planning strategies include the use of reinsurance? Yes No

B. There are no temporary differences for which DTL are not recognized.

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

	(1) 12/31/2015	(2) 12/31/2014	(3) (Col 1-2) Change
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1. Current Income Tax			
(a) Federal	\$ 9,997,655	\$ 9,862,746	\$ 134,909
(b) Foreign 0 0 0
(c) Subtotal 9,997,655 9,862,746 134,909
(d) Federal income tax on net capital gains	..... 0	..... 0	..... 0
(e) Utilization of capital loss carry-forwards	..... 0	..... 0	..... 0
(f) Other	..... 0	..... 0	..... 0
(g) Federal and foreign income taxes incurred	\$ 9,997,655	\$ 9,862,746	\$ 134,909
2. DTA:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 203,714	\$ 159,000	\$ 44,714
(2) Unearned premium reserve	..... 0	..... 0	..... 0
(3) Policyholder reserves	..... 0	..... 0	..... 0
(4) Investments	..... 0	..... 0	..... 0
(5) Deferred acquisition costs	..... 2,028,590	..... 2,193,070	..... (164,480)
(6) Policyholder dividends accrual	..... 0	..... 0	..... 0
(7) Fixed assets	..... 48,292	..... 33,128	..... 15,164
(8) Compensation and benefits accrual	..... 0	..... 0	..... 0
(9) Pension accrual	..... 0	..... 0	..... 0
(10) Receivables – nonadmitted	..... 1,133,785	..... 1,158,313	..... (24,528)
(11) Net operating loss carry-forward	..... 0	..... 0	..... 0
(12) Tax credit carry-forward	..... 0	..... 0	..... 0
(13) Other (including items <5% of total ordinary tax assets)	..... 0	..... 0	..... 0
(99) Subtotal	\$ 3,414,381	\$ 3,543,511	\$ (129,130)
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 1,568,560	\$ 1,727,753	\$ (159,193)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 1,845,821	\$ 1,815,758	\$ 30,063
(e) Capital:			
(1) Investments	\$ 2,565,746	\$ 2,812,405	\$ (246,659)
(2) Net capital loss carry-forward	..... 0	..... 0	..... 0
(3) Real estate	..... 0	..... 0	..... 0
(4) Other (including items <5% of total capital tax assets)	..... 0	..... 0	..... 0
(99) Subtotal	\$ 2,565,746	\$ 2,812,405	\$ (246,659)
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 2,111,591	\$ 2,371,226	\$ (259,635)
(h) Admitted capital DTA (2e99 - 2f - 2g)	\$ 454,155	\$ 441,179	\$ 12,976
(i) Admitted DTA (2d + 2h)	\$ 2,299,976	\$ 2,256,937	\$ 43,039
3. DTL:			
(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	..... 0	..... 0	..... 0
(3) Deferred and uncollected premium	..... 0	..... 0	..... 0
(4) Policyholder reserves	..... 0	..... 0	..... 0
(5) Other (including items <5% of total ordinary tax liabilities)	..... 0	..... 0	..... 0
(99) Subtotal	\$ 0	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

(b) Capital:			
(1) Investments	\$	\$	\$
(2) Real estate	0	0	0
(3) Other (including items <5% of total capital tax liabilities)	0	0	0
(99) Subtotal	\$	\$	\$
(c) DTL (3a99 + 3b99)	\$	\$	\$
4. Net deferred tax assets/liabilities (2i - 3c)	\$	\$	\$

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

	12/31/2015	12/31/2014
Current income tax (benefit) expense incurred	\$ 9,997,655	\$ 9,862,746
Change in deferred income tax (without tax on unrealized gains and losses)	375,789	503,242
Total income tax (benefit) expense reported	10,373,444	10,365,988
Loss before taxes	19,522,667	26,269,276
Statutory Tax Rate	35%	35%
Expected income tax benefit at statutory tax rate	6,832,933	9,194,247
Increase (decrease) in actual tax reported resulting from:		
a. Nondeductible expenses for meals and entertainment	9,244	8,107
b. Change in deferred taxes on nonadmitted assets	450,467	(142,019)
c. Change in valuation allowance adjustment	0	0
d. Health Insurer Fee	2,985,613	1,311,296
e. Other – rounding/tax exempt income	95,187	(5,643)
Total income tax (benefit) expense reported	\$ 10,373,444	\$ 10,365,988

E. Operating loss carry-forward

1. As of December 31, 2015 there was \$0 net operating loss carryforward available for tax purposes.

2. The amount of federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2015	\$ 9,998,000	\$ 0
2014	\$ 9,862,000	\$ 0

3. The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None

F. The Company is not included in a consolidated federal income tax return with its parent company.

G. Federal or foreign income tax loss contingencies – None

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

A., B., Material related party transactions – None

C.

D. At December 31, 2015, the Company reported the below amounts due to related parties.

(1) AmeriHealth Caritas Health Plan (ACHP)	\$4,189,198
(2) AmeriHealth Caritas Services (ACS)	\$857,006
(3) PerformRx, LLC (PerformRx)	\$21,893
(4) Community Behavioral Healthcare Network of Pennsylvania, Inc. (CBHNP)	\$35,971

E. Parental guarantees – None

F. Material management or service arrangements:

(1) The Company subcontracts the administrative portion of certain services, such as claims processing, to ACHP. ACHP subcontracts the majority of these services to ACS, an affiliated company.

(2) The Company maintains a Staffing Services Agreement (Agreement) with ACS for an initial term of five years, with an automatic annual renewal thereafter unless terminated by either party pursuant to the Agreement. In connection with the Agreement, ACS furnishes to the Company employees necessary to carry out the business operations of the Company.

(3) Certain behavioral healthcare services are provided to the Company by CBHNP, a wholly owned subsidiary of ACHP.

(4) PerformRx, a wholly owned subsidiary of ACHP, provides pharmacy benefit management (PBM) services to the Company.

G. The Company is a wholly owned subsidiary of ACHP, a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.

H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity - None

I. Investments in an SCA entity that exceed 10% of admitted assets – None

J. Write-downs for impaired investments in SCA entities – None

K. Investment in foreign subsidiary calculation – None

L. Investment in a downstream noninsurance holding company – None

11. Debt

A. Capital Notes – None

B. Federal Home Loan Bank (FHLB) Agreements – None

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

A. Defined Benefit Plan – None

B.C. Postretirement Plan Assets – None

D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None

E. Defined Contribution Plans – None

F. Multiemployer Plans – None

G. Consolidated/Holding Company Plans – None

H. Postemployment Benefits and Compensated Absences – None

I. Impact of Medicare Modernization Act on Postretirement Benefits – None

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

A. Common Capital stock outstanding – The Company has 100 shares authorized, 100 shares issued and outstanding.

B. Preferred stock – None

C. Dividend restrictions – Subject to § 31-706, the insurer's surplus as regards policyholders following any dividends or distributions to shareholder affiliates shall be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.

D. Dates and amounts of dividends paid – None

E. Stockholder's portion of ordinary dividend from profits – None

F. Restrictions placed on unassigned funds (surplus) – None

G. The total amount of advances to surplus not repaid – None

H. The amount of stock held by the Company for special purposes – None

I. Changes in balances of special surplus funds from the prior year – Changes in balances of special surplus funds from the prior year are due to Subsequent Year Affordable Care Act (ACA) assessment, which amounted to \$182,984.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses from negative goodwill are \$725,887.

K. Surplus notes – None

L. Impact of any restatement due to quasi-reorganization – None

M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E. Joint and Several Liabilities – None

F. All Other Contingencies – None

15. Leases

A. Lessee Operating Leases

(1) The Company leases office space under a noncancelable operating lease agreement that expires March 31, 2018. Rental expense for 2015 and 2014 was \$1,525,104, and \$1,482,043, respectively.

(2) At January 1, 2016, the minimum aggregate rental commitments are as follow:

		Year Ending
		December 31
		Operating Leases
1.	2016	\$ 1,633,920
2.	2017	\$ 1,599,989
3.	2018	\$ 395,979
4.	2019	\$ -

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5.	2020	\$	-
6.	Total	\$	3,629,888

(3) The company is not involved in any material sales – leaseback transactions.

- B. Lessor Leases – None
 - (1) Operating Leases – None
 - (2) Leveraged Leases – None

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

- A. The face, contract or notional principle amount – None
- B. The nature and terms of the contract – None
- C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
- D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None

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

- A. Transfers of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales – None

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

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

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

20. Fair Value Measurements

- A.,B. Fair value measurement at reporting date – None
 - (1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
 - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
 - (3) Transfers in and/or out of Level 3 – None
 - (4) Fair value measurements categorized within Level 2 and 3 – None
- C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
- D. Not Practicable to Estimate Fair Value – None

21. Other Items

- A. Extraordinary Items – None
- B. Troubled Debt Restructuring: Debtors – None
- C. Other Disclosures and Unusual Items – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None

22. Events Subsequent

- Type 1 – Recognized subsequent event – None
- Type 2 – Nonrecognized subsequent event

Subsequent events have been considered through March 1, 2016 for the statutory statement year ending December 31, 2015.

The Company is subject to an annual fee under section 9010 of the Federal ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates its portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$9,070,499. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 60%. Reporting the ACA assessment as of December 31, 2015 would not have triggered an RBC action level.

	Current Year		Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes		
B. ACA fee assessment payable for the upcoming year	\$ 9,070,499		\$ 9,253,438
C. ACA fee assessment paid	8,530,323		3,746,558
D. Premium written subject to ACA 9010 assessment	477,394,699		447,028,149
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	56,201,809		
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	47,131,310		
G. Authorized Control Level (Five-Year Historical Line 15)	15,061,451		
H. Would reporting the ACA assessment as of December 31, 2015 have triggered an RBC action level (YES/NO)?			
A. ACA fee assessment payable	\$ 9,070,499		
B. Assessment expected to impact RBC	% 60		

23. Reinsurance

- A. Ceded Reinsurance Report – None
- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
 - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Accrued retrospective premium adjustments – None
- B. Accrued retrospective premium as an adjustment to earned premium – None
- C. The amount of net premium written that are subject to retrospective rating features – None
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act. – None
- E. Risk- Sharing Provisions of the ACA – None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were \$51,436,427 for incurred claims and claim adjustment expenses. As of December 31, 2015, \$50,133,154 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,612,922 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been unfavorable prior year development of \$309,649 during 2015 for the year ended December 31, 2014. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables – As discussed in note 10, PerformRx provides PBM services to the Company. PerformRx maintains the contractual arrangements with the drug manufacturers for rebates that cover the Company's membership. The Company receives those rebates collected by PerformRx relating to the Company's membership on a quarterly basis pursuant to the agreement. In accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*, pharmacy rebates receivable of \$606,197 and \$598,310 at December 31, 2015 and 2014, respectively, were nonadmitted.

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Quarter Ended	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2015	\$ 573,519	\$ 635,184	-	-	-
9/30/2015	\$ 595,000	\$ 609,970	\$ 19	-	-
6/30/2015	\$ 600,000	\$ 617,121	\$ 15	\$ 570,087	-
3/31/2015	\$ 635,000	\$ 619,737	-	\$ 564,736	\$ 25,093
12/31/2014	\$ 598,310	\$ 666,776	\$ 7,243	\$ 633,825	\$ 25,068
9/30/2014	\$ 505,000	\$ 605,719	\$ 8,884	\$ 582,017	\$ 12,416
6/30/2014	\$ 358,000	\$ 528,414	\$ 7,097	\$ 496,088	\$ 15,824
3/31/2014	\$ 350,000	\$ 394,568	-	\$ 379,916	\$ 16,983
12/31/2013	\$ 332,030	\$ 364,593	-	\$ 20,759	\$ 340,201
9/30/2013	-	\$ 311,523	-	\$ 85,201	\$ 225,259
6/30/2013	-	\$ 170,168	-	\$ 20,940	\$ 147,748
3/31/2013	-	-	-	-	-

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves – None

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 KPMG, 1601 Market Street, Philadelphia, PA 19103.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain
 The audit committee of the Company's parent serves as the Company's audit committee.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Omar Haq, Amerihealth Caritas Health Plan, 200 Stevens Drive, Philadelphia PA 19113, VP of Actuarial Services, employee of the holding company system.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$300,000
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 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.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Bank.....	620 Liberty Ave. Pittsburgh, PA 15222.....
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

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

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

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

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

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

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	60,553,394	60,553,394	0
30.2 Preferred Stocks.....	0		0
30.3 Totals	60,553,394	60,553,394	0

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

For short-term investments, cost approximates fair value due to the short term nature of these investments.....

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

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

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$82,500
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Washington Regional Assoc. of Grantmaker.....	\$.....80,000

- 34.1 Amount of payments for legal expenses, if any? \$
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U. S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$477,327,420	\$	.....447,017,854
2.2	Premium Denominator	\$477,327,420	\$	.....447,017,854
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$69,702,620	\$	.....50,977,833
2.5	Reserve Denominator	\$69,702,620	\$	.....50,977,833
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
- 5.2 If no, explain:
AmeriHealth Caritas District of Columbia, Inc. is an established Plan with over 105,000 covered lives.
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
All providers have executed hold-harmless agreements for continuation of services.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year5,554
- 8.2 Number of providers at end of reporting year4,000
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$.....
- 10.22 Amount actually paid for year bonuses \$.....
- 10.23 Maximum amount payable withholds \$.....
- 10.24 Amount actually paid for year withholds \$.....
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [X] No []
- 11.14 A Mixed Model (combination of above) ? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. District of Columbia.....
- 11.4 If yes, show the amount required. \$.....28,874,205
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
Minimum net worth is the greater of \$1,000,000 or \$6,273,274 or \$28,874,205
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
District of Columbia.....
.....
.....
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [N/A] [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
- 15.2 Total incurred claims \$.....
- 15.3 Number of covered lives

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

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	142,921,405	115,532,837	83,791,458	0	0
2. Total liabilities (Page 3, Line 24)	86,719,596	70,458,335	58,982,814	0	0
3. Statutory minimum capital and surplus requirement	28,874,205	26,765,903	1,000,000	0	0
4. Total capital and surplus (Page 3, Line 33)	56,201,809	45,074,502	24,808,644	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	477,327,420	447,017,854	255,497,282	0	0
6. Total medical and hospital expenses (Line 18)	385,406,948	351,415,550	218,302,135	0	0
7. Claims adjustment expenses (Line 20)	20,875,045	18,267,188	7,285,125	0	0
8. Total administrative expenses (Line 21)	51,536,309	51,095,033	33,592,140	0	0
9. Net underwriting gain (loss) (Line 24)	19,509,118	26,240,083	(3,682,118)	0	0
10. Net investment gain (loss) (Line 27)	13,549	29,192	10,653	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	9,525,012	16,406,529	(5,961,465)	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	27,102,351	16,019,890	38,142,381	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	56,201,809	45,074,502	24,808,644	0	0
15. Authorized control level risk-based capital	15,061,451	13,551,870	9,556,464	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	105,919	112,048	105,240	0	0
17. Total members months (Column 6, Line 7)	1,293,059	1,304,374	817,684	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.7	78.6	85.4	0.0	0.0
20. Cost containment expenses	2.9	2.4	1.4	0.0	0.0
21. Other claims adjustment expenses	1.5	1.7	1.5	0.0	0.0
22. Total underwriting deductions (Line 23)	95.9	94.1	101.4	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	4.1	5.9	(1.4)	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	51,287,482	36,008,130	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	50,977,833	44,245,663	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

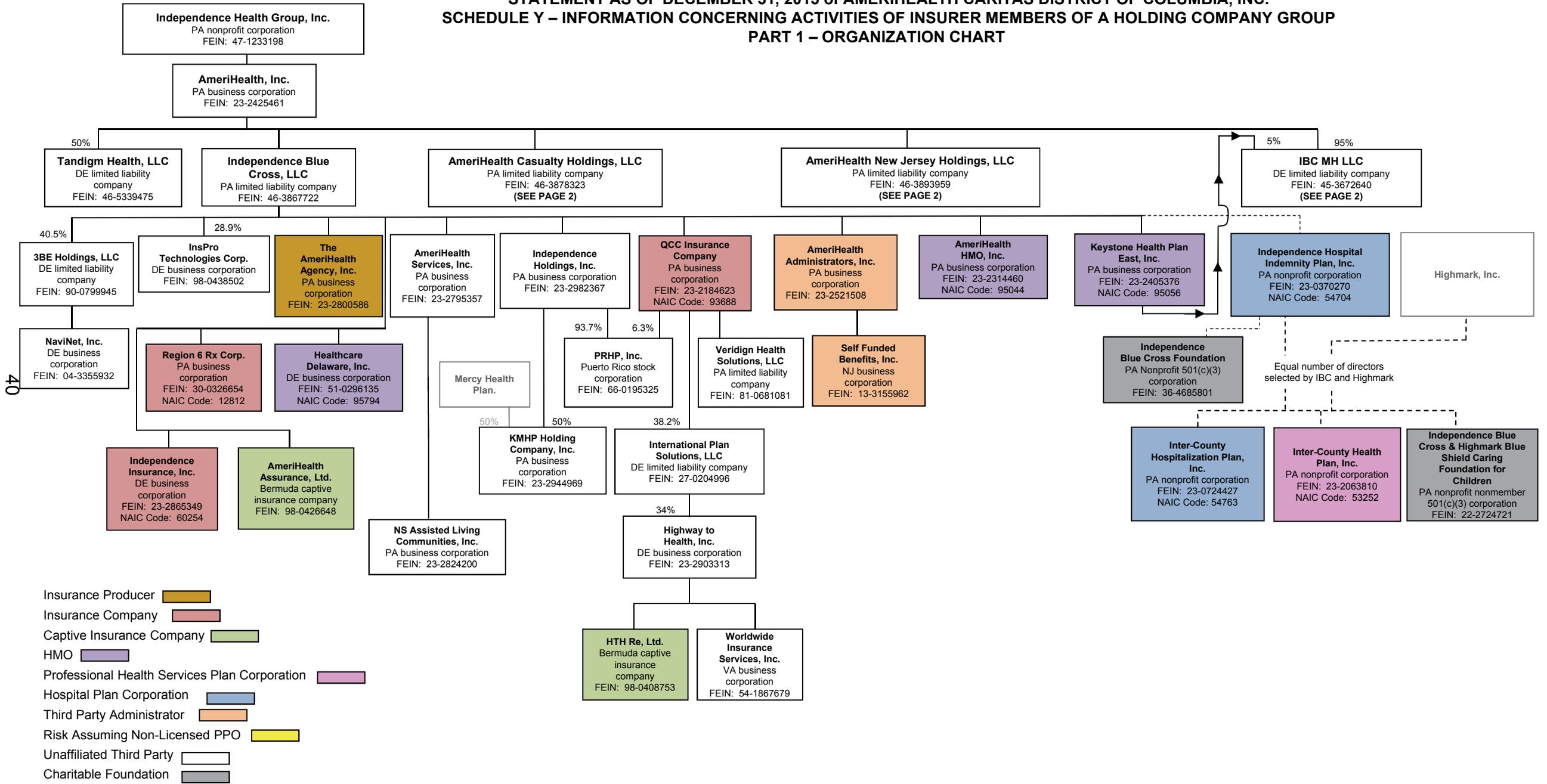
State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL								0	0
2. Alaska	AK								0	0
3. Arizona	AZ								0	0
4. Arkansas	AR								0	0
5. California	CA								0	0
6. Colorado	CO								0	0
7. Connecticut	CT								0	0
8. Delaware	DE								0	0
9. District of Columbia	DC	L	21,414,700	455,979,999					477,394,699	0
10. Florida	FL								0	0
11. Georgia	GA								0	0
12. Hawaii	HI								0	0
13. Idaho	ID								0	0
14. Illinois	IL								0	0
15. Indiana	IN								0	0
16. Iowa	IA								0	0
17. Kansas	KS								0	0
18. Kentucky	KY								0	0
19. Louisiana	LA								0	0
20. Maine	ME								0	0
21. Maryland	MD								0	0
22. Massachusetts	MA								0	0
23. Michigan	MI								0	0
24. Minnesota	MN								0	0
25. Mississippi	MS								0	0
26. Missouri	MO								0	0
27. Montana	MT								0	0
28. Nebraska	NE								0	0
29. Nevada	NV								0	0
30. New Hampshire	NH								0	0
31. New Jersey	NJ								0	0
32. New Mexico	NM								0	0
33. New York	NY								0	0
34. North Carolina	NC								0	0
35. North Dakota	ND								0	0
36. Ohio	OH								0	0
37. Oklahoma	OK								0	0
38. Oregon	OR								0	0
39. Pennsylvania	PA								0	0
40. Rhode Island	RI								0	0
41. South Carolina	SC								0	0
42. South Dakota	SD								0	0
43. Tennessee	TN								0	0
44. Texas	TX								0	0
45. Utah	UT								0	0
46. Vermont	VT								0	0
47. Virginia	VA								0	0
48. Washington	WA								0	0
49. West Virginia	WV								0	0
50. Wisconsin	WI								0	0
51. Wyoming	WY								0	0
52. American Samoa	AS								0	0
53. Guam	GU								0	0
54. Puerto Rico	PR								0	0
55. U.S. Virgin Islands	VI								0	0
56. Northern Mariana Islands	MP								0	0
57. Canada	CAN								0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	21,414,700	0	455,979,999	0	0	0	477,394,699	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	(a) 1	21,414,700	0	455,979,999	0	0	0	477,394,699	0	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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

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

Explanation of basis of allocation by states, premiums by state, etc. The Company has business in the Government of the District of Columbia only.

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

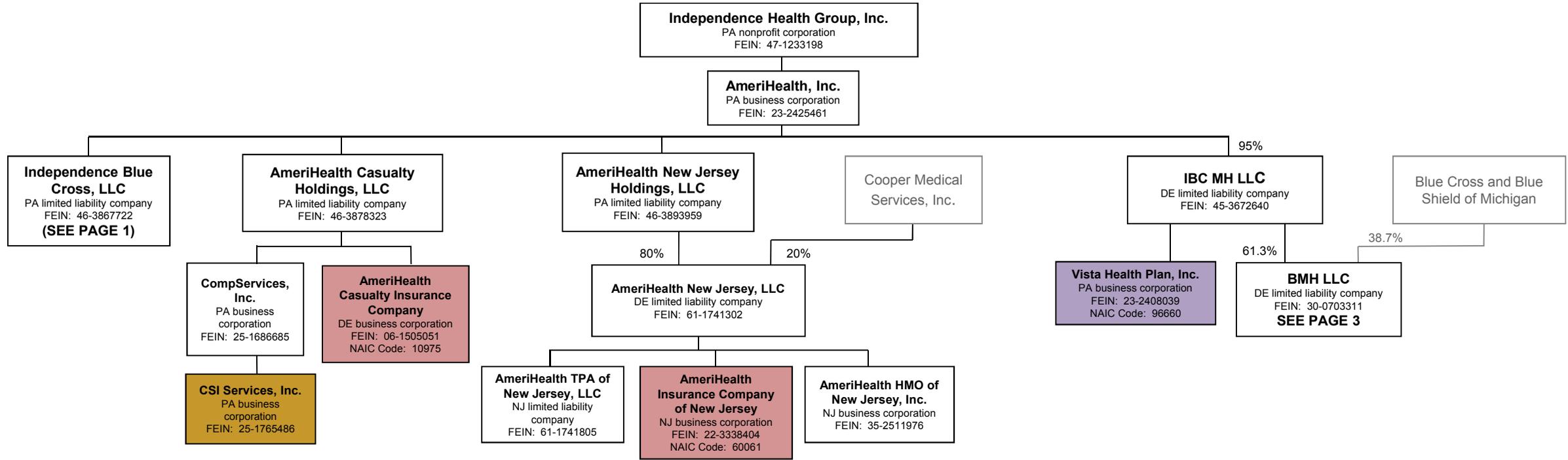
**STATEMENT AS OF DECEMBER 31, 2015 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATION CHART**



40

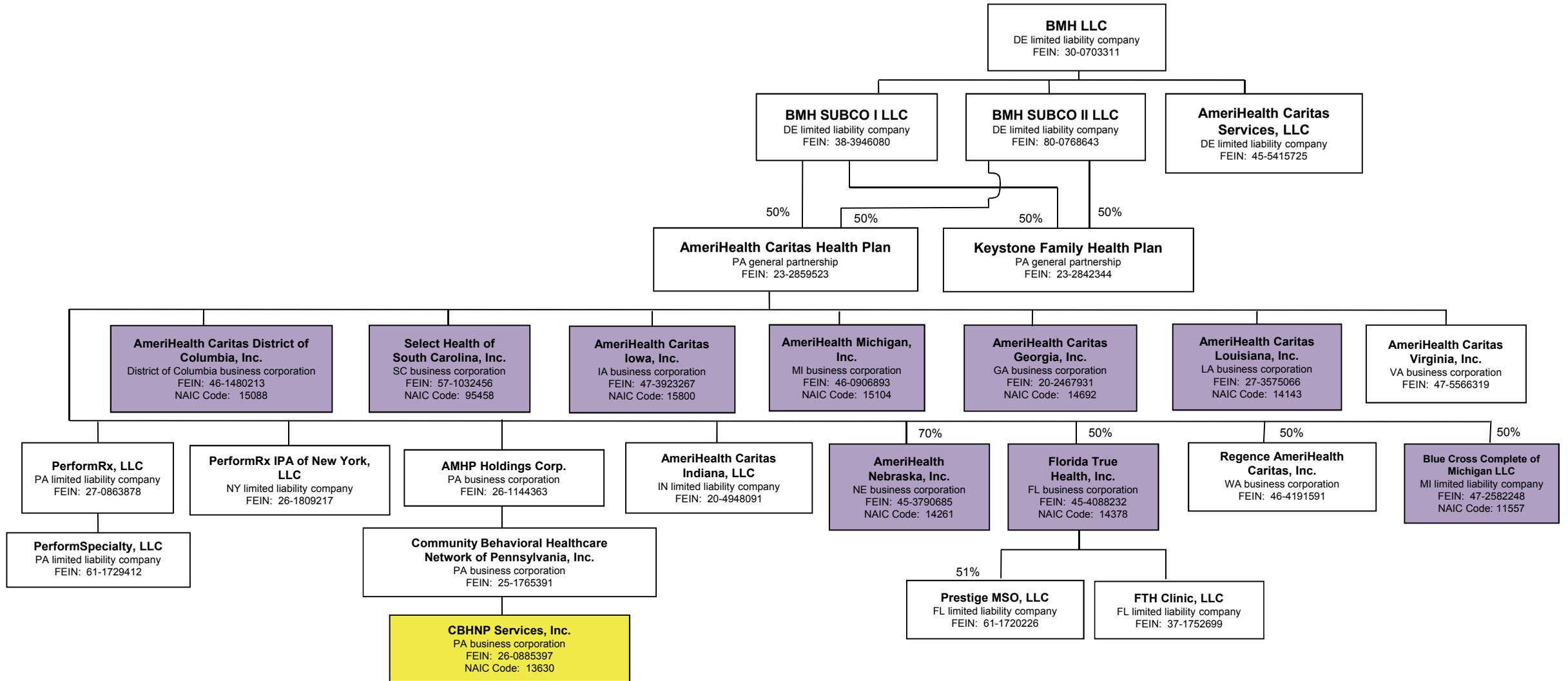
- Insurance Producer
- Insurance Company
- Captive Insurance Company
- HMO
- Professional Health Services Plan Corporation
- Hospital Plan Corporation
- Third Party Administrator
- Risk Assuming Non-Licensed PPO
- Unaffiliated Third Party
- Charitable Foundation

**STATEMENT AS OF DECEMBER 31, 2015 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATION CHART**



40.1

**STATEMENT AS OF DECEMBER 31, 2015 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATION CHART**



40.2

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