



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

Empire HealthChoice HMO, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 95433 Employer's ID Number 13-3874803
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 03/05/1996 Commenced Business 03/19/1996

Statutory Home Office 9 Pine Street, 14th Floor, New York, NY, US 10005
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9 Pine Street, 14th Floor
(Street and Number)
New York, NY, US 10005, 212-563-5570
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9 Pine Street, 14th Floor, New York, NY, US 10005
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2 Gannett Drive
(Street and Number)
South Portland, ME, US 04106, 866-583-6182
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.empireblue.com

Statutory Statement Contact Leigh Barrett, 317-488-6816
(Name) (Area Code) (Telephone Number)
leigh.barrett@anthem.com, 317-488-6200
(E-mail Address) (FAX Number)

OFFICERS

President, Chairperson and Chief Executive Officer Alan James Murray Treasurer Eric (Rick) Kenneth Noble
Secretary Jay Harry Wagner Assistant Secretary Patrick James O'Keeffe

OTHER

Vincent Edward Scher, Assistant Treasurer Mark Daniel Justus, Valuation Actuary

DIRECTORS OR TRUSTEES

Alan James Murray Lois Susan Freedman Patrick James O'Keeffe

State of Maine SS:
County of Cumberland

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.

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Alan James Murray
President

Jay Harry Wagner
Secretary

Eric (Rick) Kenneth Noble
Treasurer

Subscribed and sworn to before me this _____ day of _____

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

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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	313,758,412		313,758,412	313,107,531
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$4,523,339), cash equivalents (\$) and short-term investments (\$)	4,523,339		4,523,339	8,646,481
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	1,283,713		1,283,713	0
10. Securities lending reinvested collateral assets	2,140,570		2,140,570	4,274,969
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	321,706,034	0	321,706,034	326,028,981
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	2,888,308		2,888,308	3,128,426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,479,853	2,338,336	7,141,517	12,982,349
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$1,841,644) and contracts subject to redetermination (\$41,888,381)	43,730,025		43,730,025	19,843,232
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	1,113,891	424,571	689,320	273,028
18.1 Current federal and foreign income tax recoverable and interest thereon	1,653,367		1,653,367	3,749,005
18.2 Net deferred tax asset	8,383,290		8,383,290	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$10,587,094) and other amounts receivable	36,555,293	25,968,199	10,587,094	17,235,073
25. Aggregate write-ins for other than invested assets	28,386,698	1,403,716	26,982,982	25,419,273
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	453,896,759	30,134,822	423,761,937	408,659,367
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	453,896,759	30,134,822	423,761,937	408,659,367
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. Medicare Receivables	11,779,527		11,779,527	8,797,422
2502. New York Assessment	8,166,360		8,166,360	9,240,020
2503. Prepaid Expenses	4,049,346	1,403,716	2,645,630	2,643,363
2598. Summary of remaining write-ins for Line 25 from overflow page	4,391,465	0	4,391,465	4,738,468
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	28,386,698	1,403,716	26,982,982	25,419,273

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	100,688,630		100,688,630	88,963,406
2. Accrued medical incentive pool and bonus amounts	6,002,076		6,002,076	6,791,641
3. Unpaid claims adjustment expenses	2,062,384		2,062,384	2,007,118
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	40,553,435		40,553,435	53,631,925
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	6,137		6,137	5,297
8. Premiums received in advance	560,836		560,836	962,451
9. General expenses due or accrued	14,321,997		14,321,997	3,196,323
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	997,308		997,308	687,136
13. Remittances and items not allocated	3,296,881		3,296,881	4,891,752
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	74,081,452		74,081,452	77,684,077
16. Derivatives			0	0
17. Payable for securities	1,213,890		1,213,890	438,646
18. Payable for securities lending	2,140,570		2,140,570	4,274,969
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$14,173,426 current)	14,757,665	0	14,757,665	7,968,856
24. Total liabilities (Lines 1 to 23)	260,683,261	0	260,683,261	251,503,597
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	17,985,713
26. Common capital stock	XXX	XXX	2	2
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	101,999,998	101,999,998
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	121,974,894	121,974,894
31. Unassigned funds (surplus)	XXX	XXX	(60,896,218)	(84,804,837)
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	163,078,676	157,155,770
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	423,761,937	408,659,367
DETAILS OF WRITE-INS				
2301. Miscellaneous Medicare Liabilities	12,950,371		12,950,371	5,795,597
2302. Escheat Liability	797,288		797,288	765,199
2303. Accounts Payable - Miscellaneous	429,339		429,339	704,248
2398. Summary of remaining write-ins for Line 23 from overflow page	580,667	0	580,667	703,812
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	14,757,665	0	14,757,665	7,968,856
2501. Estimated ACA Health Insurer fee	XXX	XXX		17,985,713
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	17,985,713
3001. Required Reserves	XXX	XXX	121,974,894	121,974,894
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	121,974,894	121,974,894

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	218,752	250,051	993,051
2. Net premium income (including \$ non-health premium income)	XXX	239,373,630	249,543,513	975,799,152
3. Change in unearned premium reserves and reserve for rate credits	XXX	1,180,606	50,169	1,791,305
4. Fee-for-service (net of \$ medical expenses)	XXX			0
5. Risk revenue	XXX			0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	240,554,236	249,593,682	977,590,457
Hospital and Medical:				
9. Hospital/medical benefits		163,534,745	163,070,770	669,940,026
10. Other professional services		6,596,127	13,851,189	43,569,277
11. Outside referrals		8,643,073	10,184,574	44,070,798
12. Emergency room and out-of-area		7,354,946	7,214,334	29,989,280
13. Prescription drugs		17,791,360	22,541,861	81,349,222
14. Aggregate write-ins for other hospital and medical	0	(333,529)	(479,566)	(1,311,589)
15. Incentive pool, withhold adjustments and bonus amounts		1,338,590	622,817	8,915,656
16. Subtotal (Lines 9 to 15)	0	204,925,312	217,005,979	876,522,670
Less:				
17. Net reinsurance recoveries			75,520	75,519
18. Total hospital and medical (Lines 16 minus 17)	0	204,925,312	216,930,459	876,447,151
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 7,365,203 cost containment expenses		11,917,625	11,152,138	48,371,555
21. General administrative expenses		35,373,295	16,079,491	72,678,660
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(12,688,201)	(4,518,380)	41,716,038
23. Total underwriting deductions (Lines 18 through 22)	0	239,528,031	239,643,708	1,039,213,404
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,026,205	9,949,974	(61,622,947)
25. Net investment income earned		2,382,726	2,329,830	10,360,261
26. Net realized capital gains (losses) less capital gains tax of \$ 135,334		517,636	178,128	965,782
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,900,362	2,507,958	11,326,043
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 20,497)]		(20,497)	(121,164)	(209,553)
29. Aggregate write-ins for other income or expenses	0	(86,048)	(150,768)	(608,210)
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	3,820,022	12,186,000	(51,114,667)
31. Federal and foreign income taxes incurred	XXX	1,960,304	902,772	(9,996,623)
32. Net income (loss) (Lines 30 minus 31)	XXX	1,859,718	11,283,228	(41,118,044)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. Pool Recoveries - Stop Loss		(333,529)	(479,566)	(1,311,589)
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	(333,529)	(479,566)	(1,311,589)
2901. Miscellaneous (expense) income		(86,048)	(150,768)	(608,210)
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	(86,048)	(150,768)	(608,210)

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.....	157,155,770	187,011,169	187,011,169
34. Net income or (loss) from Line 32.....	1,859,718	11,283,228	(41,118,044)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (45,257)	(170,252)	19,017	48,390
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	8,338,033	3,128,776	(3,049,270)
39. Change in nonadmitted assets.....	(4,104,593)	597,097	(736,475)
40. Change in unauthorized and certified reinsurance.....	0		0
41. Change in treasury stock.....	0		0
42. Change in surplus notes.....	0		0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0		0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0		15,000,000
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).....	5,922,906	15,028,118	(29,855,399)
49. Capital and surplus end of reporting period (Line 33 plus 48)	163,078,676	202,039,287	157,155,770
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

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	221,246,789	241,548,342	994,969,047
2. Net investment income	3,302,119	3,213,430	13,154,618
3. Miscellaneous income	0		0
4. Total (Lines 1 to 3)	224,548,908	244,761,772	1,008,123,665
5. Benefit and loss related payments	193,988,813	210,805,800	874,671,915
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	36,765,577	28,197,103	123,463,221
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$135,334 tax on capital gains (losses)	0	(28,841,308)	(10,534,046)
10. Total (Lines 5 through 9)	230,754,390	210,161,595	987,601,090
11. Net cash from operations (Line 4 minus Line 10)	(6,205,482)	34,600,177	20,522,575
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	18,951,450	15,229,364	59,163,984
12.2 Stocks	0		0
12.3 Mortgage loans	0		0
12.4 Real estate	0		0
12.5 Other invested assets	0		0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(19,992)	20	(4,977)
12.7 Miscellaneous proceeds	2,909,643	4,552,190	811,027
12.8 Total investment proceeds (Lines 12.1 to 12.7)	21,841,101	19,781,574	59,970,034
13. Cost of investments acquired (long-term only):			
13.1 Bonds	19,824,153	19,608,180	70,673,095
13.2 Stocks	0		0
13.3 Mortgage loans	0		0
13.4 Real estate	0		0
13.5 Other invested assets	0		0
13.6 Miscellaneous applications	1,283,713	4,504	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	21,107,866	19,612,684	70,673,095
14. Net increase (or decrease) in contract loans and premium notes	0		0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	733,235	168,890	(10,703,061)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0		0
16.2 Capital and paid in surplus, less treasury stock	0		15,000,000
16.3 Borrowed funds	0		0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0		0
16.5 Dividends to stockholders	0		0
16.6 Other cash provided (applied)	1,349,105	(36,947,724)	(20,707,073)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	1,349,105	(36,947,724)	(5,707,073)
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)	(4,123,142)	(2,178,657)	4,112,441
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	8,646,481	4,534,040	4,534,040
19.2 End of period (Line 18 plus Line 19.1)	4,523,339	2,355,382	8,646,481

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	82,107	0	11,255	0	0	0	0	70,852	0	0
2. First Quarter	71,719		3,321					68,398		
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	218,752		13,648					205,104		
Total Member Ambulatory Encounters for Period:										
7. Physician	255,460		7,835					247,625		
8. Non-Physician	117,475		5,417					112,058		
9. Total	372,935	0	13,252	0	0	0	0	359,683	0	0
10. Hospital Patient Days Incurred	20,099		284					19,815		
11. Number of Inpatient Admissions	3,070		57					3,013		
12. Health Premiums Written (a)	239,373,630	(74,378)	10,259,665					229,172,386		15,957
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	240,554,236	(74,378)	10,776,986					229,835,671		15,957
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	193,988,813	62,910	13,014,749					180,883,816		27,338
18. Amount Incurred for Provision of Health Care Services	204,925,312	8,118	5,978,442					198,915,679		23,073

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$229,172,386

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	18,423,162	4,927,847	1,966,506	3,840,099	20,389,668	12,834,866
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	77,942,277	127,092,642	6,198,478	88,687,985	84,140,755	76,127,873
7. Title XIX - Medicaid					0	0
8. Other health	5,964	24,060	282	1,417	6,246	5,964
9. Health subtotal (Lines 1 to 8)	96,371,403	132,044,549	8,165,266	92,529,501	104,536,669	88,968,703
10. Healthcare receivables (a)	22,882,446	13,672,847			22,882,446	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	2,491,527	(363,373)	4,318,528	1,683,548	6,810,055	6,791,641
13. Totals (Lines 9-10+11+12)	75,980,484	118,008,329	12,483,794	94,213,049	88,464,278	95,760,344

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

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, 2019. 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 Empire HealthChoice 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 or permitted by the New York State Department of Financial Services (the “Department”). The Department has adopted accounting policies found in the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”) as a component of prescribed accounting practices. Additionally, the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically 1) overdue premiums (in excess of 90 days) from state and local governments or any of its instrumentalities shall be admitted assets; in NAIC SAP, premiums over 90 days due are non-admitted; 2) certain estimated market stabilization reinsurance/pooling recoverables, stop-loss recoverables, and reinsurance recoverables are admitted assets; in NAIC SAP, these recoverables are admitted only upon notification of the refund; and 3) prepaid broker commissions are admitted assets; in NAIC SAP, prepaid broker commissions are nonadmitted assets. The Department has the right to permit other specific practices that deviate from prescribed practices. The Company has employed no permitted practices in preparing the accompanying statutory-basis financial statements.

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:

	SSAP#	F/S Page	F/S Line #	March 31, 2020	December 31, 2019
<u>Net Income</u>					
(1) Empire HealthChoice HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 1,859,718	\$ (41,118,044)
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 1,859,718</u>	<u>\$ (41,118,044)</u>
<u>Surplus</u>					
(5) Empire HealthChoice HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 163,078,676	\$ 157,155,770
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
Pooling/Stop Loss recoverable	6	2	25	1,949,566	1,616,037
Prepaid Brokers' Commissions	29	2	25	2,645,630	2,643,363
Overdue local government premiums	6	2	15.1	—	1,276,195
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 158,483,480</u>	<u>\$ 151,620,175</u>

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

No significant change.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
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.
- (3) - (5) No significant change.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) - (14) No significant change.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the three months ended March 31, 2020.
- (3) The Company did not recognize other-than-temporary impairments on its loan-backed securities at March 31, 2020.

NOTES TO FINANCIAL STATEMENTS

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:			
	1. Less than 12 Months	\$	(437,936)
	2. 12 Months or Longer	\$	—
b. The aggregate related fair value of securities with unrealized losses:			
	1. Less than 12 Months	\$	9,372,247
	2. 12 Months or Longer	\$	—

(5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an other-than-temporary impairment at March 31, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) Not applicable.

(2) No significant change.

(3) Collateral Received

a. No significant change.		
b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$	<u>2,134,935</u>
c. No significant change.		

(4) Not applicable.

(5) No significant change.

(6) Not applicable.

(7) Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at March 31, 2020.

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 March 31, 2020.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at March 31, 2020.

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 March 31, 2020.

J. Real Estate

No significant change.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

K. Investments in Low-Income Housing Tax Credits

No significant change.

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 March 31, 2020.

O. 5GI Securities

The Company has no 5GI Securities as of March 31, 2020.

P. Short Sales

The Company did not have any short sales at March 31, 2020.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at March 31, 2020.

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.

NOTES TO FINANCIAL STATEMENTS

C. Intercompany Management and Service Arrangements

The Company became party to the Fair Market Value (“FMV”) Services Attachment discussed in Note 10F. There were no additional arrangements entered into as of March 31, 2020.

D. Amounts Due to or from Related Parties

At March 31, 2020, the Company reported no amounts due from affiliates and \$74,081,452 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. Guarantees or Contingencies for Related Parties

No significant change.

F. Management and Service Contracts and Cost Sharing Arrangements

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company’s operations. These costs are allocated based on various utilization statistics.

In addition, the Company is party to the FMV Services Attachment, starting January 1, 2020, the costs and expenses related to certain care management and other services are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

The Company amended its agreements and added American Imaging Management, Inc. to the agreements.

G. - O.

No significant change.

11. Debt

Not applicable.

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

A. Defined Benefit Plan

Not applicable.

B. Not applicable.

C. Not applicable.

D. Not applicable.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

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

(1) - (8)

No significant change.

(9) Changes in Special Surplus Funds

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the estimated Affordable Care Act ("ACA") health insurer fee. The insurer fee was permanently suspended.

(10) - (13)

No significant change.

14. Liabilities, Contingencies and Assessments

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

Not applicable.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At March 31, 2020 the fair value of securities loaned was \$2,096,693 and the carrying value of securities loaned was \$2,065,627.

(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 March 31, 2020, 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

Not applicable.

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

No significant change.

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

Not applicable.

20. Fair Value Measurements

A.

(1) Fair Value Measurement at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
U.S. special revenues	\$ —	\$ 797,012	\$ —	\$ —	\$ 797,012
Industrial and misc	—	635,630	—	—	635,630
Total bonds	\$ —	\$ 1,432,642	\$ —	\$ —	\$ 1,432,642
Total assets at fair value/NAV	\$ —	\$ 1,432,642	\$ —	\$ —	\$ 1,432,642

(2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of March 31, 2020.

NOTES TO FINANCIAL STATEMENTS

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

(4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

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

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	\$ 317,685,670	\$ 313,758,412	\$ —	\$ 317,685,670	\$ —	\$ —	\$ —
Securities lending collateral asset	2,134,935	2,140,570	—	2,134,935	—	—	—

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items**A. Unusual or Infrequent Items**

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The full impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, and decreases in the fair value of certain investments, as well as possible impacts to liquidity. The outbreak is still evolving and thus there is significant uncertainty as to its ultimate impacts on the Company.

B. - I.

No significant change.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

Subsequent events have been considered through May 14, 2020 for the statutory statement issued on May 15, 2020. There were no events occurring subsequent to March 31, 2020 requiring recognition or disclosure.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

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

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?	Yes
(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a. Permanent ACA Risk Adjustment Program Assets	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 1,011,253
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 2,524
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premiums)	\$ 2,345,370
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (104,071)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 132
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ —
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$ —
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ —
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ —
6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ —
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ —
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ —
9. ACA Reinsurance contributions - not reported as ceded premium	\$ —
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ —
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ —
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ —
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ —

Line items where the amount is zero is due to no balance and/or no activity as of the reporting date.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 1,011,253	\$ —	\$ —	\$ —	\$ 1,011,253	\$ —	\$ —	\$ —	A	\$ 1,011,253	\$ —
2. Premium adjustments (payable) (including high risk pool premiums)	\$ —	\$ 2,241,299	\$ —	\$ —	\$ —	\$ 2,241,299	\$ —	\$ —	B	\$ —	\$ 2,241,299
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 1,011,253	\$ 2,241,299	\$ —	\$ —	\$ 1,011,253	\$ 2,241,299	\$ —	\$ —		\$ 1,011,253	\$ 2,241,299
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Amounts recoverable for claims unpaid (contra liability)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
3. Amounts receivable relating to uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
5. Ceded reinsurance premiums payable	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	G	\$ —	\$ —
6. Liability for amounts held under uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	H	\$ —	\$ —
7. Subtotal ACA Transitional Reinsurance Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	I	\$ —	\$ —
2. Reserve for rate credits or policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	J	\$ —	\$ —
3. Subtotal ACA Risk Corridors Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
d. Total for ACA Risk Sharing Provisions	\$ 1,011,253	\$ 2,241,299	\$ —	\$ —	\$ 1,011,253	\$ 2,241,299	\$ —	\$ —		\$ 1,011,253	\$ 2,241,299

Explanations of adjustments

- A Not applicable.
- B Not applicable.
- C Not applicable.
- D Not applicable.
- E Not applicable.
- F Not applicable.
- G Not applicable.
- H Not applicable.
- I Not applicable.
- J Not applicable.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
NOTES TO FINANCIAL STATEMENTS

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

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	A	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	B	\$ —	\$ —
b. 2015											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
c. 2016											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
d. Total for Risk Corridors	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —

Explanations of adjustments

- A Not applicable.
- B Not applicable.
- C Not applicable.
- D Not applicable.
- E Not applicable.
- F Not applicable.

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

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

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1 - 2 - 3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. 2015	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
c. 2016	\$ 8,305,585	\$ 8,305,585	\$ —	\$ —	\$ —	\$ —
d. Total (a + b + c)	\$ 8,305,585	\$ 8,305,585	\$ —	\$ —	\$ —	\$ —

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

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

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$4,371,304 during 2020. This is approximately 4.5% of unpaid claims and claim adjustment expenses of \$97,767,462 as of December 31, 2019. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2020. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable.

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.
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	\$	38,064,599
2. Date of the most recent evaluation of this liability		<u>March 31, 2020</u>
3. Was anticipated investment income utilized in the calculation?	Yes	<u>No</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 [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
N/A
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001156039
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
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. 12/31/2019
- 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. 12/31/2016
- 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). 10/16/2018
- 6.4 By what department or departments?
New York State Department of Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide 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 [] N/A []
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$2,134,935
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$2,140,570
- 16.3 Total payable for securities lending reported on the liability page. \$2,140,570

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.....
MacKay Shields LLC	U.....

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105377	Loomis, Sayles & Company, LP	J1ZPN2RX3UMNOYID1313	Securities Exchange Commission	NO.....
107717	MacKay Shields LLC	549300Y7LLC0FU7R8H16	Securities Exchange Commission	NO.....

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent83.0 %
 - 1.2 A&H cost containment percent3.1 %
 - 1.3 A&H expense percent excluding cost containment expenses16.6 %
- 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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only							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	N								0
15. Indiana IN	N								0
16. Iowa IA	N								0
17. Kansas KS	N								0
18. Kentucky KY	N								0
19. Louisiana LA	N								0
20. Maine ME	L		8,079,188					8,079,188	
21. Maryland MD	N								0
22. Massachusetts MA	N								0
23. Michigan MI	N								0
24. Minnesota MN	N								0
25. Mississippi MS	N								0
26. Missouri MO	N								0
27. Montana MT	N								0
28. Nebraska NE	N								0
29. Nevada NV	N								0
30. New Hampshire NH	N								0
31. New Jersey NJ	N								0
32. New Mexico NM	N								0
33. New York NY	L	10,201,244	221,093,198					231,294,442	
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	10,201,244	229,172,386	0	0	0	0	239,373,630	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	XXX	10,201,244	229,172,386	0	0	0	0	239,373,630	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

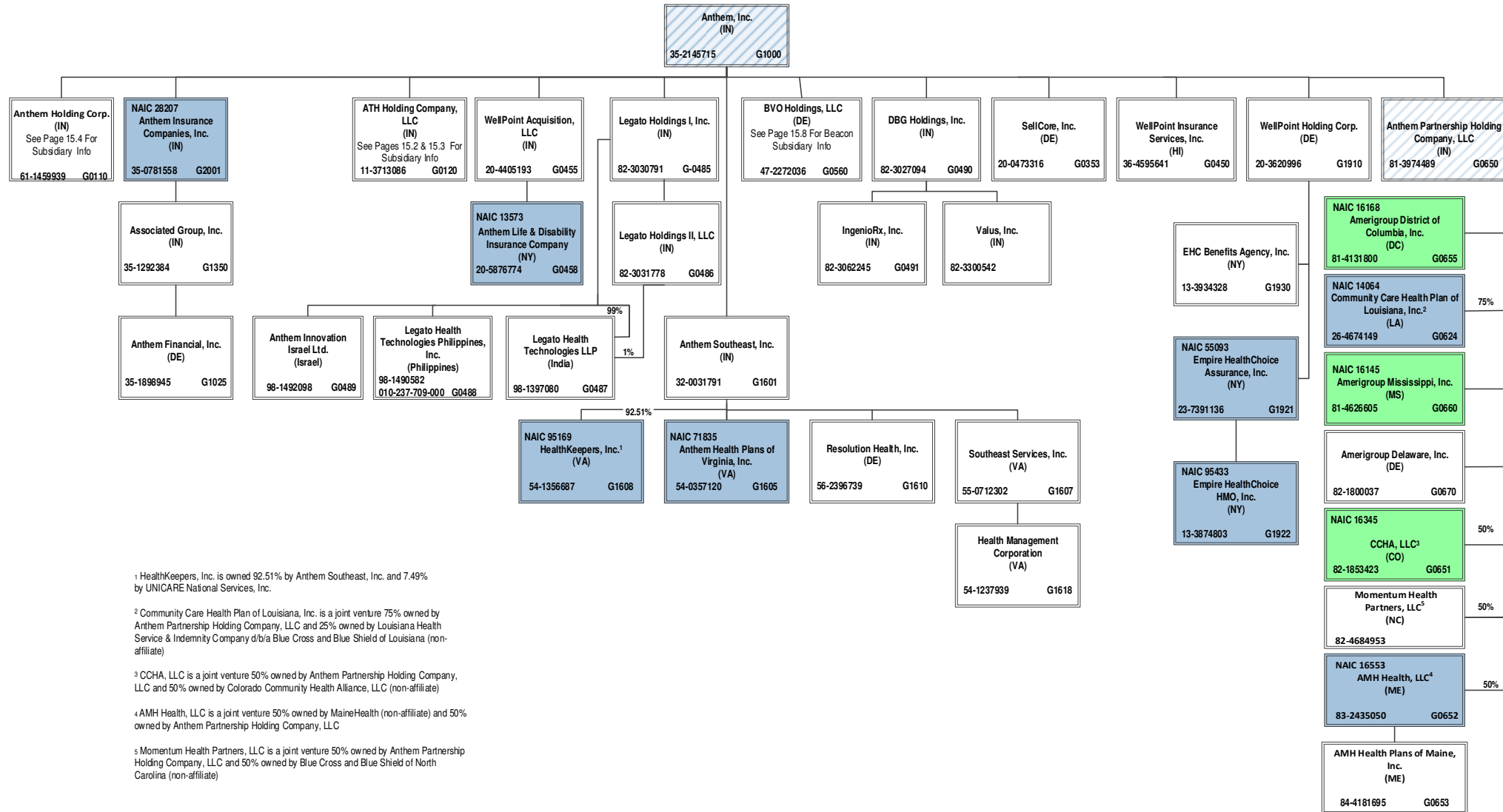
(a) Active Status Counts:
 L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 2 R - Registered - Non-domiciled RRGs..... 0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 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)

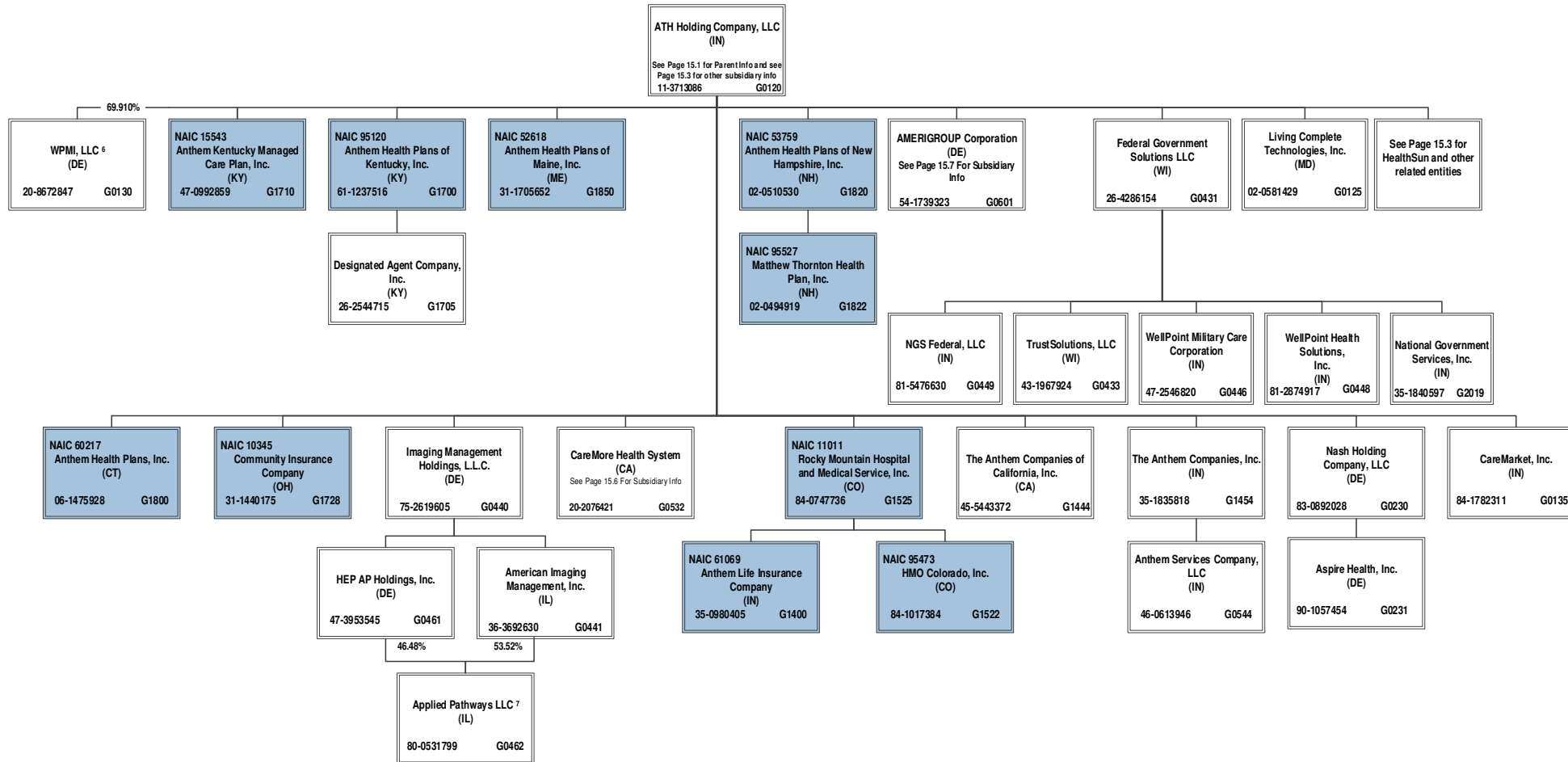
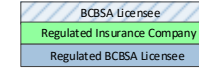
⁴ AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

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



15.1

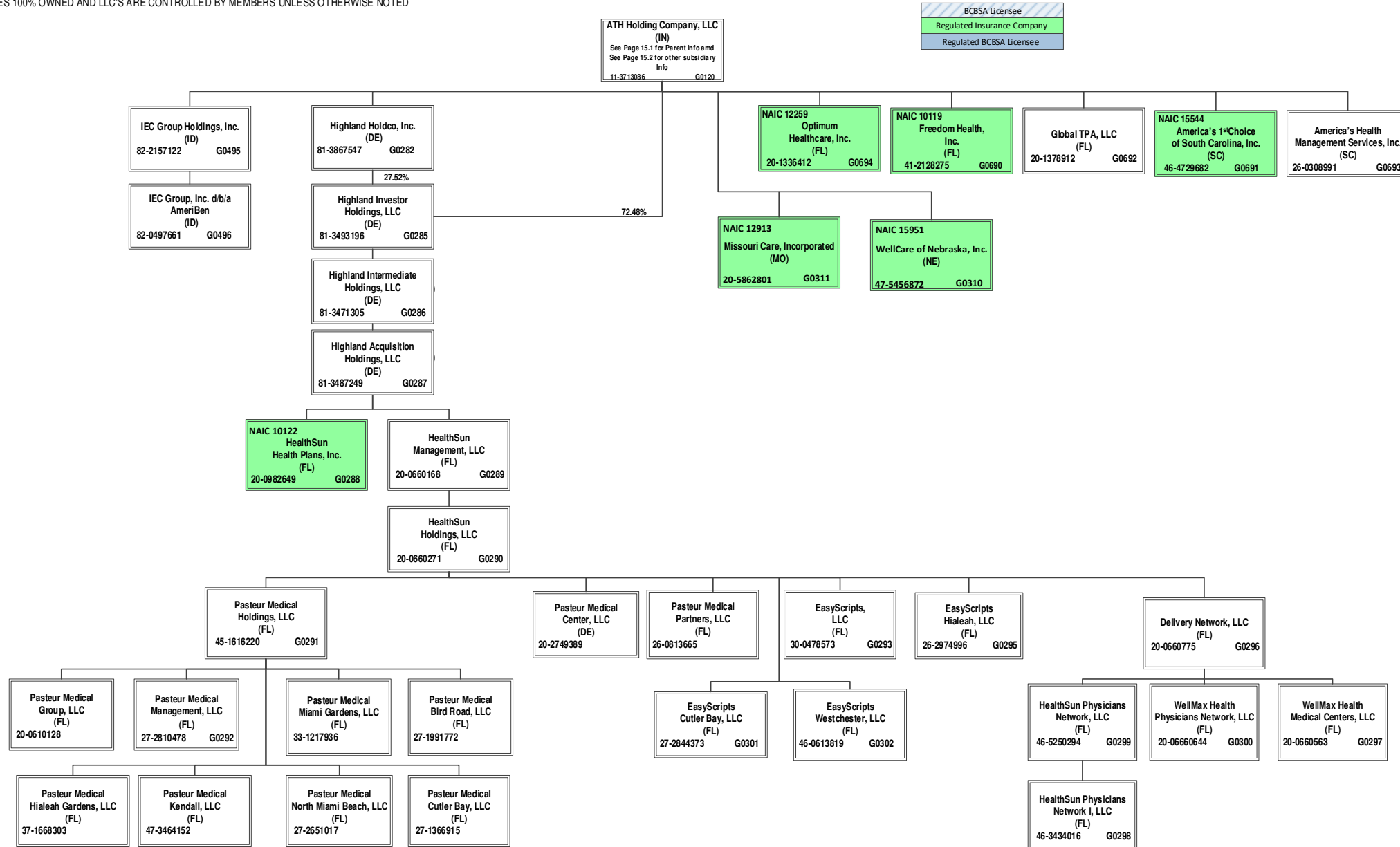
⁶ 30.09% of WPMI, LLC is owned by unaffiliated investors

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

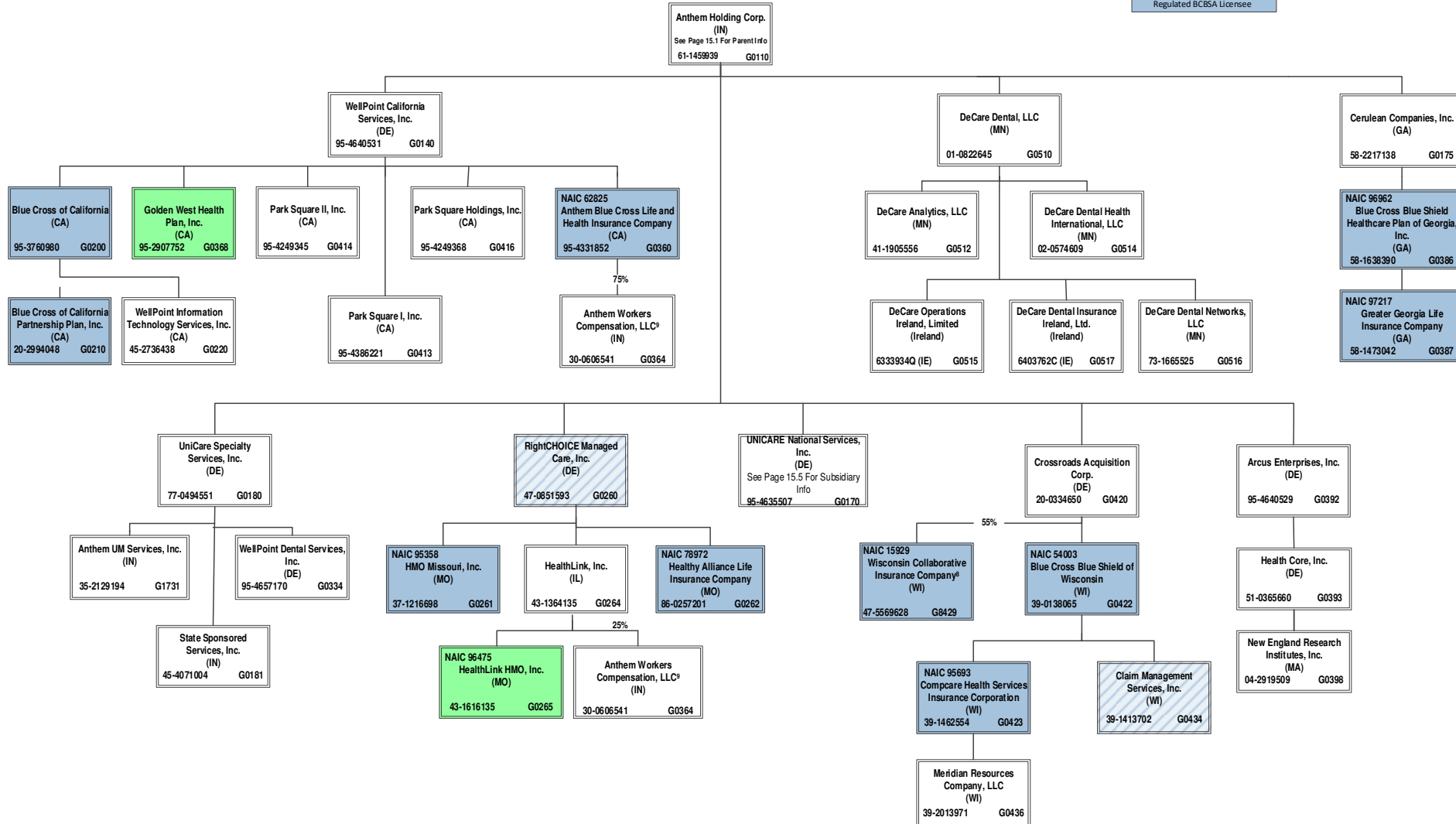


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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 45% of WVIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

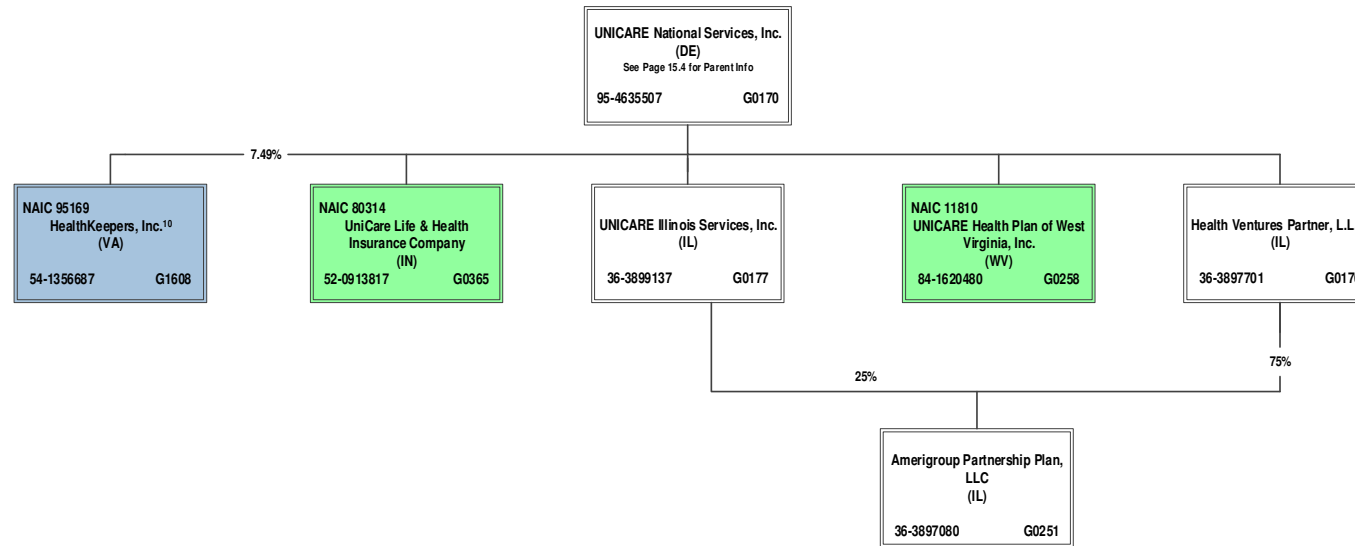
³ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

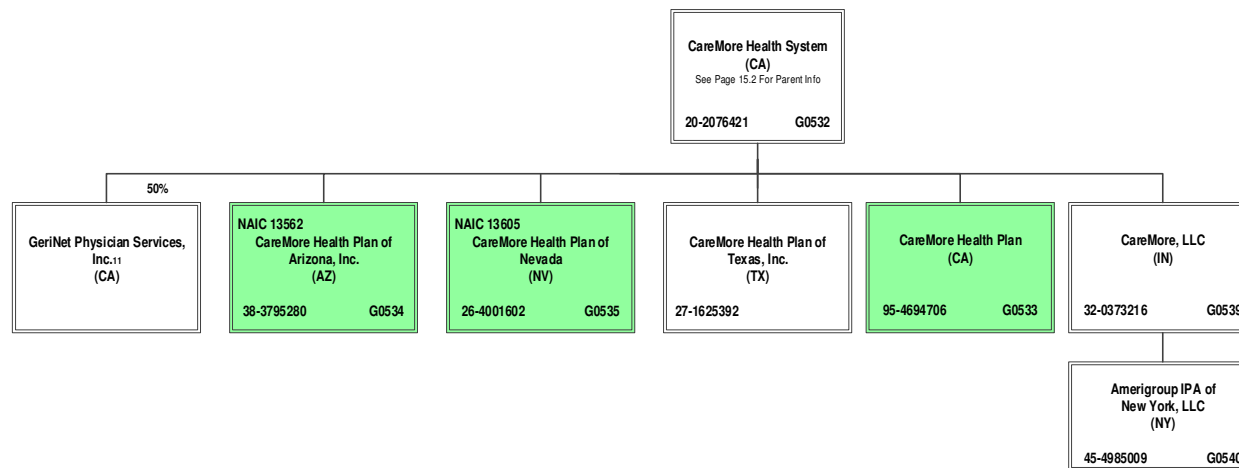


¹⁰ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

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

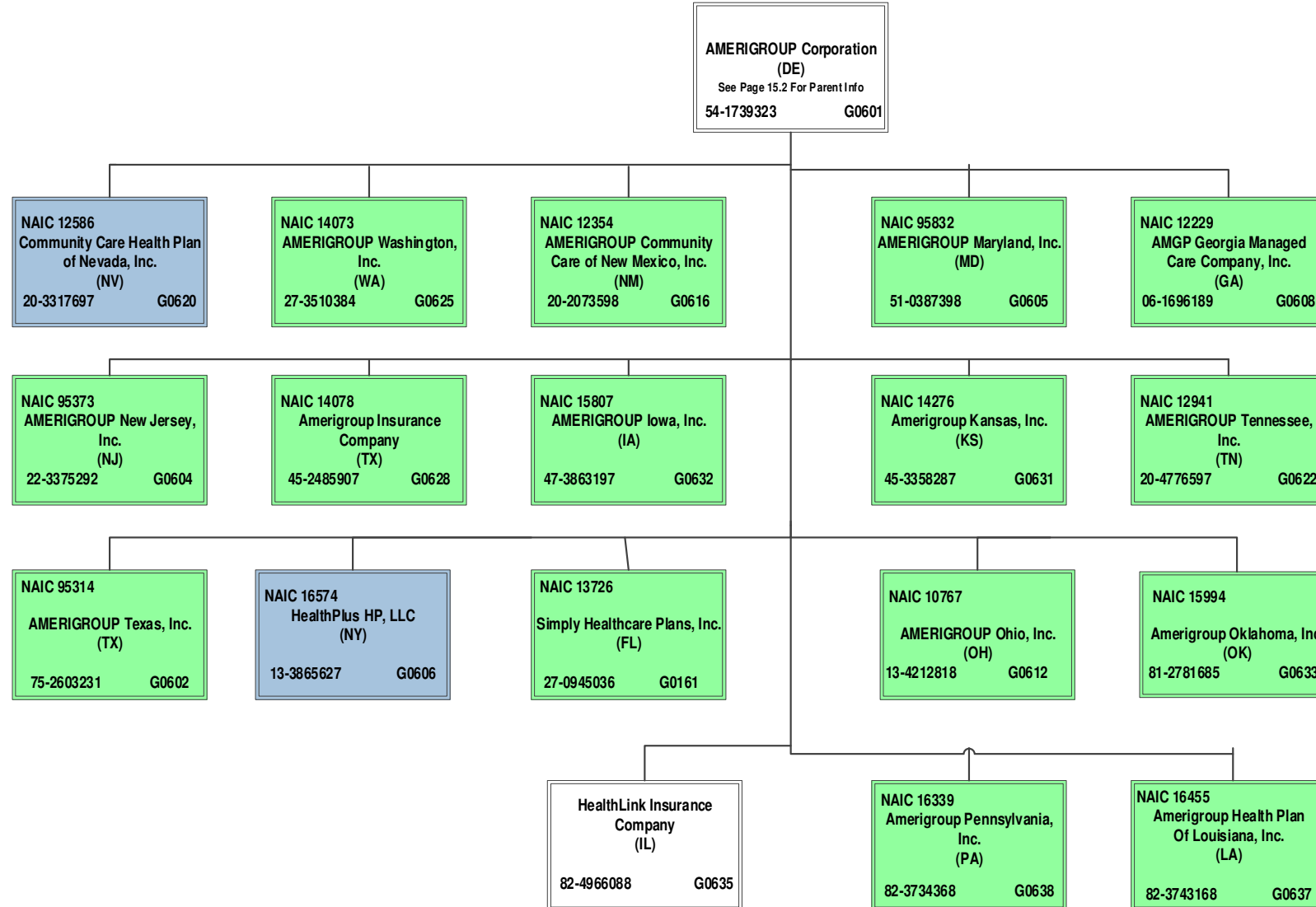


¹¹ GeriNet Physician Services, Inc. is owned 50% by CareMore Health System and 50% by Health Essentials Acquisition Corporation (non-affiliate)

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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.		84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	NIA	AMH Health, LLC	Ownership	100.000	Anthem, Inc.	N	
.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	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.		98-1492098		0001156039		Anthem Innovation Israel Ltd	ISR	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

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.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.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-5334761		0001156039		Beacon Health Options Care Services, Inc.	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-4297571		0001156039		Beacon Health Options of California, Inc.	CA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	47025	23-2918735		0001156039		Beacon Health Options of Pennsylvania, Inc.	PA	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	BVO Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		54-1414194		0001156039		Beacon Health Options, Inc.	VA	NIA	FHC Health Systems, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		04-3324848		0001156039		Beacon Health Strategies LLC	MA	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		45-5208205		0001156039		BHS IPA, LLC	NY	NIA	Beacon Health Strategies LLC	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.		47-2272036		0001156039		BVO Holdings, LLC	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.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.				0001156039		CHCS IPA, Inc.	NY	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				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.	14064	26-4674149		0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	10345	31-1440175		0001156039		Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95693	39-1462554		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0334650		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3027094		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		02-0574609		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 Cutler 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	

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.

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

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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.		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	UDP	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	RE	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.		54-1230110		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		59-3537092		0001156039		Florida Health Partners, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	.0112
.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	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	
.0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	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.	16574	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	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.		82-2157122		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	ATH Holding Company, 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
.0671	Anthem, Inc.		98-1490582		0001156039		Legato Health Technologies Philippines, Inc.	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.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	.0111
.0671	Anthem, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Anthem, Inc.	N	.0111
.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.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA	CompCare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.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.		20-1847098		0001156039		North Florida Behavioral Health Partners, Inc.	FL	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	.N	.0113
.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.		54-1826967		0001156039		OPTIONS Health Care, Inc.	DE	NIA	Beacon Health Options, Inc.	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	
.0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	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.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	13726	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.	89518	86-0684895		0001156039		Value Health Reinsurance, Inc.	AZ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		45-4238555		0001156039		ValueOptions Federal Services, Inc.	VA	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-8819392		0001156039		ValueOptions of Kansas, Inc.	KS	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	15448	46-2053405		0001156039		ValueOptions of New Jersey, Inc.	NJ	IA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-1687158		0001156039		ValueOptions of New Mexico, Inc.	NM	NIA	Beacon Health Options, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95799	75-2749263		0001156039		ValueOptions of Texas, Inc.	TX	IA	Beacon Health Options, Inc.	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.	15951	47-5456872		0001156039		WellCare of Nebraska, Inc.	NE	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-2060563		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.		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	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/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	55.000	Anthem, Inc.	N	0110
.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 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	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.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp
0111	Massachusetts Behavioral Health Partnership is a General Partnership formed under the laws of Massachusetts, and is 50% owned by Beacon Health Options, Inc., a Virginia corporation, and 50% owned by OPTIONS Health Care, Inc., a Delaware corporation.
0112	Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)
0113	North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

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

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Premium Tax Recoverable	2,148,608		2,148,608	2,367,110
2505. Stop Loss Receivables (NY Regulation 4321, 4322 & 4327)	1,949,566		1,949,566	1,616,037
2506. City Income Tax Recoverable	282,808		282,808	510,375
2507. Blue Card Receivables	10,483		10,483	9,008
2508. State Income Tax Recoverable	0		0	235,938
2597. Summary of remaining write-ins for Line 25 from overflow page	4,391,465	0	4,391,465	4,738,468

Additional Write-ins for Liabilities Line 23

	Current Period			4 Prior Year Total
	1 Covered	2 Uncovered	3 Total	
2304. Other premium liability	327,895		327,895	320,756
2305. Out of Area Program Payable	252,772		252,772	383,056
2397. Summary of remaining write-ins for Line 23 from overflow page	580,667	0	580,667	703,812

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	313,107,531	302,991,019
2. Cost of bonds and stocks acquired	19,824,153	70,673,095
3. Accrual of discount	31,199	163,341
4. Unrealized valuation increase (decrease)	(215,509)	61,253
5. Total gain (loss) on disposals	672,962	1,253,480
6. Deduct consideration for bonds and stocks disposed of	18,951,450	59,272,609
7. Deduct amortization of premium	710,474	2,870,673
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		108,625
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	313,758,412	313,107,531
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	313,758,412	313,107,531

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice 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)	232,050,301	17,756,847	17,418,486	(11,534,852)	220,853,810	0	0	232,050,301
2. NAIC 2 (a)	79,034,009	2,067,304	842,866	10,753,023	91,011,470	0	0	79,034,009
3. NAIC 3 (a)	1,392,988	0	0	500,144	1,893,132	0	0	1,392,988
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	630,233	0	17,135	(613,098)	0	0	0	630,233
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	313,107,531	19,824,151	18,278,487	(894,783)	313,758,412	0	0	313,107,531
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	313,107,531	19,824,151	18,278,487	(894,783)	313,758,412	0	0	313,107,531

(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

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

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	1,994,911
2. Cost of cash equivalents acquired	130,000,000	149,248,975
3. Accrual of discount		4,093
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(19,992)	(4,977)
6. Deduct consideration received on disposals	129,980,008	151,243,002
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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
38381V-V5-6	GOVERNMENT NATIONAL MORTGAGE SERIES 2019-74 CLASS AT 3.000% 06/20/49		03/12/2020	CLARKE + CO		13,995	13,176	.16	1
912828-UN-8	US TREASURY N B 2.000% 02/15/23		01/29/2020	RBC		4,538,050	4,460,000	40,722	1
912828-VS-3	US TREASURY N B 1.750% 11/15/29		01/09/2020	Bank of America		1,486,348	1,500,000	4,255	1
912828-Z6-0	WI TREASURY SEC 1.375% 01/31/22		02/19/2020	Bank of New York		999,180	1,000,000	793	1
0599999. Subtotal - Bonds - U.S. Governments						7,037,573	6,973,176	45,786	XXX
009730-PC-0	AKRON BATH COPLEY JT TWP OH HO SERIES B 4.150% 11/15/47		03/23/2020	Goldman Sachs & Co		400,000	400,000	.538	1FE
25483V-WU-4	DIST OF COLUMBIA REVENUE 5.000% 12/01/32		01/30/2020	National Financial Services		1,511,075	1,155,000	.0	1FE
30292C-AJ-6	FREM MORTGAGE TRUST SERIES 2014-K38 CLASS B 144A 4.222% 06/25/47		01/27/2020	J P Morgan		854,095	790,000	2,594	1FM
313686-HH-9	FANNIE MAE SERIES 2019-58 CLASS LP 3.000% 10/25/49		02/27/2020	J P Morgan		26,111	25,000	.4	1
3137FP-LK-9	FREDDIE MAC SERIES 4926 CLASS BP 3.000% 10/25/49		03/12/2020	Various		73,596	70,000	.77	1
38611T-DE-4	GRAND PARKWAY TRANSPRTN CORP T SERIES B 2.355% 10/01/32		02/12/2020	Merrill Lynch Pierce Fenner		240,000	240,000	.0	1FE
38611T-DH-7	GRAND PARKWAY TRANSPRTN CORP T SERIES B 2.535% 10/01/35		02/12/2020	Merrill Lynch Pierce Fenner		190,000	190,000	.0	1FE
455160-DY-4	INDIANA UNIV LEASE PURCHASE SERIES B 2.370% 06/01/32		02/13/2020	Merrill Lynch Pierce Fenner		350,000	350,000	.0	1FE
681785-LL-3	OMAHA NE PUBLIC FACS CORP LEAS SERIES A 4.000% 06/01/36		03/04/2020	D.A. Davidson		1,213,890	1,000,000	.0	1FE
796256-CE-1	SAN ANTONIO TX ELEC & GAS REVE SERIES 2020 5.000% 02/01/32		01/16/2020	Merrill Lynch Pierce Fenner		321,224	245,000	.0	1FE
796256-CF-8	SAN ANTONIO TX ELEC & GAS REVE 5.000% 02/01/33		01/16/2020	Merrill Lynch Pierce Fenner		248,091	190,000	.0	1FE
84552Y-RB-9	S WSTRN IL DEV AUTH 4.000% 04/15/32		01/17/2020	Piper Jaffray & Hopwood Inc		418,041	355,000	.0	1FE
917567-FP-9	UTAH ST TRANSIT AUTH SALES TAX 2.038% 12/15/31		03/05/2020	Wells Fargo		2,635,000	2,635,000	.0	1FE
3199999. Subtotal - Bonds - U.S. Special Revenues						8,481,123	7,645,000	3,213	XXX
00914A-AF-9	ATR LEASE CORP SERIES MTN 2.300% 02/01/25		01/07/2020	Bank of America		643,260	650,000	.0	2FE
06540W-BC-6	BANK SERIES 2019-BN19 CLASS A2 2.926% 08/15/61		03/06/2020	Bank of America		38,019	35,000	.26	1FM
12625K-AD-7	COMM MORTGAGE TRUST SERIES 2013-CR8 CLASS A4 3.334% 06/10/46		02/18/2020	Deutsche Bank		22,665	21,723	.38	1FM
34528P-AK-2	FORD CREDIT FLOORPLAN MASTER SERIES 2018-4 CLASS A 4.060% 11/15/30		03/13/2020	Wells Fargo		145,513	140,000	.32	1FE
36250G-AN-5	GS MORTGAGE SECURITIES TRUST SERIES 2015-GC30 CLASS A3 3.119% 05/10/50		01/27/2020	Goldman Sachs & Co		520,736	495,000	1,201	1FM
37045X-CV-6	GENERAL MOTORS FINL CO 2.900% 02/26/25		01/06/2020	Salomon Bros		579,269	580,000	.0	2FE
41975A-AA-0	HAWAII HOTEL TRUST 2019 MAUI SERIES 2019-MAUI CLASS A 144A 3.020% 05/15/38		01/27/2020	Goldman Sachs & Co		500,938	500,000	550	1FM
442851-AK-7	HOWARD UNIVERSITY SERIES 2020 2.845% 10/01/28		01/31/2020	Loop Capital Markets		310,000	310,000	.0	2FE
442851-AL-5	HOWARD UNIVERSITY SERIES 2020 2.895% 10/01/29		01/31/2020	Loop Capital Markets		310,000	310,000	.0	2FE
46649X-AA-5	JP MORGAN CHASE COMMERCIAL MOR SERIES 2018-AON CLASS A 144A 4.128% 07/05/31		01/09/2020	J P Morgan		84,894	80,000	.110	1FE
958667-AC-1	WESTERN MIDSTREAM OPERAT 4.050% 02/01/30		01/09/2020	Barclays		224,775	225,000	.0	3FE
191241-AH-1	COCA COLA FEINSA SAB CV 2.750% 01/22/30	D.	01/08/2020	Salomon Bros		925,388	935,000	.0	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						4,305,457	4,281,723	1,957	XXX
8399997. Total - Bonds - Part 3						19,824,153	18,899,899	50,956	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						19,824,153	18,899,899	50,956	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						19,824,153	XXX	50,956	XXX

E04

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol
38379C-TB-2	GOVERNMENT NATIONAL MORTGAGE SERIES 2014-91 CLASS MA 3.000% 01/16/40		03/01/2020	Paydown		22,457	22,457	22,881	22,871	.0	(414)	.0	(414)	.0	22,457	.0	.0	.0	103	01/16/2040	1
38381T-KF-1	GOVERNMENT NATIONAL MORTGAGE A SERIES 2019-29 CLASS CB 3.000% 10/20/48		03/01/2020	Paydown		11,216	11,216	11,311	11,295	.0	(79)	.0	(79)	.0	11,216	.0	.0	.0	57	10/20/2048	1
38381V-V5-6	GOVERNMENT NATIONAL MORTGAGE SERIES 2019-74 CLASS AT 3.000% 06/20/49		03/01/2020	Paydown		54,679	54,679	55,628	55,567	.0	(888)	.0	(888)	.0	54,679	.0	.0	.0	268	06/20/2049	1
0599999 Subtotal - Bonds - U.S. Governments						88,352	88,352	89,820	89,733	0	(1,381)	0	(1,381)	0	88,352	0	0	0	428	XXX	XXX
20772K-DV-8	CONNECTICUT ST SERIES E 5.000% 09/15/29		01/15/2020	Merrill Lynch Pierce Fenner		535,055	420,000	476,969	470,600	.0	(222)	.0	(222)	.0	470,378	.0	64,677	64,677	7,117	09/15/2029	1FE
574193-QS-0	MARYLAND ST 5.000% 08/01/29		03/13/2020	Morgan Stanley		1,259,930	1,000,000	1,210,390	1,184,394	.0	(4,067)	.0	(4,067)	.0	1,180,317	.0	79,613	79,613	31,389	08/01/2029	1FE
93974C-SD-8	WASHINGTON ST 5.000% 02/01/20		02/01/2020	Maturity		4,460,000	4,460,000	5,497,485	4,472,986	.0	(12,986)	.0	(12,986)	.0	4,460,000	.0	.0	.0	111,500	02/01/2020	1FE
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions						6,254,985	5,880,000	7,184,844	6,127,970	0	(17,275)	0	(17,275)	0	6,110,695	0	144,290	144,290	150,006	XXX	XXX
442331-U4-4	HOUSTON TEX SERIES A 5.000% 03/01/28		01/15/2020	Stifel Nicolaus & Co		355,802	285,000	341,242	329,843	.0	(253)	.0	(253)	.0	329,590	.0	26,212	26,212	5,383	03/01/2028	1FE
467486-YB-7	JACKSON CNTY MO REORG SCH DIST 5.500% 03/01/34		03/30/2020	Mesirow Financial Inc.		609,053	460,000	586,077	578,453	.0	(2,870)	.0	(2,870)	.0	575,583	.0	33,470	33,470	23,192	03/01/2034	1FE
484008-IUJ-3	KANE CNTY IL SCH DIST #131 AUR 5.000% 12/01/24		02/07/2020	D.A. Davidson		570,826	490,000	582,752	544,683	.0	(1,165)	.0	(1,165)	.0	543,518	.0	27,307	27,307	4,764	12/01/2024	1FE
825434-SD-1	SHREVEPORT LA 5.000% 08/01/29		01/15/2020	Merrill Lynch Pierce Fenner		372,888	300,000	345,360	336,965	.0	(191)	.0	(191)	.0	336,774	.0	36,114	36,114	6,917	08/01/2029	1FE
970013-FP-8	WILLIAMSON JACKSON ETC CNTYS I 5.000% 12/01/27		01/15/2020	Raymond James & Associates		405,587	335,000	389,605	375,902	.0	(238)	.0	(238)	.0	375,664	.0	29,923	29,923	2,140	12/01/2027	1FE
970013-FQ-6	WILLIAMSON JACKSON ETC CNTYS I 5.000% 12/01/28		01/15/2020	RBC DOMINION SECURITIES		241,960	200,000	230,798	223,098	.0	(134)	.0	(134)	.0	222,964	.0	18,996	18,996	1,278	12/01/2028	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						2,556,116	2,070,000	2,475,834	2,388,944	0	(4,851)	0	(4,851)	0	2,384,093	0	172,022	172,022	43,674	XXX	XXX
146201-DH-8	CARTER CNTY OK PUBLIC FACs AUT 5.000% 09/01/27		03/06/2020	BOSCO INC.		371,075	295,000	335,498	330,197	.0	(776)	.0	(776)	.0	329,421	.0	41,654	41,654	7,744	09/01/2027	1FE
194641-AL-0	COLLIER CNTY FL INDL DEV AUTH 5.500% 10/01/26		01/15/2020	Merrill Lynch Pierce Fenner		367,777	350,000	384,412	368,180	.0	(138)	.0	(138)	.0	368,042	.0	(266)	(266)	5,668	10/01/2026	1FE
196479-U5-9	COLORADO ST HSG & FIN AUTH SERIES H 4.250% 11/01/49		03/01/2020	Call 100.0000		10,000	10,000	10,969	10,928	.0	(8)	.0	(8)	.0	10,921	.0	(921)	(921)	106	11/01/2049	1FE
19986T-AY-0	COMANCHE CNTY OK EDUCNTL FACSA SERIES A 5.000% 12/01/27		03/13/2020	D.A. Davidson		316,264	260,000	312,619	301,546	.0	(997)	.0	(997)	.0	300,549	.0	15,715	15,715	3,828	12/01/2027	1FE
31385X-LY-1	FNMA POOL 555743 5.000% 09/01/33		03/01/2020	Paydown		21,604	21,604	23,194	23,126	.0	(1,523)	.0	(1,523)	.0	21,604	.0	.0	.0	166	09/01/2033	1
3140FX-FR-8	FNMA POOL BF0175 2.500% 01/01/57		03/01/2020	Paydown		26,643	26,643	25,487	25,510	.0	1,132	.0	1,132	.0	26,643	.0	.0	.0	119	01/01/2057	1
3140FY-GT-3	FNMA POOL BF0209 3.500% 02/01/42		03/01/2020	Paydown		28,744	28,744	29,077	29,068	.0	(324)	.0	(324)	.0	28,744	.0	.0	.0	161	02/01/2042	1
3140J8-4A-8	FNMA POOL BM4416 5.000% 10/01/41		03/01/2020	Paydown		16,694	16,694	17,829	17,804	.0	(1,110)	.0	(1,110)	.0	16,694	.0	.0	.0	136	10/01/2041	1
3140JH-DQ-3	FNMA POOL BN1010 4.000% 02/01/49		03/30/2020	Salomon Bros		672,551	630,948	645,933	645,667	.0	(13)	.0	(13)	.0	645,654	.0	26,897	26,897	6,309	02/01/2049	1
3140JH-DQ-3	FNMA POOL BN1010 4.000% 02/01/49		03/01/2020	Paydown		38,696	38,696	39,599	38,696	.0	(903)	.0	(903)	.0	38,696	.0	.0	.0	227	02/01/2049	1
3140QA-HP-8	FNMA POOL CA2937 4.000% 01/01/49		03/01/2020	Paydown		87,743	87,743	90,289	90,289	.0	(2,546)	.0	(2,546)	.0	87,743	.0	.0	.0	528	01/01/2049	1
57584Y-MQ-9	MASSACHUSETTS ST DEV FIN AGY R 5.000% 10/01/26		02/14/2020	Barclays		509,897	420,000	462,134	456,760	.0	(644)	.0	(644)	.0	456,116	.0	53,780	53,780	8,050	10/01/2026	2FE
57586C-V4-4	MASSACHUSETTS ST HLTH & EDL SERIES N-2 1.000% 08/15/34		03/23/2020	J P Morgan		1,100,000	1,100,000	1,100,000	1,100,000	.0	.0	.0	.0	.0	1,100,000	.0	.0	.0	3,181	08/15/2034	1FE
60534T-2H-7	MISSISSIPPI ST DEV BANK SPL OB SERIES A 5.000% 03/01/27		01/15/2020	Merrill Lynch Pierce Fenner		360,222	300,000	348,102	330,864	.0	(201)	.0	(201)	.0	330,662	.0	29,560	29,560	5,667	03/01/2027	1FE
64579F-7K-3	NJ HEALTH CARE FACs REV SERIES A 5.000% 07/01/27		01/15/2020	WEDBUSH MORGAN SECUR		264,168	225,000	253,298	242,452	.0	(129)	.0	(129)	.0	242,322	.0	21,846	21,846	6,125	07/01/2027	1FE
653541-AP-7	NIAGARA NY AREA DEV CORP 5.000% 05/01/25		02/14/2020	Merrill Lynch Pierce Fenner		217,728	200,000	217,202	204,635	.0	(254)	.0	(254)	.0	204,381	.0	13,347	13,347	3,000	05/01/2025	2FE
653541-AQ-5	NIAGARA NY AREA DEV CORP 5.000% 05/01/26		02/14/2020	Merrill Lynch Pierce Fenner		130,637	120,000	129,600	122,593	.0	(142)	.0	(142)	.0	122,451	.0	8,186	8,186	1,800	05/01/2026	2FE
3199999 Subtotal - Bonds - U.S. Special Revenues						4,540,443	4,131,072	4,425,303	4,339,218	0	(8,576)	0	(8,576)	0	4,330,643	0	209,798	209,798	52,885	XXX	XXX
02377B-AB-2	AMER AIRLNL 15-2 AA PTT 3.600% 03/22/29		03/22/2020	Redemption 100.0000		16,463	16,463	16,463	16,463	.0	.0	.0	.0	.0	16,463	.0	.0	.0	296	09/22/2027	1FE
05564U-AM-2	BMIN FLOORPLAN MASTER OWNER TRU SERIES 2018-1 CLASS A1 144A 3.150% 05/15/23		01/02/2020	RBC DOMINION SECURITIES		964,770	950,000	949,784	949,809	.0	.0	.0	.0	.0	949,809	.0	14,961	14,961	1,746	05/15/2023	1FE

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STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22		
										11	12	13	14	15									
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol		
05950B-AG-9	BANC OF AMERICA ALT LN TR SERIES 2006-5 CLASS CB7 6.000% 06/25/46		03/01/2020	Paydown		17,136	26,083	16,067	25,805	278	(8,947)	0	(8,669)	0	17,136	0	0	0	225	06/25/2046	5FM		
06051G-FX-2	BANK OF AMERICA CORP SERIES L 3.500% 04/19/26		01/09/2020	Wells Fargo Redemption 100.0000		1,593,540	1,500,000	1,511,475	1,507,675	0	(37)	0	(37)	0	1,507,639	0	85,902	85,902	12,250	04/19/2026	1FE		
126650-BP-4	CYS/CAREMARK CORP 6.036% 12/10/28		03/10/2020	Paydown		7,895	7,895	8,829	8,588	0	(8)	0	(8)	0	8,580	0	(685)	(685)	80	12/10/2028	2FE		
16163C-AH-5	CHASE MORTGAGE FINANCE CORP SERIES 2006-A1 CLASS 2A3 4.300% 09/25/36		03/01/2020	Paydown		30,638	30,629	14,836	20,010	0	10,628	0	10,628	0	30,638	0	0	0	193	09/25/2036	1FM		
24736X-AA-6	DELTA AIR LINES SERIES 15-1 3.625% 01/30/29		01/30/2020	Redemption 100.0000		18,300	18,300	18,300	18,300	0	0	0	0	0	18,300	0	0	0	332	07/30/2027	1FE		
341081-FJ-1	FLORIDA POWER & LIGHT CO 2.750% 06/01/23		01/29/2020	Deutsche Bank		1,326,352	1,290,000	1,311,311	1,301,625	0	(322)	0	(322)	0	1,301,303	0	25,049	25,049	5,913	06/01/2023	1FE		
350910-AN-5	FOUR TIMES SQUARE TRUST SERIES 2006-4TS CLASS A 5.401% 12/13/28		03/11/2020	Paydown		5,179	5,179	5,981	5,241	0	(62)	0	(62)	0	5,179	0	0	0	48	12/13/2028	1FM		
43811B-AD-6	HONDA AUTO RECEIVABLES OIINE SERIES 2017-2 CLASS A4 1.870% 09/15/23		01/16/2020	BONY/TORONTO DOMINION		300,011	300,000	296,742	297,883	0	94	0	94	0	297,977	0	2,035	2,035	561	09/15/2023	1FE		
82652N-AA-6	SIERRA RECEIVABLES FUNDING CO SERIES 2019-3A CLASS A 144A 2.340% 08/20/36		03/20/2020	Paydown		57,542	57,542	57,541	57,541	0	1	0	1	0	57,542	0	0	0	218	08/20/2036	1FE		
85208N-AA-8	SPRINT SPECTRUM SPEC I SERIES A-1 3.360% 09/20/21		03/20/2020	Redemption 100.0000		51,250	51,250	51,601	51,363	0	(26)	0	(26)	0	51,337	0	(87)	(87)	431	09/20/2021	2FE		
92935J-BC-8	WF-RBS COMMERCIAL MTG TRUST SERIES 2011- C2 CLASS A4 4.869% 02/15/44		03/01/2020	Paydown		84,391	84,391	99,160	85,512	0	(1,121)	0	(1,121)	0	84,391	0	0	0	388	02/15/2044	1FM		
92935V-AE-8	WF-RBS COMMERCIAL MTG TRUST SERIES 2011-C3 CLASS A3 3.998% 03/15/44		01/01/2020	Paydown		18,517	18,517	18,702	18,497	0	20	0	20	0	18,517	0	0	0	338	03/15/2044	1FM		
98162Y-AD-5	WORLD OMNI AUTO RECEIVABLES SERIES 2019-A CLASS A3 3.040% 05/15/24		02/18/2020	Mitsubishi Securities		1,019,570	1,000,000	999,834	999,884	0	9	0	9	0	999,893	0	19,677	19,677	5,489	05/15/2024	1FE		
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					5,511,554	5,356,249	5,376,626	5,364,196	278	229	0	507	0	5,364,704	0	146,852	146,852	28,508		XXX	XXX	
8399997	Total - Bonds - Part 4					18,951,450	17,525,673	19,552,427	18,310,061	278	(31,854)	0	(31,576)	0	18,278,487	0	672,962	672,962	275,501		XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
8399999	Total - Bonds					18,951,450	17,525,673	19,552,427	18,310,061	278	(31,854)	0	(31,576)	0	18,278,487	0	672,962	672,962	275,501		XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
9999999	Totals					18,951,450	XXX	19,552,427	18,310,061	278	(31,854)	0	(31,576)	0	18,278,487	0	672,962	672,962	275,501		XXX	XXX	

E05.1

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

STATEMENT AS OF MARCH 31, 2020 OF THE Empire HealthChoice HMO, Inc.

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation and Administrative Symbol	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
0599999. Total - U.S. Government Bonds				0	0	XXX
1099999. Total - All Other Government Bonds				0	0	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds				0	0	XXX
2499999. Total - U.S. Political Subdivisions Bonds				0	0	XXX
3199999. Total - U.S. Special Revenues Bonds				0	0	XXX
40054P-EV-3	GOLDMAN SACHS BANK USA		1	14,902	15,109	02/22/2021
40054P-EI-1	GOLDMAN SACHS BANK USA		1	14,902	15,109	02/22/2021
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations				29,804	30,218	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds				29,804	30,218	XXX
4899999. Total - Hybrid Securities				0	0	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds				0	0	XXX
5999999. Subtotal - SVO Identified Funds				0	0	XXX
6299999. Subtotal - Unaffiliated Bank Loans				0	0	XXX
6399999. Total - Issuer Obligations				29,804	30,218	XXX
6499999. Total - Residential Mortgage-Backed Securities				0	0	XXX
6599999. Total - Commercial Mortgage-Backed Securities				0	0	XXX
6699999. Total - Other Loan-Backed and Structured Securities				0	0	XXX
6799999. Total - SVO Identified Funds				0	0	XXX
6899999. Total - Affiliated Bank Loans				0	0	XXX
6999999. Total - Unaffiliated Bank Loans				0	0	XXX
7099999. Total Bonds				29,804	30,218	XXX
7399999. Total - Preferred Stocks (Schedule D, Part 2, Section 1 type)				0	0	XXX
7999999. Total - Common Stocks (Schedule D, Part 2, Section 2 type)				0	0	XXX
8099999. Total - Preferred and Common Stocks				0	0	XXX
539440-K6-6	LMA AMERICAS LLC			17,964	18,029	10/06/2020
90276J-HT-6	LBS AG LONDON			60,437	60,437	07/28/2020
8999999. Total - Short-Term Invested Assets (Schedule DA type)				78,401	78,466	XXX
000000-00-0	National Westminster Bank PLC			30,231	30,218	04/14/2020
000000-00-0	Mitsubishi UFJ Trust & Bank Co			30,154	30,139	06/09/2020
000000-00-0	CREDIT AGRICOLE SA LONDON			12,097	12,087	05/04/2020
000000-00-0	RABOBANK LONDON			15,109	15,109	01/08/2021
000000-00-0	AUSTRALIA NEW ZEALAND BK GC			30,218	30,218	04/09/2020
000000-00-0	DBS BANK LIMITED, SINGAPORE			12,087	12,087	05/13/2020
000000-00-0	SHINKIN CENTRAL BANK			30,218	30,218	04/20/2020
000000-00-0	SUMITOMO MITSUI BANK CORP SYD OBU			30,218	30,218	04/27/2020
000000-00-0	UNITED OVERSEAS BANK LTD, NY			30,218	30,218	04/28/2020
05586F-HB-6	BNP PARIBAS, NY			11,994	12,087	10/09/2020
05586F-LF-2	BNP PARIBAS, NY			11,907	12,087	02/11/2021
05586F-LK-1	BNP PARIBAS, NY			11,905	12,087	02/12/2021
05971X-RR-4	BANCO DEL ESTADO DE CHILE NY			30,111	30,218	07/08/2020
05971X-SQ-5	BANCO DEL ESTADO DE CHILE NY			18,003	18,131	08/28/2020
06367B-GQ-6	BANK OF MONTREAL CHICAGO			17,914	18,131	11/13/2020
06367B-HT-9	BANK OF MONTREAL CHICAGO			12,085	12,087	06/08/2020
06370R-2T-5	BANK OF MONTREAL CHICAGO			42,060	42,306	09/09/2020
06370R-R9-2	BANK OF MONTREAL CHICAGO			12,051	12,087	07/10/2020
06370R-Y4-5	BANK OF MONTREAL CHICAGO			30,079	30,218	08/06/2020
06417M-AC-9	BANK OF NOVA SCOTIA HOUSTON			12,043	12,080	07/10/2020
06417M-BN-4	BANK OF NOVA SCOTIA HOUSTON			30,037	30,218	09/08/2020
06742T-RC-2	BARCLAYS NEW YORK			18,146	18,136	05/08/2020
13606B-4Q-6	CIBC NY			42,101	42,306	08/06/2020
13606C-6U-3	CIBC NY			29,768	30,218	02/26/2021
16955A-XY-9	CHINA CONSTRUCTION BANK CORP NY			72,519	72,524	05/11/2020
21684L-6B-3	RABOBANK NEW YORK			18,013	18,131	09/04/2020
22532X-NY-0	CREDIT AGRICOLE CIB, NY			32,881	33,240	01/29/2021
22536U-YY-0	CIC NY			29,879	30,218	02/12/2021
22549L-WH-4	CREDIT SUISSE NY			30,181	30,218	05/04/2020
55379W-AH-3	MUFG Bank Ltd, New York Branch			24,280	24,369	10/15/2020
55380T-BB-5	MUFG Bank Ltd, New York Branch			12,088	12,087	08/03/2020
60683B-ZH-9	MIT UFJ TR NY			12,102	12,087	06/26/2020
63873Q-EH-0	NATIXIS NY			12,076	12,087	09/09/2020
78012U-QD-0	ROYAL BANK OF CANADA NY			60,126	60,437	07/08/2020
83050P-EP-0	SKANDI NEW YORK			30,035	30,297	10/02/2020
83369X-DA-3	SOCIETE GENERALE NEW YORK			11,974	12,087	12/31/2020
83369Y-SQ-5	SOCIETE GENERALE NEW YORK			18,074	18,131	06/19/2020
83369Y-6E-1	SOCIETE GENERALE NEW YORK			30,065	30,218	08/14/2020
85325V-3U-2	STANDARD CHARTERED NY			30,056	30,218	08/07/2020
85325V-4G-2	STANDARD CHARTERED NY			30,040	30,218	08/26/2020
86565B-4G-3	SUMITOMO BK NY			18,038	18,134	08/03/2020
86565B-4G-3	SUMITOMO BK NY			12,025	12,089	08/03/2020
86958J-7M-5	SVENSKA NY			42,187	42,306	06/05/2020
86959R-DT-4	SVENSKA NY			29,985	30,218	12/03/2020
86959R-FP-0	SVENSKA NY			17,927	18,085	11/30/2020
90275D-KE-9	UNION BANK OF SWITZERLAND, STAMFORD			42,306	42,306	12/04/2020
95001K-DE-1	WELLS FARGO BANK SAN FRANCISCO N.A.			30,218	30,218	08/20/2020
96130A-DQ-8	WESTPAC BKG CORP, NEW YORK			12,096	12,179	04/22/2020
96130A-DX-3	WESTPAC BKG CORP, NEW YORK			30,016	30,218	10/28/2020
9099999. Total - Cash (Schedule E Part 1 type)				1,239,941	1,245,229	XXX
000000-00-0	NATIXIS FINANCIAL PRODUCTS LLC			90,655	90,655	04/01/2020
000000-00-0	HSBC SECURITIES, INC.			61,690	61,690	04/01/2020
000000-00-0	UNITED OF OMAHA LIFE INSURANCE			30,218	30,218	04/30/2020
000000-00-0	UNITED OF OMAHA LIFE INSURANCE			12,087	12,087	04/30/2020
000000-00-0	CITIGROUP GLOBAL MARKETS INC			60,437	60,437	05/05/2020
000000-00-0	CITIGROUP GLOBAL MARKETS INC			120,873	120,873	05/05/2020
000000-00-0	CITIGROUP GLOBAL MARKETS INC			60,437	60,437	05/05/2020
000000-00-0	CITIGROUP GLOBAL MARKETS INC			60,437	60,437	05/05/2020
825252-88-5	INVESCO GOVT AND AGCY LEX			60,437	60,437	04/01/2020
949921-12-6	WELLS FARGO GOVT FD LEX			60,437	60,437	04/01/2020
05968G-EU-3	BCO SANTANDER CH SA, CHILE			18,083	18,076	05/28/2020
06119Q-ED-5	BANK OF CHINA, HONG KONG BRANCH			42,225	42,107	05/13/2020
31607A-70-3	FIDELITY INST GOVT LEX			60,436	60,437	04/01/2020
38141W-27-3	Goldman Sachs Fin Square Govt Fd			42,305	42,306	04/01/2020
92512L-EN-7	VERSAILLES COMMERCIAL PAPER LLC			6,032	6,023	05/22/2020
9199999. Total - Cash Equivalents (Schedule E Part 2 type)				786,789	786,657	XXX
9999999 - Totals				2,134,935	2,140,570	XXX

General Interrogatories:

- Total activity for the year Fair Value \$ (2,166,102) Book/Adjusted Carrying Value \$ (2,134,399)
- Average balance for the year Fair Value \$ 4,244,492 Book/Adjusted Carrying Value \$ 4,244,230
- Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
 NAIC 1 \$ 2,140,570 NAIC 2 \$ NAIC 3 \$ NAIC 4 \$ NAIC 5 \$ NAIC 6 \$

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

Reinvested Collateral Assets Owned Current Statement Date

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

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation and Administrative Symbol	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
NONE						
9999999 - Totals						XXX

General Interrogatories:

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

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

N O N E