



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE
HealthLink HMO, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 96475 Employer's ID Number 43-1616135
(Current) (Prior)

Organized under the Laws of Missouri, State of Domicile or Port of Entry MO

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 07/29/1992 Commenced Business 01/14/1993

Statutory Home Office 1831 Chestnut Street, St. Louis, MO, US 63103-2275
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1831 Chestnut Street
(Street and Number)
St. Louis, MO, US 63103-2275
(City or Town, State, Country and Zip Code) 314-923-4444
(Area Code) (Telephone Number)

Mail Address 220 Virginia Ave, Indianapolis, IN, US 46204
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 220 Virginia Ave
(Street and Number)
Indianapolis, IN, US 46204
(City or Town, State, Country and Zip Code) 317-488-6716
(Area Code) (Telephone Number)

Internet Website Address www.healthlink.com

Statutory Statement Contact Tim Niccum, 317-488-6716
(Name) (Area Code) (Telephone Number)
Tim.Niccum@anthem.com, 317-488-6169
(E-mail Address) (FAX Number)

OFFICERS

President Amadou NMN Yattassaye Treasurer Vincent Edward Scher
Secretary Kathleen Susan Kiefer Assistant Secretary Jennifer Lynn Forsythe

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

DIRECTORS OR TRUSTEES

Ronald William Penczek Amadou NMN Yattassaye Laurie Helm Benintendi #

State of Indiana SS:
County of Marion

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.

Amadou Yattassaye
President

Kathleen Susan Kiefer
Secretary

Vincent Edward Scher
Treasurer

Subscribed and sworn to before me this 11th day of November 2019

Rita F. Gentry
Executive Admin Assistant I
January 17, 2021

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

Rita F. Gentry
Notary Public
Seal
Marion County, State of Indiana
My Commission Expires January 17, 2021
Commission No 641321

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 10,503,849 | 0 | 10,503,849 | 10,533,925 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | 0 | 0 | 0 |
| 2.2 Common stocks | | 0 | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | 0 | 0 | 0 |
| 3.2 Other than first liens..... | | 0 | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | 0 | 0 | 0 |
| 5. Cash (\$(25,445,961)), cash equivalents (\$) and short-term investments (\$) | (25,445,961) | 0 | (25,445,961) | (2,729,190) |
| 6. Contract loans (including \$ premium notes) | | 0 | 0 | 0 |
| 7. Derivatives | | 0 | 0 | 0 |
| 8. Other invested assets | | 0 | 0 | 0 |
| 9. Receivables for securities | | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | (14,942,112) | 0 | (14,942,112) | 7,804,735 |
| 13. Title plants less \$ charged off (for Title insurers only) | | 0 | 0 | 0 |
| 14. Investment income due and accrued | 48,464 | 0 | 48,464 | 27,881 |
| 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 (including \$ earned but unbilled premiums) | | 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 | 37,148,408 | 0 | 37,148,408 | 8,810,124 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | 0 | 0 | 0 |
| 18.2 Net deferred tax asset | 10,696 | 0 | 10,696 | 481,132 |
| 19. Guaranty funds receivable or on deposit | | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | 0 | 0 | 92,282 |
| 24. Health care (\$) and other amounts receivable | | 0 | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 9,302 | 9,302 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 22,274,758 | 9,302 | 22,265,456 | 17,216,154 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 22,274,758 | 9,302 | 22,265,456 | 17,216,154 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Accounts receivable administration reimbursements | 9,302 | 9,302 | 0 | 0 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 9,302 | 9,302 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | | | 0 | 0 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | | | 0 | 0 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 588,250 | | 588,250 | 363,903 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 235,123 | | 235,123 | 144,643 |
| 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 | 35,683 | | 35,683 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 193,697 | | 193,697 | 270,905 |
| 23. Aggregate write-ins for other liabilities (including \$63,004 current) | 1,270,799 | 0 | 1,270,799 | 1,338,702 |
| 24. Total liabilities (Lines 1 to 23) | 2,323,552 | 0 | 2,323,552 | 2,118,153 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000 | 1,000 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 2,499,000 | 2,499,000 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 17,441,904 | 12,598,001 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 19,941,904 | 15,098,001 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 22,265,456 | 17,216,154 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Escheat liabilities | 1,270,799 | | 1,270,799 | 1,338,702 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 1,270,799 | 0 | 1,270,799 | 1,338,702 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|-------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | | | |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | | | |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX | | | |
| 5. Risk revenue | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues | XXX | 36,122 | 33,444 | 41,115 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 36,122 | 33,444 | 41,115 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | | |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | | | |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Lines 9 to 15) | 0 | 0 | 0 | 0 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 0 | 0 | 0 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$1,377,647 cost containment expenses | | 1,378,180 | 1,056,179 | 1,438,345 |
| 21. General administrative expenses | | (5,068,133) | (5,821,210) | (7,829,267) |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | | 0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | (3,689,953) | (4,765,031) | (6,390,922) |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 3,726,075 | 4,798,475 | 6,432,037 |
| 25. Net investment income earned | | 121,473 | 140,525 | 154,170 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | (30,113) | (30,113) |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 121,473 | 110,412 | 124,057 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]. | | | | |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 3,847,548 | 4,908,887 | 6,556,094 |
| 31. Federal and foreign income taxes incurred | XXX | 815,010 | 1,031,863 | 1,388,646 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 3,032,538 | 3,877,024 | 5,167,448 |
| DETAILS OF WRITE-INS | | | | |
| 0601. Provider admin fees | XXX | 36,122 | 33,444 | 41,115 |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 36,122 | 33,444 | 41,115 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 15,098,001 | 11,723,915 | 11,723,915 |
| 34. Net income or (loss) from Line 32 | 3,032,538 | 3,877,024 | 5,167,448 |
| 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 \$ | | 6,177 | 6,177 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | 0 |
| 38. Change in net deferred income tax | (474,937) | 1,415 | 487,504 |
| 39. Change in nonadmitted assets | 2,286,302 | (8,396) | (2,287,043) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 | 0 |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 4,843,903 | 3,876,220 | 3,374,086 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 19,941,904 | 15,600,135 | 15,098,001 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 0 | 0 | 0 |
| 2. Net investment income | 130,967 | 104,270 | 193,129 |
| 3. Miscellaneous income | 36,122 | 33,444 | 41,115 |
| 4. Total (Lines 1 to 3) | 167,089 | 137,714 | 234,244 |
| 5. Benefit and loss related payments | (2,286,769) | 0 | 2,286,769 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 24,501,193 | 12,008 | (5,230,596) |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 724,530 | 1,113,438 | 1,430,273 |
| 10. Total (Lines 5 through 9) | 22,938,954 | 1,125,446 | (1,513,554) |
| 11. Net cash from operations (Line 4 minus Line 10) | (22,771,865) | (987,732) | 1,747,798 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 4,279,688 | 4,279,688 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 4,279,688 | 4,279,688 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 324,819 | 324,819 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 324,819 | 324,819 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | 3,954,869 | 3,954,869 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 55,094 | (2,517,556) | (2,706,107) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 55,094 | (2,517,556) | (2,706,107) |
| 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) | (22,716,771) | 449,581 | 2,996,560 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | (2,729,190) | (5,725,750) | (5,725,750) |
| 19.2 End of period (Line 18 plus Line 19.1) | (25,445,961) | (5,276,169) | (2,729,190) |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Exhibit of Premiums, Enrollment and Utilization

NONE

Claims Payable - Aging Analysis of Unpaid Claims

NONE

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2018. This presentation addresses only significant events occurring since the last Annual Statement.

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

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

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

| | <u>SSAP #</u> | <u>F/S Page</u> | <u>F/S Line #</u> | <u>September 30, 2019</u> | <u>December 31, 2018</u> |
|---|-------------------|---------------------|-----------------------|-------------------------------|------------------------------|
| <u>Net Income</u> | | | | | |
| (1) HealthLink HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 4) | <u>XXX</u> | <u>XXX</u> | <u>XXX</u> | <u>\$ 3,032,538</u> | <u>\$ 5,167,448</u> |
| (2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: | <u> </u> | <u> </u> | <u> </u> | <u> —</u> | <u> —</u> |
| (3) State Permitted Practices that is an increase/(decrease) from NAIC SAP: | <u> </u> | <u> </u> | <u> </u> | <u> —</u> | <u> —</u> |
| (4) NAIC SAP (1-2-3=4) | <u>XXX</u> | <u>XXX</u> | <u>XXX</u> | <u>\$ 3,032,538</u> | <u>\$ 5,167,448</u> |
| <u>Surplus</u> | | | | | |
| (5) HealthLink HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4) | <u>XXX</u> | <u>XXX</u> | <u>XXX</u> | <u>\$ 19,941,904</u> | <u>\$ 15,098,001</u> |
| (6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: | <u> </u> | <u> </u> | <u> </u> | <u> —</u> | <u> —</u> |
| (7) State Permitted Practices that is an increase/(decrease) from NAIC SAP: | <u> </u> | <u> </u> | <u> </u> | <u> —</u> | <u> —</u> |
| (8) NAIC SAP (5-6-7=8) | <u>XXX</u> | <u>XXX</u> | <u>XXX</u> | <u>\$ 19,941,904</u> | <u>\$ 15,098,001</u> |

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

C. Accounting Policies

(1) No significant change.

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

The Company holds 6 SVO-Identified bond exchange trade funds (“ETFs”) reported on Schedule D-1 as of September 30, 2019. The Company has made an irrevocable decision to hold the ETFs at systematic value. These ETFs were previously carried at amortized cost.

(3) - (5) Not applicable.

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

(7) - (15) Not applicable.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

1. The Company had no loan-backed securities at September 30, 2019.
2. The Company did not recognize other-than-temporary impairments on its loan-backed securities during the nine months ended September 30, 2019.
3. The Company did not recognize other-than-temporary impairments on its loan-backed securities at September 30, 2019.
4. The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at September 30, 2019.
5. The Company had no impaired loan-backed securities at September 30, 2019.

NOTES TO FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at September 30, 2019.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at September 30, 2019.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at September 30, 2019.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at September 30, 2019.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits

Not applicable.

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at September 30, 2019.

O. Structured Notes

Not applicable.

P. 5GI Securities

The Company has no 5GI Securities as of September 30, 2019.

Q. Short Sales

The Company did not have any short sales at September 30, 2019.

NOTES TO FINANCIAL STATEMENTS

R. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at September 30, 2019.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

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

A. Nature of the Relationship

No significant change.

B. Significant Transactions for the Period

No significant change.

C. Intercompany Management and Service Arrangements

The Company became party to the FMV Services Attachment discussed in Note 10F. There were no other additional arrangements entered into as of September 30, 2019.

D. Amounts Due to or from Related Parties

At September 30, 2019, the Company reported \$0 due from affiliates and \$35,683 due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

NOTES TO FINANCIAL STATEMENTS

B. Not applicable.

C. Not applicable.

D. Not applicable.

E. Defined Contribution Plans

Not applicable.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

No significant change.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

No significant change.

B. Assessments

(1) - (2)

No significant change.

C. - F.

No significant change.

15. Leases

Not applicable.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

(1) Not applicable.

(2) - (7) Not applicable.

C. Wash Sales

1. In the course of the Company’s asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At September 30, 2019, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans

Not applicable.

B. Administrative Services Contract Plans

No significant change.

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

No significant change.

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

Not applicable.

20. Fair Value Measurements

A. There are no assets or liabilities measured at fair value as of September 30, 2019.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (“NAV”) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|--------------|-----------|-------------------------|----------------------------------|
| Bonds | \$ 10,643,232 | \$ 10,503,849 | \$ 2,313,666 | \$ 8,329,566 | \$ — | \$ — | \$ — |

D. Not Practicable to Estimate Fair Value

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

NOTES TO FINANCIAL STATEMENTS

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 12, 2019 for the statutory statement issued on November 13, 2019. There were no events occurring subsequent to September 30, 2019 requiring recognition or disclosure.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

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

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

| | | |
|---|---------------------------|--------------|
| 1. Liability carried for premium deficiency reserves | \$ | — |
| 2. Date of the most recent evaluation of this liability | <u>September 30, 2019</u> | |
| 3. Was anticipated investment income utilized in the calculation? | Yes | No |
| | <u> </u> | <u> X </u> |

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/10/2019
- 6.4 By what department or departments?
Missouri Department Of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|------------------------------------|------------------|
| Anthem, Inc. | I..... |
| Loomis, Sayles & Company, LP | U..... |

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent0.0 %
 - 1.2 A&H cost containment percent0.0 %
 - 1.3 A&H expense percent excluding cost containment expenses0.0 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

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

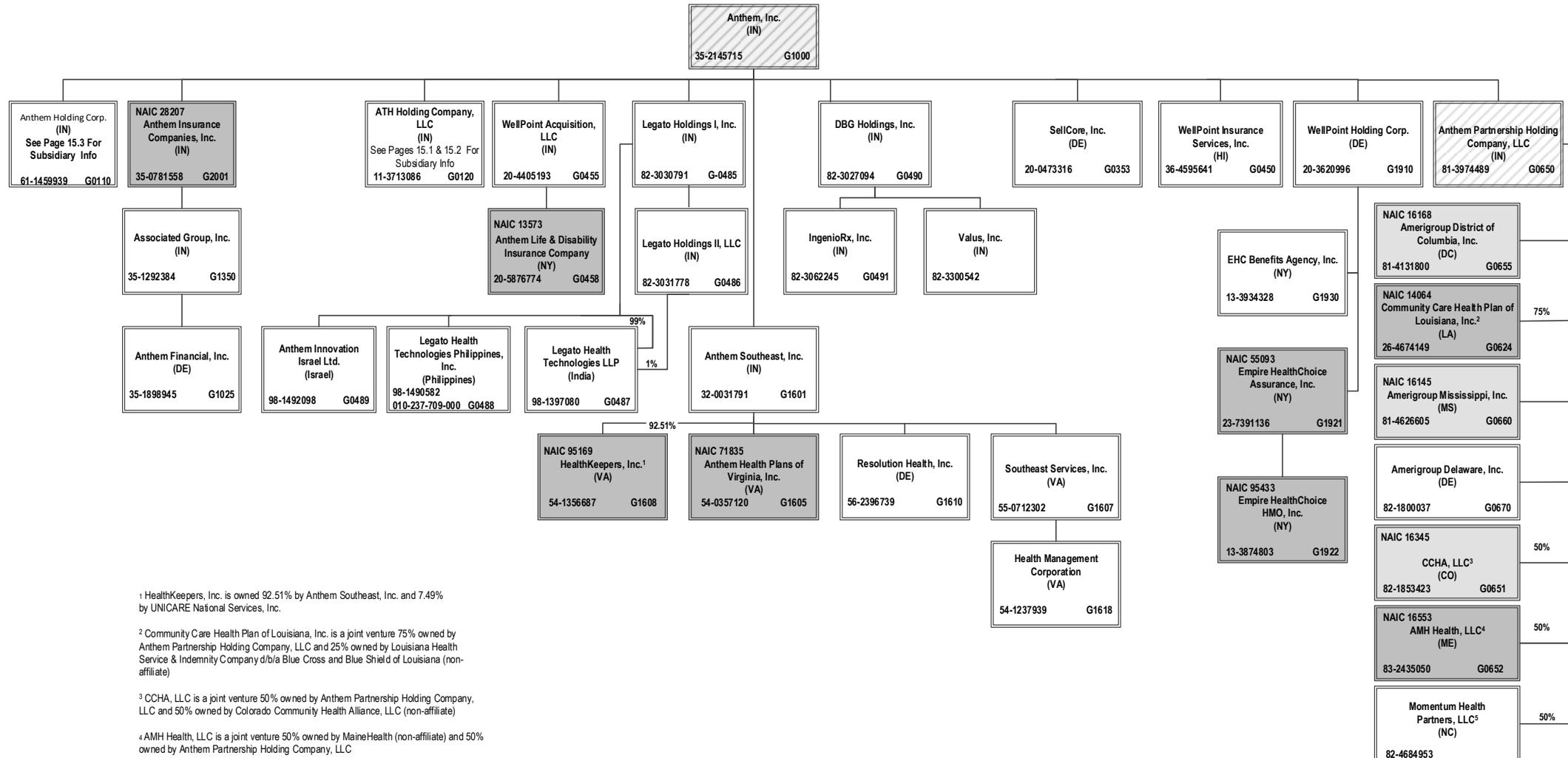
(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 2 R - Registered - Non-domiciled RRGs..... 0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0
 N - None of the above - Not allowed to write business in the state..... 55

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

| |
|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |

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



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

² Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

³ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

⁴ AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

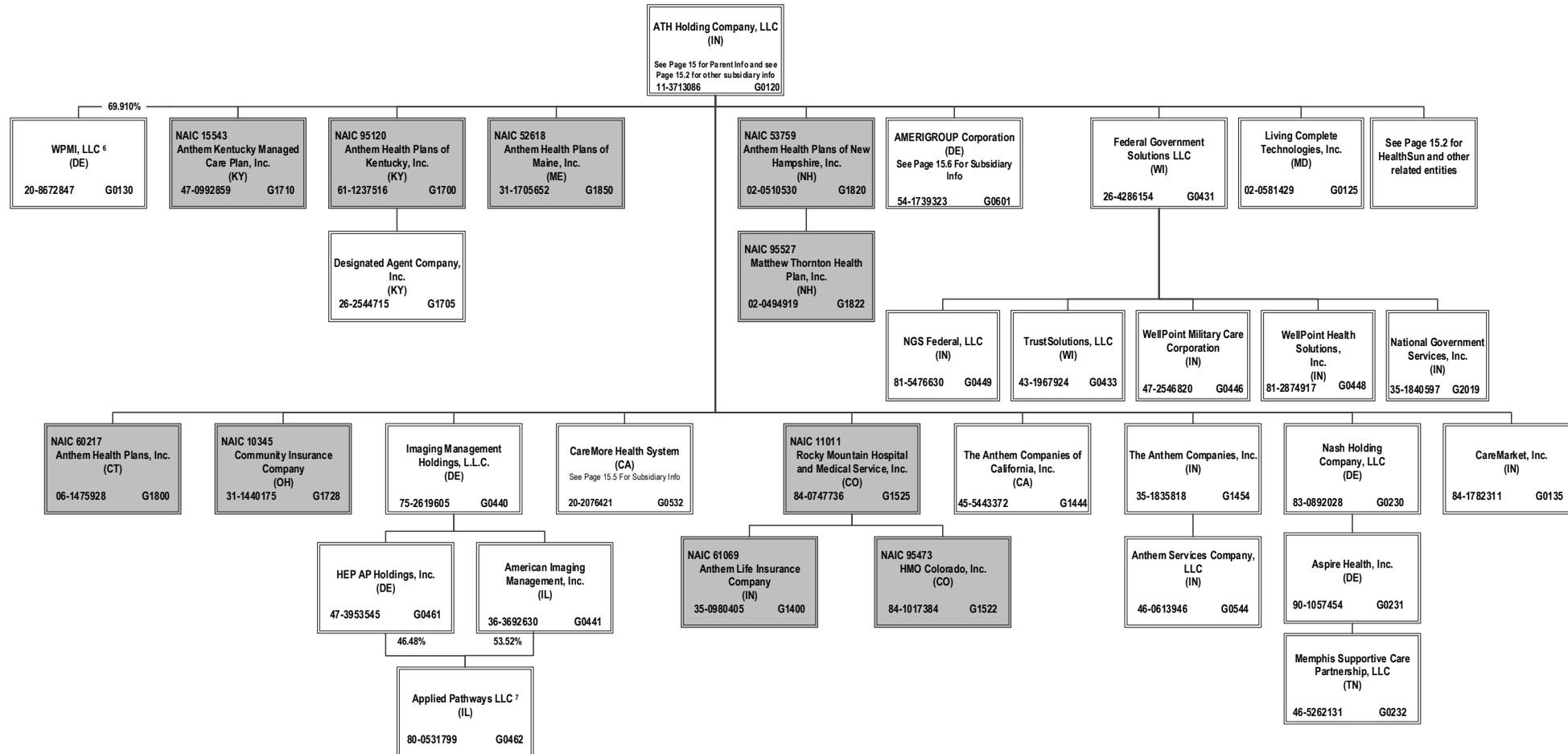
⁵ Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

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

PART 1 – ORGANIZATIONAL CHART

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

| |
|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |



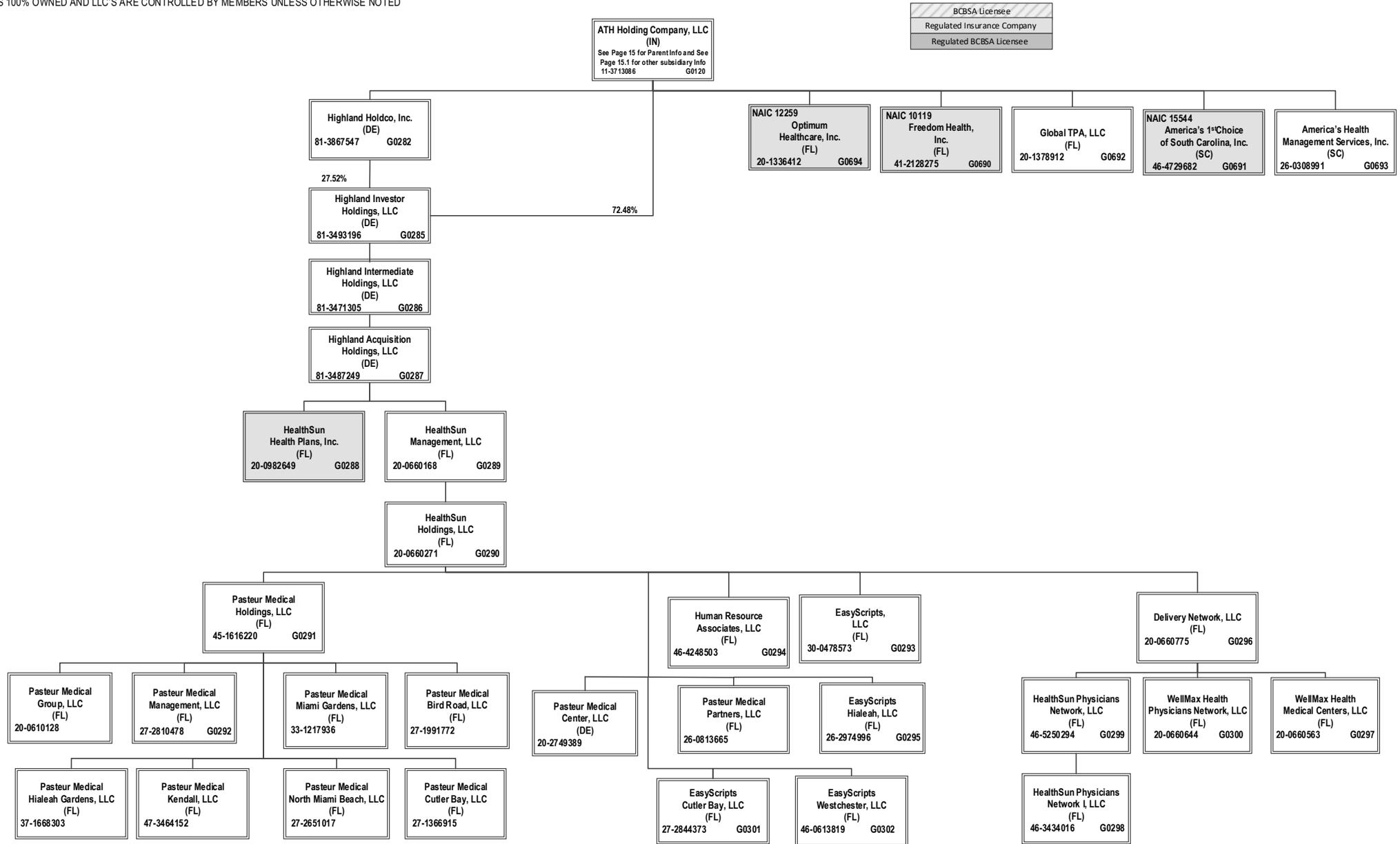
⁶ 30.09% of WPMI, LLC is owned by unaffiliated investors

⁷ Applied Pathways LLC is owned 53.52% by AIM and 46.48% by HEP AP Holdings, Inc.

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

PART 1 – ORGANIZATIONAL CHART

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

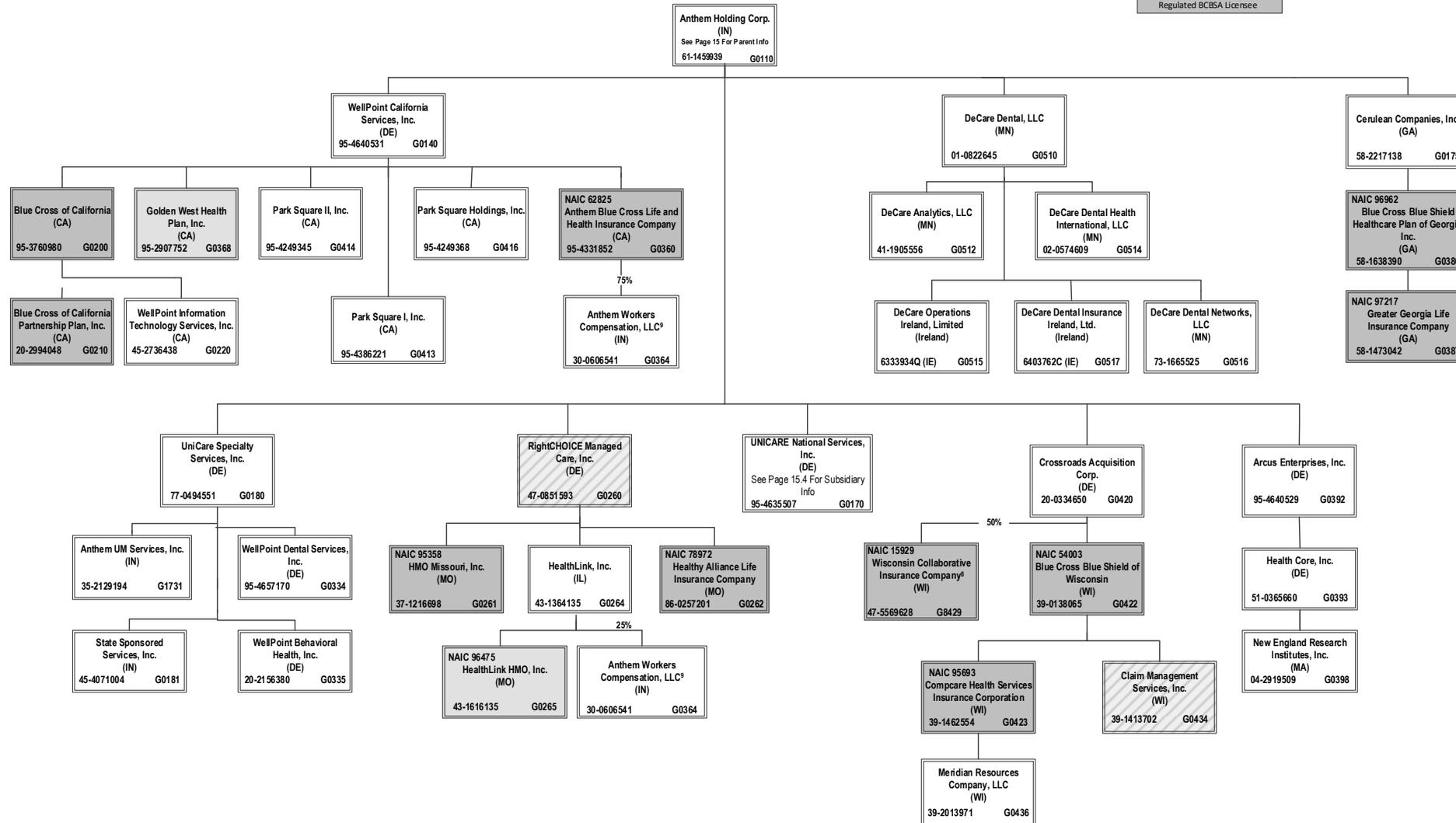


15.2

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

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

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|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |



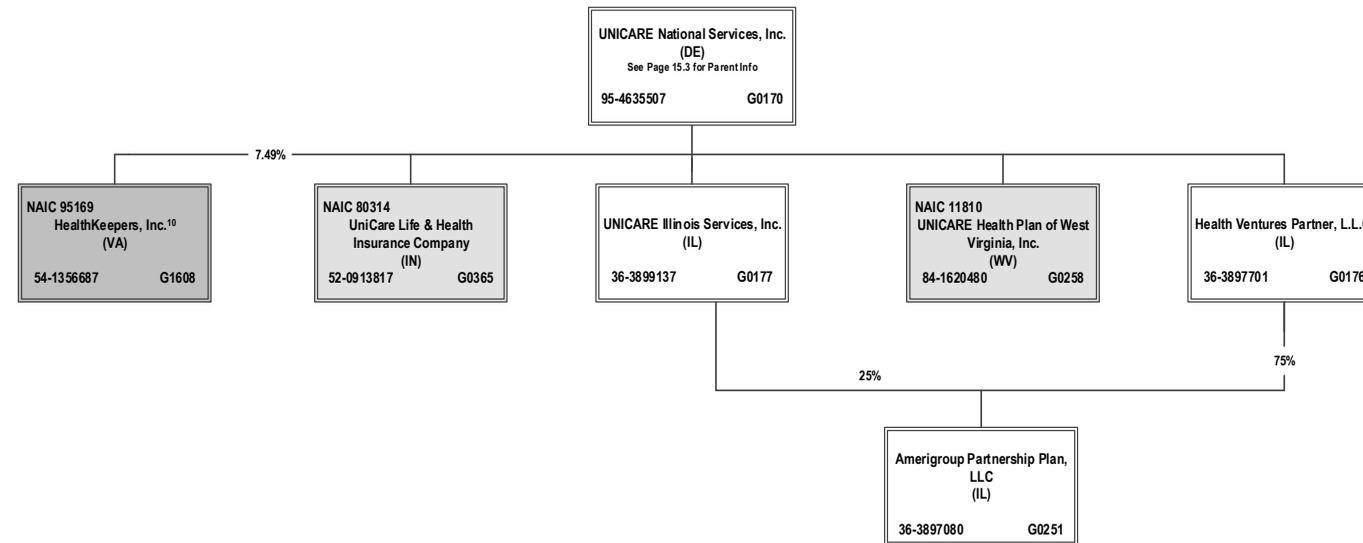
⁸ 50% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

⁹ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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

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

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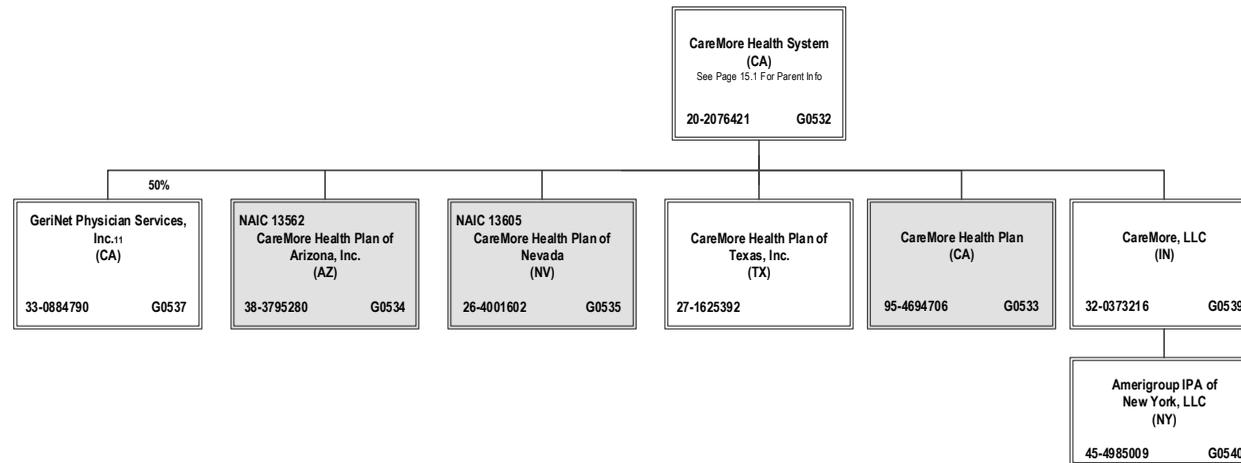


¹⁰ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

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

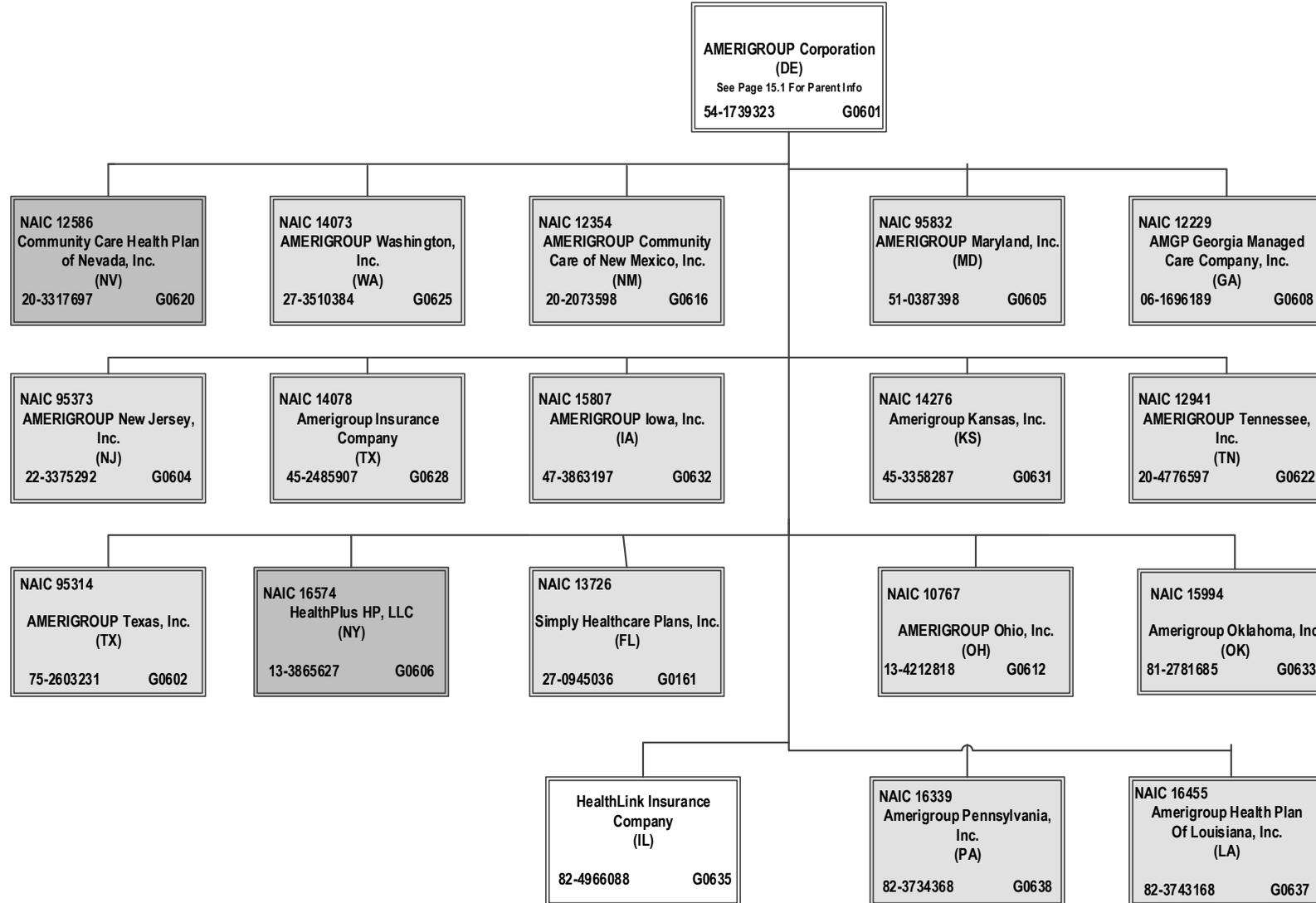


¹¹ GeriNet Physician Services, Inc. is owned 50% by CareMore Health System and 50% by Health Essentials Acquisition Corporation (non-affiliate)

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

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

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|-----------------------------|
| BCBSA Licensee |
| Regulated Insurance Company |
| Regulated BCBSA Licensee |



STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0671 | Anthem, Inc. | | 36-3692630 | | 0001156039 | | American Imaging Management, Inc. | IL | NIA | Imaging Management Holdings, L.L.C. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 15544 | 46-4729682 | | 0001156039 | | America's 1st Choice of South Carolina, Inc. | SC | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 26-0308991 | | 0001156039 | | America's Health Management Services, Inc. | SC | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 12354 | 20-2073598 | | 0001156039 | | AMERIGROUP Community Care of New Mexico, Inc. | NM | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 54-1739323 | | 0001156039 | | AMERIGROUP Corporation | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 82-1800037 | | 0001156039 | | AMERIGROUP Delaware, Inc. | DE | NIA | Anthem Partnership Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 16168 | 81-4131800 | | 0001156039 | | Amerigroup District of Columbia, Inc. | DC | IA | Anthem Partnership Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 16455 | 82-3743168 | | 0001156039 | | Amerigroup Health Plan of Louisiana, Inc. | LA | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 14078 | 45-2485907 | | 0001156039 | | Amerigroup Insurance Company | TX | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 15807 | 47-3863197 | | 0001156039 | | AMERIGROUP Iowa, Inc. | IA | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 45-4985009 | | 0001156039 | | Amerigroup IPA of New York, LLC | NY | NIA | CareMore, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 14276 | 45-3358287 | | 0001156039 | | Amerigroup Kansas, Inc. | KS | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95832 | 51-0387398 | | 0001156039 | | AMERIGROUP Maryland, Inc. | MD | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 16145 | 81-4626605 | | 0001156039 | | Amerigroup Mississippi, Inc. | MS | IA | Anthem Partnership Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95373 | 22-3375292 | | 0001156039 | | AMERIGROUP New Jersey, Inc. | NJ | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 10767 | 13-4212818 | | 0001156039 | | AMERIGROUP Ohio, Inc. | OH | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 15994 | 81-2781685 | | 0001156039 | | AMERIGROUP Oklahoma, Inc. | OK | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 36-3897080 | | 0001156039 | | Amerigroup Partnership Plan, LLC | IL | NIA | Health Ventures Partner, L.L.C. | Ownership | 75.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 36-3897080 | | 0001156039 | | Amerigroup Partnership Plan, LLC | IL | NIA | UNICARE Illinois Services, Inc. | Ownership | 25.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 16339 | 82-3734368 | | 0001156039 | | Amerigroup Pennsylvania, Inc. | PA | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 12941 | 20-4776597 | | 0001156039 | | AMERIGROUP Tennessee, Inc. | TN | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95314 | 75-2603231 | | 0001156039 | | AMERIGROUP Texas, Inc. | TX | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 14073 | 27-3510384 | | 0001156039 | | AMERIGROUP Washington, Inc. | WA | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 12229 | 06-1696189 | | 0001156039 | | AMGP Georgia Managed Care Company, Inc. | GA | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 16553 | 83-2435050 | | 0001156039 | | AMH Health, LLC | ME | IA | Anthem Partnership Holding Company, LLC | Ownership | 50.000 | Anthem, Inc. | .N | .0102 |
| .0671 | Anthem, Inc. | 62825 | 95-4331852 | | 0001156039 | | Anthem Blue Cross Life and Health Insurance Company | CA | IA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 35-1898945 | | 0001156039 | | Anthem Financial, Inc. | DE | NIA | Associated Group, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95120 | 61-1237516 | | 0001156039 | | Anthem Health Plans of Kentucky, Inc. | KY | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 52618 | 31-1705652 | | 0001156039 | | Anthem Health Plans of Maine, Inc. | ME | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 53759 | 02-0510530 | | 0001156039 | | Anthem Health Plans of New Hampshire, Inc. | NH | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 71835 | 54-0357120 | 40003317 | 0001156039 | | Anthem Health Plans of Virginia, Inc. | VA | IA | Anthem Southeast, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 60217 | 06-1475928 | | 0001156039 | | Anthem Health Plans, Inc. | CT | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 61-1459939 | | 0001156039 | | Anthem Holding Corp. | IN | LUIP | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 35-2145715 | | 0001156039 | New York Stock Exchange (NYSE) | Anthem, Inc. | IN | LUIP | | | | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 98-1492098 | | 0001156039 | | Anthem Innovation Israel Ltd | | NIA | Legato Holdings I, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 28207 | 35-0781558 | | 0001156039 | | Anthem Insurance Companies, Inc. | IN | IA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 15543 | 47-0992859 | | 0001156039 | | Anthem Kentucky Managed Care Plan, Inc. | KY | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 13573 | 20-5876774 | | 0001156039 | | Anthem Life & Disability Insurance Company | NY | IA | WellPoint Acquisition, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 61069 | 35-0980405 | | 0001156039 | | Anthem Life Insurance Company | IN | IA | Rocky Mountain Hospital and Medical Service, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-3974489 | | 0001156039 | | Anthem Partnership Holding Company, LLC | DE | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 46-0613946 | | 0001156039 | | Anthem Services Company, LLC | IN | NIA | The Anthem Companies, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 32-0031791 | | 0001156039 | | Anthem Southeast, Inc. | IN | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 35-2129194 | | 0001156039 | | Anthem UM Services, Inc. | IN | NIA | UNICARE Specialty Services, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 30-0606541 | | 0001156039 | | Anthem Workers' Compensation, LLC | IN | NIA | Anthem Blue Cross Life and Health Insurance Company | Ownership | 75.000 | Anthem, Inc. | .N | .0109 |
| .0671 | Anthem, Inc. | | 30-0606541 | | 0001156039 | | Anthem Workers' Compensation, LLC | IN | NIA | HealthLink, Inc. | Ownership | 25.000 | Anthem, Inc. | .N | .0109 |
| .0671 | Anthem, Inc. | | 80-0531799 | | 0001156039 | | Applied Pathways, LLC | IL | NIA | American Imaging Management, Inc. | Ownership | 53.520 | Anthem, Inc. | .N | .0108 |
| .0671 | Anthem, Inc. | | 80-0531799 | | 0001156039 | | Applied Pathways, LLC | IL | NIA | HEP AP Holdings, Inc. | Ownership | 46.480 | Anthem, Inc. | .N | .0108 |
| .0671 | Anthem, Inc. | | 95-4640529 | | 0001156039 | | Arcus Enterprises, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | .N | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0671 | Anthem, Inc. | | 90-1057454 | | 0001156039 | | Aspire Health, Inc. | DE | NIA | Nash Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 35-1292384 | | 0001156039 | | Associated Group, Inc. | IN | NIA | Anthem Insurance Companies, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 11-3713086 | | 0001156039 | | ATH Holding Company, LLC | IN | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 96962 | 58-1638390 | | 0001156039 | | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | GA | IA | Cerulean Companies, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 54003 | 39-0138065 | | 0001156039 | | Blue Cross Blue Shield of Wisconsin | WI | IA | Crossroads Acquisition Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-3760980 | | 0001156039 | | Blue Cross of California | CA | IA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | .0101 |
| .0671 | Anthem, Inc. | | 20-2994048 | | 0001156039 | | Blue Cross of California Partnership Plan, Inc. | CA | IA | Blue Cross of California | Ownership | 100.000 | Anthem, Inc. | N | .0101 |
| .0671 | Anthem, Inc. | | 84-1782311 | | 0001156039 | | CareMarket, Inc. | IN | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-4694706 | | 0001156039 | | CareMore Health Plan | CA | IA | Caremore Health System | Ownership | 100.000 | Anthem, Inc. | N | .0101 |
| .0671 | Anthem, Inc. | 13562 | 38-3795280 | | 0001156039 | | CareMore Health Plan of Arizona, Inc. | AZ | IA | Caremore Health System | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 13605 | 26-4001602 | | 0001156039 | | CareMore Health Plan of Nevada | NV | IA | Caremore Health System | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 27-1625392 | | 0001156039 | | Caremore Health Plan of Texas, Inc. | TX | NIA | Caremore Health System | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 32-0373216 | | 0001156039 | | Caremore, LLC | IN | NIA | Caremore Health System | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-2076421 | | 0001156039 | | Caremore Health System | CA | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 58-2217138 | | 0001156039 | | Cerulean Companies, Inc. | GA | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 39-1413702 | | 0001156039 | | Claim Management Services, Inc. | WI | NIA | Blue Cross Blue Shield of Wisconsin | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 16345 | 82-1853423 | | 0001156039 | | CCHA, LLC | CO | IA | Anthem Partnership Holding Company, LLC | Ownership | 50.000 | Anthem, Inc. | N | .0102 |
| .0671 | Anthem, Inc. | 14064 | 26-4674149 | | 0001156039 | | Community Care Health Plan of Louisiana, Inc. | LA | IA | Anthem Partnership Holding Company, LLC | Ownership | 75.000 | Anthem, Inc. | N | .0104 |
| .0671 | Anthem, Inc. | 12586 | 20-3317697 | | 0001156039 | | Community Care Health Plan of Nevada, Inc. | NV | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 10345 | 31-1440175 | | 0001156039 | | Community Insurance Company | OH | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 95693 | 39-1462554 | | 0001156039 | | Compcare Health Services Insurance Corporation | WI | IA | Blue Cross Blue Shield of Wisconsin | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-0334650 | | 0001156039 | | Crossroads Acquisition Corp. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 82-3027094 | | 0001156039 | | DBG Holdings, Inc. | IN | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 41-1905556 | | 0001156039 | | DeCare Analytics, LLC | MN | NIA | DeCare Dental, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 02-0574609 | | 0001156039 | | DeCare Dental Health International, LLC | MN | NIA | DeCare Dental, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | | | 0001156039 | | DeCare Dental Insurance Ireland, Ltd. | IRL | NIA | DeCare Dental, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 73-1665525 | | 0001156039 | | DeCare Dental Networks, LLC | MN | NIA | DeCare Dental, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 01-0822645 | | 0001156039 | | DeCare Dental, LLC | MN | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | | | 0001156039 | | DeCare Operations Ireland, Limited | IRL | NIA | DeCare Dental, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-0660775 | | 0001156039 | | Delivery Network, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 26-2544715 | | 0001156039 | | Designated Agent Company, Inc. | KY | NIA | Anthem Health Plans of Kentucky, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 27-2844373 | | 0001156039 | | EasyScripts Outler Bay, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 26-2974996 | | 0001156039 | | EasyScripts Hialeah, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 30-0478573 | | 0001156039 | | EasyScripts LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 46-0613819 | | 0001156039 | | EasyScripts Westchester, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 13-3934328 | | 0001156039 | | EHC Benefits Agency, Inc. | NY | NIA | WellPoint Holding Corp | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 55093 | 23-7391136 | | 0001156039 | | Empire HealthChoice Assurance, Inc. | NY | IA | WellPoint Holding Corp | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 95433 | 13-3874803 | | 0001156039 | | Empire HealthChoice HMO, Inc. | NY | IA | Empire HealthChoice Assurance, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 26-4286154 | | 0001156039 | | Federal Government Solutions, LLC | WI | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 10119 | 41-2128275 | | 0001156039 | | Freedom Health, Inc. | FL | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 33-0884790 | | 0001156039 | | Gerinet Physician Services, Inc. | CA | NIA | Caremore Health System | Ownership | 50.000 | Anthem, Inc. | N | .0102 |
| .0671 | Anthem, Inc. | | 20-1378912 | | 0001156039 | | Global TPA, LLC | FL | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-2907752 | | 0001156039 | | Golden West Health Plan, Inc. | CA | IA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | .0101 |
| .0671 | Anthem, Inc. | 97217 | 58-1473042 | | 0001156039 | | Greater Georgia Life Insurance Company | GA | IA | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 51-0365660 | | 0001156039 | | Health Core, Inc. | DE | NIA | Arcus Enterprises, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 54-1237939 | | 0001156039 | | Health Management Corporation | VA | NIA | Southeast Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 36-3897701 | | 0001156039 | | Health Ventures Partner, L.L.C. | IL | NIA | UNICARE National Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 95169 | 54-1356687 | | 0001156039 | | HealthKeepers, Inc. | VA | IA | Anthem Southeast, Inc. | Ownership | 92.510 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | 95169 | 54-1356687 | | 0001156039 | | HealthKeepers, Inc. | VA | IA | UNICARE National Services, Inc. | Ownership | 7.490 | Anthem, Inc. | N | |

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|-------------------|------------|--------------|------------|--|--|----------------------|----------------------------------|---|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0671 | Anthem, Inc. | 96475 | 43-1616135 | | 0001156039 | | HealthLink HMO, Inc. | MO | RE | HealthLink, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 43-1364135 | | 0001156039 | | HealthLink, Inc. | IL | UDP | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 82-4966088 | | 0001156039 | | HealthLink Insurance Company | IL | NIA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 13-3865627 | | 0001156039 | | HealthPlus HP, LLC | NY | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | .N | .0100 |
| .0671 | Anthem, Inc. | 10122 | 20-0982649 | | 0001156039 | | HealthSun Health Plans, Inc. | FL | IA | Highland Acquisition Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 20-0660271 | | 0001156039 | | HealthSun Holdings, LLC | FL | NIA | HealthSun Management, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 20-0660168 | | 0001156039 | | HealthSun Management, LLC | FL | NIA | Highland Acquisition Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 46-5250294 | | 0001156039 | | HealthSun Physicians Network, LLC | FL | NIA | Delivery Network, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 46-3434016 | | 0001156039 | | HealthSun Physicians Network I, LLC | FL | NIA | HealthSun Physicians Network, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 78972 | 86-0257201 | | 0001156039 | | Healthy Alliance Life Insurance Company | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 47-3953545 | | 0001156039 | | HEP AP Holdings, Inc. | DE | NIA | Imaging Management Holdings, L.L.C. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-3867547 | | 0001156039 | | Highland Holdco, Inc. | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-3487249 | | 0001156039 | | Highland Acquisition Holdings, LLC | DE | NIA | Highland Intermediate Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-3471305 | | 0001156039 | | Highland Intermediate Holdings, LLC | DE | NIA | Highland Investor Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-3493196 | | 0001156039 | | Highland Investor Holdings, LLC | DE | NIA | ATH Holding Company, LLC | Ownership | 72.480 | Anthem, Inc. | .N | .0107 |
| .0671 | Anthem, Inc. | | 81-3493196 | | 0001156039 | | Highland Investor Holdings, LLC | DE | NIA | Highland Holdco, Inc. | Ownership | 27.520 | Anthem, Inc. | .N | .0107 |
| .0671 | Anthem, Inc. | 95473 | 84-1017384 | | 0001156039 | | HMO Colorado, Inc. | CO | IA | Rocky Mountain Hospital and Medical Service, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95358 | 37-1216698 | | 0001156039 | | HMO Missouri, Inc. | MO | IA | RightCHOICE Managed Care, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | | | 0001156039 | | Human Resource Associates, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 75-2619605 | | 0001156039 | | Imaging Management Holdings, L.L.C. | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 82-3062245 | | 0001156039 | | IngenioRX, Inc. | IN | NIA | DBG Holdings, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 98-1397080 | | 0001156039 | | Legato Health Technologies LLP | IN | NIA | Legato Holdings I, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | .0105 |
| | | | | | | | Legato Health Technologies Philippines, Inc. | | | | | | | | |
| .0671 | Anthem, Inc. | | 98-1490582 | | 0001156039 | | | PHL | NIA | Legato Holdings I, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | .0106 |
| .0671 | Anthem, Inc. | | 82-3030791 | | 0001156039 | | Legato Holdings I, Inc. | IN | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 82-3031178 | | 0001156039 | | Legato Holdings II, LLC | IN | NIA | Legato Holdings I, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 02-0581429 | | 0001156039 | | Living Complete Technologies, Inc. | MD | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 95527 | 02-0494919 | | 0001156039 | | Matthew Thornton Health Plan, Inc. | NH | IA | Anthem Health Plans of New Hampshire, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 46-5262131 | | 0001156039 | | Memphis Supportive Care Partnership, LLC | TN | NIA | Nash Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | | | | | Meridian Resource Company, LLC | WI | NIA | CompCare Health Services Insurance Corporation | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 39-2013971 | | 0001156039 | | Momentum Health Partners, LLC | NC | NIA | Anthem Partnership Holding Company, LLC | Ownership | 50.000 | Anthem, Inc. | .N | .0102 |
| .0671 | Anthem, Inc. | | 83-0892028 | | 0001156039 | | Nash Holding Company, LLC | DE | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 35-1840597 | | 0001156039 | | National Government Services, Inc. | IN | NIA | Federal Government Solutions, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 04-2919509 | | 0001156039 | | New England Research Institute, Inc. | MA | NIA | Health Core, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 81-5476630 | | 0001156039 | | NGS Federal, LLC | IN | NIA | Federal Government Solutions, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | 12259 | 20-1336412 | | 0001156039 | | Optimum Healthcare, Inc. | FL | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 95-4249368 | | 0001156039 | | Park Square Holdings, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 95-4386221 | | 0001156039 | | Park Square I, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 95-4249345 | | 0001156039 | | Park Square II, Inc. | CA | NIA | WellPoint California Services, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 27-1991772 | | 0001156039 | | Pasteur Medical Birds Road, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 20-2749389 | | 0001156039 | | Pasteur Medical Center, LLC | DE | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 27-1366915 | | 0001156039 | | Pasteur Medical Cutler Bay, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 20-0610128 | | 0001156039 | | Pasteur Medical Group, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 37-1668303 | | 0001156039 | | Pasteur Medical Hialeah Gardens, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 45-1616220 | | 0001156039 | | Pasteur Medical Holdings, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 47-3464152 | | 0001156039 | | Pasteur Medical Kendall, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 27-2810478 | | 0001156039 | | Pasteur Medical Management, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 33-1217936 | | 0001156039 | | Pasteur Medical Miami Gardens, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 27-2651017 | | 0001156039 | | Pasteur Medical North Miami Beach, LLC | FL | NIA | Pasteur Medical Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 26-0813665 | | 0001156039 | | Pasteur Medical Partners, LLC | FL | NIA | HealthSun Holdings, LLC | Ownership | 100.000 | Anthem, Inc. | .N | |
| .0671 | Anthem, Inc. | | 56-2396739 | | 0001156039 | | Resolution Health, Inc. | DE | NIA | Anthem Southeast, Inc. | Ownership | 100.000 | Anthem, Inc. | .N | |

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0671 | Anthem, Inc. | | 47-0851593 | | 0001156039 | | RightCHOICE Managed Care, Inc. | DE | UIP | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | .11011 | 84-0747736 | | 0001156039 | | Rocky Mountain Hospital and Medical Service, Inc. | CO | IA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | .13726 | 20-0473316 | | 0001156039 | | SellCore, Inc. | DE | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 27-0945036 | | 0001156039 | | Simply Healthcare Plans, Inc. | FL | IA | AMERIGROUP Corporation | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 55-0712302 | | 0001156039 | | Southeast Services, Inc. | VA | NIA | Anthem Southeast, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 45-4071004 | | 0001156039 | | State Sponsored Services, Inc. | IN | NIA | UNICARE Specialty Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 35-1835818 | | 0001156039 | | The Anthem Companies, Inc. | IN | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 45-5443372 | | 0001156039 | | The Anthem Companies of California, Inc. | CA | NIA | ATH Holding Company, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 43-1967924 | | 0001156039 | | TrustSolutions, LLC | WI | NIA | Federal Government Solutions, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | .11810 | 84-1620480 | | 0001156039 | | UNICARE Health Plan of West Virginia, Inc. | WV | IA | UNICARE National Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 36-3899137 | | 0001156039 | | UNICARE Illinois Services, Inc. | IL | NIA | UNICARE National Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | .80314 | 52-0913817 | | 0001156039 | | UNICARE Life & Health Insurance Company | IN | IA | UNICARE National Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-4635507 | | 0001156039 | | UNICARE National Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 77-0494551 | | 0001156039 | | UNICARE Specialty Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 82-3300542 | | 0001156039 | | Valus, Inc. | IN | NIA | DBG Holdings, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-0660563 | | 0001156039 | | WellMax Health Medical Centers, LLC | FL | NIA | Delivery Network, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-0660644 | | 0001156039 | | WellMax Health Physicians Network, LLC | FL | NIA | Delivery Network, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-4405193 | | 0001156039 | | WellPoint Acquisition, LLC | IN | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-2156380 | | 0001156039 | | WellPoint Behavioral Health, Inc. | DE | NIA | UNICARE Specialty Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-4640531 | | 0001156039 | | WellPoint California Services, Inc. | DE | NIA | Anthem Holding Corp. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 95-4657170 | | 0001156039 | | WellPoint Dental Services, Inc. | DE | NIA | UNICARE Specialty Services, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 81-2874917 | | 0001156039 | | WellPoint Health Solutions, Inc. | DE | NIA | Federal Government Solutions, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 20-3620996 | | 0001156039 | | WellPoint Holding Corp | DE | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 45-2736438 | | 0001156039 | | WellPoint Information Technology Services, Inc. | CA | NIA | Blue Cross of California | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 36-4595641 | | 0001156039 | | WellPoint Insurance Services, Inc. | HI | NIA | Anthem, Inc. | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | | 47-2546820 | | 0001156039 | | WellPoint Military Care Corporation | IN | NIA | Federal Government Solutions, LLC | Ownership | 100.000 | Anthem, Inc. | N | |
| .0671 | Anthem, Inc. | .15929 | 47-5569628 | | 0001156039 | | Wisconsin Collaborative Insurance Company | WI | IA | Crossroads Acquisition Corp. | Ownership | 50.000 | Anthem, Inc. | N | .0102 |
| .0671 | Anthem, Inc. | | 20-8672847 | | 0001156039 | | WPMI, LLC | DE | NIA | ATH Holding Company, LLC | Ownership | 69.910 | Anthem, Inc. | N | .0103 |

| Asterisk | Explanation |
|----------|--|
| 0100 | Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the New York State Department of Health. |
| 0101 | Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care. |
| 0102 | 50% owned by unaffiliated investors |
| 0103 | 30.09% owned by unaffiliated investors |
| 0104 | 25% owned by an unaffiliated investor |
| 0105 | Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company. |
| 0106 | Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation. |
| 0107 | Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 72.48% owned by Anthem Holding Company, LLC. an Indiana limited liability company, and 27.52% owned by Highland Holdco, Inc., a Delaware corporation. |
| 0108 | Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation. |
| 0109 | Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc. |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 10,533,926 | 14,563,829 |
| 2. Cost of bonds and stocks acquired | | 324,819 |
| 3. Accrual of discount | 7,410 | (32,044) |
| 4. Unrealized valuation increase (decrease) | | 7,820 |
| 5. Total gain (loss) on disposals | | (36,479) |
| 6. Deduct consideration for bonds and stocks disposed of | | 4,279,688 |
| 7. Deduct amortization of premium | 37,487 | 14,331 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 10,503,849 | 10,533,926 |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 10,503,849 | 10,533,926 |

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE HealthLink HMO, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 9,080,093 | 0 | 0 | (793) | 9,082,709 | 9,080,093 | 9,079,300 | 9,084,466 |
| 2. NAIC 2 (a) | 1,414,021 | 0 | 0 | 10,528 | 1,408,663 | 1,414,021 | 1,424,549 | 1,449,459 |
| 3. NAIC 3 (a) | 0 | | | | 0 | 0 | 0 | |
| 4. NAIC 4 (a) | 0 | | | | 0 | 0 | 0 | |
| 5. NAIC 5 (a) | 0 | | | | 0 | 0 | 0 | |
| 6. NAIC 6 (a) | 0 | | | | 0 | 0 | 0 | |
| 7. Total Bonds | 10,494,114 | 0 | 0 | 9,735 | 10,491,372 | 10,494,114 | 10,503,849 | 10,533,925 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 10,494,114 | 0 | 0 | 9,735 | 10,491,372 | 10,494,114 | 10,503,849 | 10,533,925 |

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

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 1,300,986 |
| 2. Cost of cash equivalents acquired | | 3,969,606 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | | 5,270,592 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

NONE