

ANNUAL STATEMENT

of

UNICARE Health Plan of West Virginia, Inc.

of

Charleston

in the State of West Virginia

to the

Insurance Department

of the

State of West Virginia

**FOR THE YEAR ENDED
DECEMBER 31, 2020**

HEALTH

2020



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
UNICARE Health Plan of West Virginia, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 11810 Employer's ID Number 84-1620480
(Current) (Prior)
 Organized under the Laws of West Virginia, State of Domicile or Port of Entry WV
 Country of Domicile United States of America
 Licensed as business type: Health Maintenance Organization
 Is HMO Federally Qualified? Yes [] No [X]
 Incorporated/Organized 06/13/2003 Commenced Business 11/01/2003
 Statutory Home Office 200 Association Drive, Suite 200, Charleston, WV, US 25311
(Street and Number) (City or Town, State, Country and Zip Code)
 Main Administrative Office 120 S. Via Merida
(Street and Number)
Thousand Oaks, CA, US 91362 877-864-2273
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Mail Address N17 W24340 Riverwood Drive, Waukesha, WI, US 53188
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
 Primary Location of Books and Records N17 W24340 Riverwood Drive
(Street and Number)
Waukesha, WI, US 53188 262-523-3683
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Internet Website Address www.unicare.com
 Statutory Statement Contact Jill M Waddell, 262-523-3683
(Name) (Area Code) (Telephone Number)
Jill.Waddell@anthem.com 262-523-4945
(E-mail Address) (FAX Number)

OFFICERS

Executive Director Kristen Louise Metzger Treasurer Vincent Edward Scher
 Secretary Kathleen Susan Kiefer Chief Financial Officer Ronald William Penczek

OTHER

Stephen Douglas Beebe, Assistant Secretary Eric (Rick) Kenneth Noble, Assistant Treasurer Michael Tadd Haynes, Vice President and Medicaid Plan President

DIRECTORS OR TRUSTEES

Ronald William Penczek Jack Louis Young Kristen Louise Metzger
Jorge Alberto Cortina #

State of Indiana SS:
 County of Marion

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

DocuSigned by: Kristen Metzger 5C5DDB10C7D345F...
 Kristen Louise Metzger
 Executive Director

DocuSigned by: Kathleen Kiefer 3425912474184A...
 Kathleen Susan Kiefer
 Secretary

DocuSigned by: Vincent E. Scher A85A33722D4143E...
 Vincent Edward Scher
 Treasurer

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	126,903,488		126,903,488	106,098,668
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$6,452,318 , Schedule E - Part 1), cash equivalents (\$51,982,911 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	58,435,229		58,435,229	29,124,270
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)	1,067,699		1,067,699	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	186,406,416	0	186,406,416	135,222,938
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,391,593		1,391,593	1,287,474
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	27,120,530		27,120,530	16,875,823
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	1,046,422	20,542	1,025,880	967,811
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 (\$51,959) and other amounts receivable	2,176,764	2,124,805	51,959	58,233
25. Aggregate write-ins for other than invested assets	500,293	500,293	0	255,269
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	218,642,018	2,645,639	215,996,379	154,667,549
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	218,642,018	2,645,639	215,996,379	154,667,549
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 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Advance deposit	500,000	500,000	0	0
2502. Miscellaneous assets	293	293	0	0
2503. State income tax recoverable	0	0	0	255,269
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	500,293	500,293	0	255,269

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	51,258,196		51,258,196	34,107,630
2. Accrued medical incentive pool and bonus amounts	2,807,956		2,807,956	766,753
3. Unpaid claims adjustment expenses	1,297,947		1,297,947	837,813
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	0		0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	97,498		97,498	89,069
8. Premiums received in advance	0		0	0
9. General expenses due or accrued	12,320,493		12,320,493	50,115
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	259,493		259,493	916,920
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	147,336		147,336	627,245
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	796,106		796,106	11,779,654
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending	1,067,699		1,067,699	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 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	17,046,453		17,046,453	0
23. Aggregate write-ins for other liabilities (including \$8,199,485 current)	9,038,256	0	9,038,256	8,795,173
24. Total liabilities (Lines 1 to 23)	96,137,433	0	96,137,433	57,970,372
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	10,180,121
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	19,000,000	19,000,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	99,858,946	66,517,056
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	119,858,946	96,697,177
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	215,996,379	154,667,549
DETAILS OF WRITE-INS				
2301. Other premium liability	7,915,188		7,915,188	7,833,357
2302. Funds awaiting escheat	1,109,693		1,109,693	961,103
2303. Miscellaneous liabilities	13,375		13,375	713
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	9,038,256	0	9,038,256	8,795,173
2501. Estimated ACA health insurer fee	XXX	XXX	0	10,180,121
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 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	10,180,121
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,944,685	1,745,583
2. Net premium income (including \$ non-health premium income)	XXX	605,152,832	487,257,258
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	2,778,703
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	605,152,832	490,035,961
Hospital and Medical:			
9. Hospital/medical benefits		482,093,728	416,369,784
10. Other professional services		4,473,879	4,005,564
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		(151,716)	(119,061)
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		2,607,595	1,424,390
16. Subtotal (Lines 9 to 15)	0	489,023,486	421,680,678
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	489,023,486	421,680,678
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$21,472,165 cost containment expenses		30,986,608	27,790,998
21. General administrative expenses		46,532,459	20,073,946
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	566,542,552	469,545,621
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	38,610,280	20,490,340
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,027,011	3,448,408
26. Net realized capital gains (losses) less capital gains tax of \$(13,515)		(50,862)	45,412
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,976,150	3,493,820
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	499,977	313,118
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	42,086,406	24,297,278
31. Federal and foreign income taxes incurred	XXX	10,442,572	4,977,506
32. Net income (loss) (Lines 30 minus 31)	XXX	31,643,834	19,319,772
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous income (expense)		499,977	313,118
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	499,977	313,118

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	96,697,177	85,279,052
34. Net income or (loss) from Line 32.....	31,643,834	19,319,772
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(3,190)	(12,000)	0
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	(20,482)	(90,717)
39. Change in nonadmitted assets.....	1,150,417	689,070
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	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....	(9,600,000)	(8,500,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	23,161,769	11,418,125
49. Capital and surplus end of reporting period (Line 33 plus 48)	119,858,946	96,697,177
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	594,908,125	484,704,510
2. Net investment income	4,616,618	4,535,879
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	599,524,743	489,240,390
5. Benefit and loss related payments	468,741,959	416,895,051
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	47,243,509	64,660,409
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$(13,515) tax on capital gains (losses)	11,086,484	5,651,991
10. Total (Lines 5 through 9)	527,071,952	487,207,450
11. Net cash from operations (Line 4 minus Line 10)	72,452,791	2,032,939
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	6,038,885	8,702,822
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	(2,599)	1,699
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,036,286	8,704,521
13. Cost of investments acquired (long-term only):		
13.1 Bonds	28,597,825	23,985,807
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	1,082,889	10,000,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	29,680,714	33,985,807
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(23,644,428)	(25,281,286)
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	0
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	9,600,000	8,500,000
16.6 Other cash provided (applied)	(9,897,404)	18,545,055
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(19,497,404)	10,045,055
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)	29,310,959	(13,203,291)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	29,124,270	42,327,561
19.2 End of year (Line 18 plus Line 19.1)	58,435,229	29,124,270

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	605,152,832	0	0	0	0	0	0	605,152,832	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	605,152,832	0	0	0	0	0	0	605,152,832	0	0
8. Hospital/medical benefits	482,093,728	0	0	0	0	0	0	482,093,728	0	XXX
9. Other professional services	4,473,879	0	0	0	0	0	0	4,473,879	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	(151,716)	0	0	0	0	0	0	(151,716)	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	2,607,595	0	0	0	0	0	0	2,607,595	0	XXX
15. Subtotal (Lines 8 to 14)	489,023,486	0	0	0	0	0	0	489,023,486	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	489,023,486	0	0	0	0	0	0	489,023,486	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 21,472,165 cost containment expenses	30,986,608	0	0	0	0	0	0	30,986,608	0	0
20. General administrative expenses	46,532,460	0	0	0	0	0	0	46,532,460	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	566,542,553	0	0	0	0	0	0	566,542,553	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	38,610,279	0	0	0	0	0	0	38,610,279	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	605,152,832	0	0	605,152,832
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	605,152,832	0	0	605,152,832
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	605,152,832	0	0	605,152,832

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	468,175,567	0	0	0	0	0	0	468,175,567	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	468,175,567	0	0	0	0	0	0	468,175,567	0	0
2. Paid medical incentive pools and bonuses	566,392	0	0	0	0	0	0	566,392	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	51,258,196	0	0	0	0	0	0	51,258,196	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	51,258,196	0	0	0	0	0	0	51,258,196	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	97,498	0	0	0	0	0	0	97,498	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	97,498	0	0	0	0	0	0	97,498	0	0
5. Accrued medical incentive pools and bonuses, current year	2,807,956	0	0	0	0	0	0	2,807,956	0	0
6. Net healthcare receivables (a)	(1,081,329)	0	0	0	0	0	0	(1,081,329)	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	34,107,630	0	0	0	0	0	0	34,107,630	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	34,107,630	0	0	0	0	0	0	34,107,630	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	89,069	0	0	0	0	0	0	89,069	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	89,069	0	0	0	0	0	0	89,069	0	0
10. Accrued medical incentive pools and bonuses, prior year	766,753	0	0	0	0	0	0	766,753	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	486,415,891	0	0	0	0	0	0	486,415,891	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	486,415,891	0	0	0	0	0	0	486,415,891	0	0
13. Incurred medical incentive pools and bonuses	2,607,595	0	0	0	0	0	0	2,607,595	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	8,454,613							8,454,613		
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net	8,454,613	.0	.0	.0	.0	.0	.0	8,454,613	.0	.0
2. Incurred but Unreported:										
2.1 Direct	42,803,583							42,803,583		
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net	42,803,583	.0	.0	.0	.0	.0	.0	42,803,583	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0									
3.2 Reinsurance assumed .....	.0									
3.3 Reinsurance ceded .....	.0									
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct	51,258,196	.0	.0	.0	.0	.0	.0	51,258,196	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	51,258,196	0	0	0	0	0	0	51,258,196	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	32,363,317	439,070,342	(764,061)	52,119,755	31,599,256	34,196,699
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	32,363,317	439,070,342	(764,061)	52,119,755	31,599,256	34,196,699
10. Healthcare receivables (a)	1,023,519	1,153,245	0	0	1,023,519	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	441,659	124,733	(39,595)	2,847,551	402,064	766,754
13. Totals (Lines 9 - 10 + 11 + 12)	31,781,458	438,041,830	(803,656)	54,967,307	30,977,802	34,963,453

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	27,110	26,541	26,896	26,833	26,833
2.	2016	394,678	419,381	421,082	420,724	420,646
3.	2017	XXX	425,129	456,441	455,593	455,169
4.	2018	XXX	XXX	344,208	371,718	371,808
5.	2019	XXX	XXX	XXX	391,361	423,554
6.	2020	XXX	XXX	XXX	XXX	438,042

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	28,864	27,221	26,894	26,833	26,833
2.	2016	426,363	420,051	421,552	420,724	420,647
3.	2017	XXX	464,591	455,843	455,438	455,175
4.	2018	XXX	XXX	375,222	371,318	371,605
5.	2019	XXX	XXX	XXX	426,879	422,946
6.	2020	XXX	XXX	XXX	XXX	493,009

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	484,527	420,646	23,076	5.5	443,722	91.6	1	0	443,723	91.6
2. 2017	503,048	455,169	26,360	5.8	481,529	95.7	6	0	481,535	95.7
3. 2018	449,020	371,808	27,616	7.4	399,424	89.0	(203)	(5)	399,216	88.9
4. 2019	490,036	423,554	28,250	6.7	451,804	92.2	(607)	(14)	451,183	92.1
5. 2020	605,153	438,042	26,636	6.1	464,678	76.8	54,967	1,317	520,962	86.1

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	27,110	26,541	26,896	26,833	26,833
2.	2016	394,678	419,381	421,082	420,724	420,646
3.	2017	XXX	425,129	456,441	455,593	455,169
4.	2018	XXX	XXX	344,208	371,718	371,808
5.	2019	XXX	XXX	XXX	391,361	423,554
6.	2020	XXX	XXX	XXX	XXX	438,042

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	28,864	27,221	26,894	26,833	26,833
2.	2016	426,363	420,051	421,552	420,724	420,647
3.	2017	XXX	464,591	455,843	455,438	455,175
4.	2018	XXX	XXX	375,222	371,318	371,605
5.	2019	XXX	XXX	XXX	426,879	422,946
6.	2020	XXX	XXX	XXX	XXX	493,009

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	484,527	420,646	23,076	5.5	443,722	91.6	1	0	443,723	91.6
2. 2017	503,048	455,169	26,360	5.8	481,529	95.7	6	0	481,535	95.7
3. 2018	449,020	371,808	27,616	7.4	399,424	89.0	(203)	(5)	399,216	88.9
4. 2019	490,036	423,554	28,250	6.7	451,804	92.2	(607)	(14)	451,183	92.1
5. 2020	605,153	438,042	26,636	6.1	464,678	76.8	54,967	1,317	520,962	86.1

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0							0	
2. Additional policy reserves (a)	0							0	
3. Reserve for future contingent benefits	0							0	
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	0							0	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0							0	
8. Totals (Net)(Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0							0	
10. Reserve for future contingent benefits	97,498							97,498	
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	97,498	0	0	0	0	0	0	97,498	0
13. Reinsurance ceded	0							0	
14. Totals (Net)(Page 3, Line 7)	97,498	0	0	0	0	0	0	97,498	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	442,482	295,814	(163,642)	(302)	574,352
2. Salary, wages and other benefits	16,292,324	4,957,851	10,349,783	19,104	31,619,062
3. Commissions (less \$ ceded plus \$ assumed)	0	0	0	0	0
4. Legal fees and expenses	574	0	374,503	691	375,768
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	578,451	499,401	3,541,938	6,538	4,626,328
7. Traveling expenses	77,550	3,712	67,901	125	149,288
8. Marketing and advertising	125,492	7,032	810,713	1,496	944,733
9. Postage, express and telephone	243,532	133,215	531,198	981	908,926
10. Printing and office supplies	17,084	543	37,443	69	55,139
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	18,499	892	158,175	292	177,858
13. Cost or depreciation of EDP equipment and software	562,620	133,129	1,187,657	2,192	1,885,599
14. Outsourced services including EDP, claims, and other services	1,937,322	2,279,906	1,361,340	2,513	5,581,080
15. Boards, bureaus and association fees	1,529	0	36,637	68	38,233
16. Insurance, except on real estate	0	0	164,734	304	165,038
17. Collection and bank service charges	0	0	30,397	56	30,453
18. Group service and administration fees	0	15	(171)	0	(156)
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	37,273	14,868	392,958	725	445,825
22. Real estate taxes	0	0	35,109	0	35,109
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	13,740,228	0	13,740,228
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	11,000	127	30,292	0	41,419
23.4 Payroll taxes	1,002,125	291,474	598,442	0	1,892,040
23.5 Other (excluding federal income and real estate taxes)	0	0	10,788,654	0	10,788,654
24. Investment expenses not included elsewhere	0	0	0	152,158	152,158
25. Aggregate write-ins for expenses	124,307	896,465	2,458,169	4,537	3,483,478
26. Total expenses incurred (Lines 1 to 25)	21,472,165	9,514,443	46,532,459	191,548	(a) 77,710,615
27. Less expenses unpaid December 31, current year	0	1,297,947	12,320,493	0	13,618,440
28. Add expenses unpaid December 31, prior year	0	837,813	50,115	0	887,928
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	21,472,165	9,054,309	34,262,081	191,548	64,980,102
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses	124,307	896,465	2,458,169	4,537	3,483,478
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	124,307	896,465	2,458,169	4,537	3,483,478

(a) Includes management fees of \$ 58,873,435 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 116,939	154,475
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 2,853,287	2,921,027
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 141,720	141,720
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	2,495	1,337
10. Total gross investment income	3,114,441	3,218,559
11. Investment expenses		(g) 191,548
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		191,548
17. Net investment income (Line 10 minus Line 16)		3,027,011
DETAILS OF WRITE-INS		
0901. Securities Lending	2,495	1,337
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	2,495	1,337
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 2,051 accrual of discount less \$ 1,694,392 amortization of premium and less \$ 62,572 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 27,873 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(61,779)	0	(61,779)	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(2,599)	0	(2,599)	(15,190)	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(64,378)	0	(64,378)	(15,190)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	20,542	95,903	75,361
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	2,124,805	3,199,860	1,075,056
25. Aggregate write-ins for other than invested assets	500,293	500,293	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,645,640	3,796,056	1,150,417
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	2,645,640	3,796,056	1,150,417
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Advance deposit	500,000	500,000	0
2502. Miscellaneous assets	293	293	0
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	500,293	500,293	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	154,268	152,768	162,079	166,183	172,745	1,944,685
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	154,268	152,768	162,079	166,183	172,745	1,944,685
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities	27,120,530	0	0	0		27,120,530
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	27,120,530	0	0	0	0	27,120,530

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	79,342		0	51,959	79,342	58,233
2. Claim overpayment receivables			1,023,519	1,101,286	1,023,519	3,199,860
3. Loans and advances to providers				0	0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	79,342	0	1,023,519	1,153,245	1,102,861	3,258,093

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	7,812,018	632,357	10,174	63	0	8,454,613
0499999. Subtotals	7,812,018	632,357	10,174	63	0	8,454,613
0599999. Unreported claims and other claim reserves						42,803,583
0699999. Total amounts withheld						
0799999. Total claims unpaid						51,258,196
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0899999 Accrued medical incentive pool and bonus amounts						2,807,956

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Anthem, Inc.	Corporate Services	796,106	796,106	
0199999. Individually listed payables		796,106	796,106	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		796,106	796,106	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		0
2. Intermediaries	4,473,879	1.0	172,745	100.0		4,473,879
3. All other providers	469,497	0.1	172,745	100.0		469,497
4. Total capitation payments	4,943,376	1.1	345,490	200.0	0	4,943,376
Other Payments:						
5. Fee-for-service	16,061,413	3.4	XXX	XXX		16,061,413
6. Contractual fee payments	236,151,763	50.3	XXX	XXX		236,151,763
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	212,666,737	45.3	XXX	XXX		212,666,737
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	464,879,913	98.9	XXX	XXX	0	464,879,913
13. TOTAL (Line 4 plus Line 12)	469,823,289	100%	XXX	XXX	0	469,823,289

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Vision Service Plan	4,473,879	372,823		
9999999 Totals		4,473,879	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

NOTES TO FINANCIAL STATEMENTS

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

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

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2020</u>	<u>2019</u>
<u>Net Income</u>					
(1) UNICARE Health Plan of West Virginia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 31,643,834</u>	<u>\$19,319,772</u>
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(4) NAIC SAP (1-2-3=4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 31,643,834</u>	<u>\$19,319,772</u>
<u>Surplus</u>					
(5) UNICARE Health Plan of West Virginia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$119,858,946</u>	<u>\$96,697,177</u>
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$119,858,946</u>	<u>\$96,697,177</u>

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premiums are earned over the term of the related insurance policies. Premiums written are reported net of experience rating refunds. Premiums paid prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are subject to approval by the Centers for Medicare and Medicaid Services. Expenses are charged to operations as incurred.

NOTES TO FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (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) The Company has no investments in common stocks.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no mortgage loans - real estate.
- (6) The Company has no loan-backed securities.
- (7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (9) The Company has no derivative instruments.
- (10) The Company recognizes losses from other-than-temporary impairments (“OTTI”) of investments in accordance with Statements of Standard Accounting Practice (“SSAP”) No. 26R, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (11) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (12) Unpaid claims and claims adjustment expenses include management’s best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
- (13) The Company has not modified its capitalization policy from the prior period.
- (14) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the years ended December 31, 2020 and 2019.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable.

NOTES TO FINANCIAL STATEMENTS

B. Statutory Merger

Not applicable.

C. Assumption Reinsurance

Not applicable.

D. Impairment Loss

Not applicable.

4. Discontinued Operations

The Company had no operations that were discontinued during 2020 or 2019.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2020 or 2019.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2020 or 2019.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2020 or 2019.

D. Loan-Backed Securities

- (1) The Company did not have loan-backed securities at December 31, 2020 and 2019.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2020 and 2019.
- (3) The Company did not hold OTTI on its loan-backed securities at December 31, 2020 and 2019.
- (4) The Company had no impaired loan-backed securities for which an OTTI had not been recognized in earnings at December 31, 2020 and 2019.
- (5) The Company had no impaired loan-backed securities at December 31, 2020 and 2019.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company did not enter into repurchase agreements at December 31, 2020 or 2019.
- (2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company's Investment Policy.

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Received

a. Aggregate amount collateral received

	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$ 1,067,707
(b) 30 days or less	—
(c) 31 to 60 days	—
(d) 61 to 90 days	—
(e) Greater than 90 days	—
(f) Sub-total	<u>\$ 1,067,707</u>
(g) Securities received	—
(h) Total collateral received	<u><u>\$ 1,067,707</u></u>

2. Dollar repurchase agreement - Not applicable.

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged \$ 1,067,707

c. The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral according to guidelines of the Company's Investment Policy.

(4) The Company does not have any securities lending transactions administered by an affiliated agent.

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

	<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$ —	\$ —
(b) 30 days or less	556,919	556,932
(c) 31 to 60 days	276,239	276,238
(d) 61 to 90 days	159,746	159,724
(e) 91 to 120 days	—	—
(f) 121 to 180 days	18,173	18,182
(g) 181 to 365 days	56,622	56,631
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	<u>\$ 1,067,699</u>	<u>\$ 1,067,707</u>
(l) Securities received	—	—
(m) Total collateral reinvested	<u><u>\$ 1,067,699</u></u>	<u><u>\$ 1,067,707</u></u>

2. Dollar repurchase agreement - Not applicable.

b. Not applicable.

(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 December 31, 2020 or 2019.

NOTES TO FINANCIAL STATEMENTS

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 December 31, 2020 or 2019.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

J. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2020 or 2019.

K. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2020 or 2019.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b. Collateral held under security lending agreements	1,067,699	—	1,067,699	—	1,067,699	0.49 %	0.49 %
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %
d. Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g. Placed under option contracts	—	—	—	—	—	— %	— %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	— %	— %
i. FHLB capital stock	—	—	—	—	—	— %	— %
j. On deposit with states	103,784	100,116	3,668	—	103,784	0.05 %	0.05 %
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n. Other restricted assets	—	—	—	—	—	— %	— %
o. Total Restricted Assets	\$ 1,171,483	\$ 100,116	\$1,071,367	\$ —	\$ 1,171,483	0.54 %	0.54 %

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

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

(2) Not applicable.

(3) Not applicable.

NOTES TO FINANCIAL STATEMENTS

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

Collateral Assets	1	2	3	4
	Book/ Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets **
a. Cash	\$ —	\$ —	— %	— %
b. Schedule D, Part 1	—	—	—	—
c. Schedule D, Part 2 Section 1	—	—	—	—
d. Schedule D, Part 2 Section 2	—	—	—	—
e. Schedule B	—	—	—	—
f. Schedule A	—	—	—	—
g. Schedule BA, Part 1	—	—	—	—
h. Schedule DL, Part 1	1,067,699	1,067,707	0.49	0.49
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 1,067,699	\$ 1,067,707	0.49 %	0.49 %

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

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

	1	2
	Amount	% of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset	\$ 1,067,699	1.11 %

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

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2020 and 2019.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2020 and 2019.

O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2020 and 2019.

P. Short Sales

The Company did not have any short sales at December 31, 2020 and 2019.

Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at December 31, 2020 and 2019.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in joint ventures, partnerships or LLCs.

B. Not applicable.

NOTES TO FINANCIAL STATEMENTS

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.

B. At December 31, 2020 and 2019 there was no nonadmitted accrued investment income.

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

A. The components of net deferred tax assets (liabilities):

(1) The components of net deferred tax asset (liabilities) are as follows:

	12/31/2020		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 1,052,900	\$ 1,159	\$ 1,054,059
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	1,052,900	1,159	1,054,059
(d) Deferred Tax Assets Nonadmitted	20,376	166	20,542
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,032,524	993	1,033,517
(f) Deferred Tax Liabilities	7,637	—	7,637
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 1,024,887	\$ 993	\$ 1,025,880

	12/31/2019		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 1,074,409	\$ —	\$ 1,074,409
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	1,074,409	—	1,074,409
(d) Deferred Tax Assets Nonadmitted	95,903	—	95,903
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	978,506	—	978,506
(f) Deferred Tax Liabilities	9,445	1,250	10,695
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 969,061	\$ (1,250)	\$ 967,811

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ (21,509)	\$ 1,159	\$ (20,350)
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(21,509)	1,159	(20,350)
(d) Deferred Tax Assets Nonadmitted	(75,527)	166	(75,361)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	54,018	993	55,011
(f) Deferred Tax Liabilities	(1,808)	(1,250)	(3,058)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 55,826	\$ 2,243	\$ 58,069

NOTES TO FINANCIAL STATEMENTS

(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* (“SSAP No. 101”) are as follows:

				12/31/2020		
				(1)	(2)	(3)
				Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101						
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$	998,637	\$	662	\$ 999,299
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)		26,250		331	26,581
1.	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.		26,250		331	26,581
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		XXX		XXX	17,824,960
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.		7,637		—	7,637
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$	1,032,524	\$	993	\$ 1,033,517

				12/31/2019		
				(4)	(5)	(6)
				Ordinary	Capital	(Col 4+5) Total
Admission Calculation Components SSAP No. 101						
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$	967,811	\$	—	\$ 967,811
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)		—		—	—
1.	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.		—		—	—
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		XXX		XXX	14,359,405
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.		10,695		—	10,695
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$	978,506	\$	—	\$ 978,506

NOTES TO FINANCIAL STATEMENTS

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

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 30,826	\$ 662	\$ 31,488
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	26,250	331	26,581
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	26,250	331	26,581
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	3,465,555
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	(3,058)	—	(3,058)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 54,018</u>	<u>\$ 993</u>	<u>\$ 55,011</u>

	2020	2019
(3) (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	601.1 %	554.8 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 118,833,066	\$ 95,729,366

(4)	12/31/2020		12/31/2019		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital

Impact of Tax-Planning Strategies

(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$1,052,900	\$ 1,159	\$1,074,409	\$ —	\$ (21,509)	\$ 1,159
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$1,032,524	\$ 993	\$ 978,506	\$ —	\$ 54,018	\$ 993
4. Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %

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

B. The Company has no unrecognized deferred tax liabilities at December 31, 2020 and 2019.

NOTES TO FINANCIAL STATEMENTS

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

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 10,442,572	\$ 4,977,506	\$ 5,465,066
(b) Foreign	—	—	—
(c) Subtotal	10,442,572	4,977,506	5,465,066
(d) Federal income tax expense on net capital gains	(13,515)	12,070	(25,585)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	<u>\$ 10,429,057</u>	<u>\$ 4,989,576</u>	<u>\$ 5,439,481</u>

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 189,801	\$ 71,272	\$ 118,529
(2) Unearned premium reserve	—	—	—
(3) Policyholder reserves	311,635	225,972	85,663
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	551,209	776,971	(225,762)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	255	194	61
(99) Subtotal	1,052,900	1,074,409	(21,509)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	20,376	95,903	(75,527)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	1,032,524	978,506	54,018
(e) Capital			
(1) Investments	1,159	—	1,159
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	1,159	—	1,159
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	166	—	166
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>\$ 993</u>	<u>\$ —</u>	<u>\$ 993</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>\$ 1,033,517</u>	<u>\$ 978,506</u>	<u>\$ 55,011</u>

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	—	—	—
(6) Discount of coordination of benefits	7,637	9,445	(1,808)
(99) Subtotal	<u>7,637</u>	<u>9,445</u>	<u>(1,808)</u>
(b) Capital			
(1) Investments	—	1,250	(1,250)
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	<u>—</u>	<u>1,250</u>	<u>(1,250)</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>7,637</u>	<u>10,695</u>	<u>(3,058)</u>
(4) Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 1,025,880</u>	<u>\$ 967,811</u>	<u>\$ 58,069</u>

D. The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	<u>2020</u>	<u>2019</u>
Tax expense computed using federal statutory rate	\$ 8,835,307	\$ 5,104,963
ACA health insurer fee	2,258,920	—
Change in nonadmitted assets	225,762	160,583
Tax exempt income received net of proration	(451,498)	(399,131)
Prior year true-up and adjustments	(423,075)	420,001
Tax settlements and contingencies	—	(207,173)
Other, net	4,123	1,050
Total	<u>\$ 10,449,539</u>	<u>\$ 5,080,293</u>
Federal income taxes incurred	\$ 10,429,057	\$ 4,989,576
Change in net deferred income taxes	20,482	90,717
Total statutory income taxes	<u>\$ 10,449,539</u>	<u>\$ 5,080,293</u>

E. Operating loss carryforwards:

- (1) The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2020 or 2019.
- (2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2020	\$ 10,849,057	\$ —	\$ 10,849,057
2019	4,764,640	12,070	4,776,710
2018	N/A	1,843	1,843

- (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2020 and 2019.

NOTES TO FINANCIAL STATEMENTS

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. (“Anthem”) as of December 31, 2020 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

American Imaging Management, Inc.	Designated Agent Company, Inc.
America's 1st Choice of South Carolina, Inc.	EHC Benefits Agency, Inc.
America's Health Management Services, Inc.	Empire HealthChoice Assurance, Inc.
AMERIGROUP Community Care of New Mexico, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Corporation	Federal Government Solutions, LLC
Amerigroup Delaware, Inc.	FHC Health Systems, Inc.
AMERIGROUP District of Columbia, Inc.	Freedom Health, Inc.
Amerigroup Health Plan of Louisiana, Inc.	Golden West Health Plan, Inc.
Amerigroup Insurance Company	Health Core, Inc.
AMERIGROUP Iowa, Inc.	Health Management Corporation
Amerigroup Kansas, Inc.	HealthKeepers, Inc.
AMERIGROUP Maryland, Inc.	HealthLink HMO, Inc.
AMERIGROUP Mississippi, Inc.	HealthLink Insurance Company
AMERIGROUP New Jersey, Inc.	HealthLink, Inc.
AMERIGROUP Ohio, Inc.	HealthPlus HP, LLC
AMERIGROUP Oklahoma, Inc.	HealthSun Health Plan, Inc.
Amerigroup Pennsylvania, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP Tennessee, Inc.	HEP AP Holdings, Inc.
AMERIGROUP Texas, Inc.	Highland Holdco, Inc.
AMERIGROUP Washington, Inc.	HMO Colorado, Inc.
AMGP Georgia Managed Care Company, Inc.	HMO Missouri, Inc.
Anthem Blue Cross Life and Health Insurance Company	IEC Group Holdings, Inc.
Anthem Financial, Inc.	IEC Group, Inc. d/b/a AmeriBen
Anthem Health Plans of Kentucky, Inc.	Imaging Management Holdings, LLC
Anthem Health Plans of Maine, Inc.	IngenioRx, Inc.
Anthem Health Plans of New Hampshire, Inc.	Legato Holdings I, Inc.
Anthem Health Plans of Virginia, Inc.	Living Complete Technologies, Inc.
Anthem Health Plans, Inc.	Massachusetts Behavioral Health Partnership
Anthem Holding Corp.	Matthew Thornton Health Plan, Inc.
Anthem Insurance Companies, Inc.	Missouri Care, Incorporated
Anthem Kentucky Managed Care Plan, Inc.	Nash Holding Company, LLC
Anthem Southeast, Inc.	National Government Services, Inc.
Anthem UM Services, Inc.	New England Research Institutes, Inc.
Anthem, Inc.	Optimum Healthcare, Inc.
Arcus Enterprises, Inc.	OPTIONS Health Care, Inc.
Aspire Health, Inc.	Park Square Holdings, Inc.
Associated Group, Inc.	Park Square I, Inc.
Beacon Health Financing, LLC	Park Square II, Inc.
Beacon Health Options Care Services, Inc.	Resolution Health, Inc.
Beacon Health Options Holdco, Inc.	RightCHOICE Managed Care, Inc.
Beacon Health Options, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Beacon Health Options of California, Inc.	SellCore, Inc.
Beacon Health Options of Ohio, Inc.	Simply Healthcare Plans, Inc.
Beacon Health Options of Pennsylvania, Inc.	Southeast Services, Inc.
Beacon Health Vista Parent, Inc.	State Sponsored Services, Inc.
BHS IPA, LLC	The Anthem Companies of California, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	The Anthem Companies, Inc.

NOTES TO FINANCIAL STATEMENTS

Blue Cross Blue Shield of Wisconsin	TrustSolutions, LLC
Blue Cross of California	UNICARE Health Plan of West Virginia, Inc.
Blue Cross of California Partnership Plan, Inc.	UNICARE Illinois Services, Inc.
CareMarket, Inc.	UNICARE Life & Health Insurance Company
CareMore Health Plan	UNICARE National Services, Inc.
CareMore Health Plan of Arizona, Inc.	UNICARE Specialty Services, Inc.
CareMore Health Plan of Nevada, Inc.	Value Health Reinsurance, Inc.
CareMore Health Plan of Texas, Inc.	ValueOptions Federal Services, Inc.
CareMore Health System	ValueOptions New Mexico, Inc.
Cerulean Companies, Inc.	ValueOptions of Kansas, Inc.
CHCS IPA, Inc.	ValueOptions of New Jersey, Inc.
Claim Management Services, Inc.	ValueOptions Texas, Inc.
Community Care Health Plan of Nebraska, Inc. fka WellCare of Nebraska, Inc.	Valus, Inc.
Community Care Health Plan of Nevada, Inc.	WellPoint California Services, Inc.
Community Insurance Company	WellPoint Dental Services, Inc.
Compcare Health Services Insurance Corporation	WellPoint Health Solutions, Inc.
Crossroads Acquisition Corp.	WellPoint Holding Corporation
DBG Holdings, Inc.	WellPoint Information Technology Services, Inc.
DeCare Analytics, LLC	WellPoint Insurance Services, Inc.
DeCare Dental Health International, LLC	WellPoint Military Care Corporation
DeCare Dental Networks, LLC	ZipDrug, Inc.
DeCare Dental, LLC	

G. Not applicable.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

Not applicable.

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

A. Nature of the Relationship

The Company is a West Virginia domiciled stock insurance company and is a wholly-owned subsidiary of UNICARE National Services, Inc., which is an indirect wholly-owned subsidiary of Anthem, a publicly traded company.

B. Significant Transactions for Each Period

The following significant transactions took place between the Company and its affiliates:

The Board of Directors of the Company declared an ordinary dividend in the amount of \$9,600,000 on November 25, 2020. The Company paid the dividend to its parent company, UNICARE National Services, Inc., on December 8, 2020.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$8,500,000 November 15 2019. The Company paid the dividend to its parent company, UNICARE National Services, Inc., on December 6, 2019.

For changes to the intercompany management and service arrangements see Note 10E. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

NOTES TO FINANCIAL STATEMENTS

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

The Company has no transactions with related parties who are not reported on Schedule Y.

D. Amounts Due to or from Related Parties

At December 31, 2020 and 2019, the Company reported no amounts due from affiliates. At December 31, 2020 and 2019, the Company reported \$796,106 and \$11,779,654 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. 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.

The Company amended its agreements by adding the Beacon Management Services Agreement. The agreement is effective January 1, 2021.

Effective January 1, 2019, the Company became party to the Fair Market Value ("FMV") Services Attachment where 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.

F. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

G. Nature of Control Relationships that Could Affect Operations or Financial Position

UNICARE National Services, Inc. owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or Anthem.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At December 31, 2020 and 2019, the Company did not have investments in affiliates.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies

Not applicable.

NOTES TO FINANCIAL STATEMENTS

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

The Company does not have investments in downstream non-insurance holding companies.

M. All SCA Investments

The Company has no SCA Investments.

N. Investment in Insurance SCAs

The Company does not have investments in Insurance SCAs.

O. SCA or SSAP 48 Entity Loss Tracking

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

11. Debt

A. Capital Notes and Other Debt

The Company had no capital notes or other debt outstanding at December 31, 2020 and 2019.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB agreements outstanding at December 31, 2020 and 2019.

C. All Other Debt

The Company had no other debt outstanding at December 31, 2020 and 2019.

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

A. Defined Benefit Plan

Not applicable - See Note 12G.

B. Not applicable - See Note 12G.

C. Not applicable - See Note 12G.

D. Not applicable - See Note 12G.

E. Defined Contribution Plans

Not applicable - See Note 12G.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

NOTES TO FINANCIAL STATEMENTS

G. Consolidated/Holding Company Plans

The Company participates in frozen non-contributory defined benefit pension plans sponsored by ATH Holding Company, LLC (“ATH Holding”), covering most employees of Anthem and its subsidiaries. ATH Holding allocates a share of the total accumulated costs of the plans to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under these plans.

The Company participates in a postretirement medical benefit plan, sponsored by ATH Holding, providing certain health, life, vision and dental benefits to eligible retirees. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a nonqualified deferred compensation plan sponsored by Anthem which covers certain employees once the participant reaches the maximum contribution amount for the Anthem 401(k) Plan (the “401(k) Plan”). The deferred amounts are payable according to the terms and subject to the conditions of the deferred compensation plan. Anthem allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees subject to the deferred compensation plan. The Company has no legal obligation for benefits under this plan.

The Company participates in the 401(k) Plan, sponsored by ATH Holding and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a stock incentive compensation plan, sponsored by Anthem, providing incentive awards to non-employee directors and employees, consisting of Anthem stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Anthem allocates a share of the total share-based compensation expense of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

During 2020 and 2019, the Company was allocated the following costs or (credits) for these retirement benefits:

	<u>2020</u>	<u>2019</u>
Defined benefit pension plan	\$ (172,251)	\$ (191,788)
Postretirement medical benefit plan	(60,812)	(24,235)
Deferred compensation plan	11,113	17,653
Defined contribution plan	774,819	708,209
Stock incentive compensation plan	960,719	874,777

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

NOTES TO FINANCIAL STATEMENTS

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

A. Outstanding Shares

As of December 31, 2020, the Company has 10,000 shares of \$100 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restrictions

Under West Virginia law, the amount of ordinary dividends a domestic insurer is permitted to pay is limited to an amount not exceeding the lesser of net income, excluding the impact of capital gains, or 10% of statutory surplus at the end of the preceding year as long as the Company's unassigned surplus is positive. These dividends may be paid upon notification to the Department. Larger dividends, classified as extraordinary, require a special request of the Department, and may be paid at the earlier of Department approval or 30 days after the request is made.

D. Dividends Paid

See Footnote 10B.

E. Maximum Ordinary Dividend During 2021

Within the limitations of (C) above, the Company may pay \$11,985,895 in ordinary dividends during 2021 without restrictions, other than state notification requirements.

F. Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2020.

G. Mutual Surplus Advances

Not applicable.

H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2020.

I. 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 to be paid in the subsequent year. The annual fee under section 9010 of the ACA has been permanently suspended beginning in 2021.

J. Changes in Unassigned Funds

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was (\$12,000) at December 31, 2020.

K. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

NOTES TO FINANCIAL STATEMENTS

L. Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

M. Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company had no contingent commitments at December 31, 2020 or 2019.

B. Assessments

(1) The Company is subject to guaranty fund and other assessments by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of the assessment or at the time the losses are incurred.

(2) Not applicable.

(3) Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2020 or 2019.

D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

Litigation and regulatory proceedings

Express Scripts, Inc. Pharmacy Benefit Management Litigation

In March 2016, Anthem filed a lawsuit against Express Scripts, Inc. (“Express Scripts”), their vendor at the time for PBM services, captioned *Anthem, Inc. v. Express Scripts, Inc.*, in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover over \$14,800,000,000 in damages for pharmacy pricing that is higher than competitive benchmark pricing under the agreement between the parties (the “ESI PBM Agreement”), over \$158,000,000 in damages related to operational breaches, as well as various declarations under the ESI PBM Agreement, including that Express Scripts: (i) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (ii) was required to provide competitive benchmark pricing to Anthem through the term of the ESI PBM Agreement; (iii) has breached the ESI PBM Agreement; and (iv) is required under the ESI PBM Agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination.

Express Scripts has disputed Anthem’s contractual claims and is seeking declaratory judgments: (i) regarding the timing of the periodic pricing review under the ESI PBM

NOTES TO FINANCIAL STATEMENTS

Agreement, and (ii) that it has no obligation to ensure that Anthem receives any specific level of pricing, that Anthem has no contractual right to any change in pricing under the ESI PBM Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith. In the alternative, Express Scripts claims that Anthem has been unjustly enriched by its payment of \$4,675,000,000 at the time they entered into the ESI PBM Agreement. In March 2017, the court granted Anthem's motion to dismiss Express Scripts' counterclaims for (i) breach of the implied covenant of good faith and fair dealing, and (ii) unjust enrichment with prejudice. The only remaining claims are for breach of contract and declaratory relief. Rebuttal expert reports were submitted in October, discovery must be completed in April 2021, and motions for summary judgment must be filed in May 2021. Anthem intends to vigorously pursue their claims and defend against any counterclaims, which they believe are without merit; however, the ultimate outcome cannot be presently determined.

In re Express Scripts/Anthem ERISA Litigation

Anthem is a defendant in a class action lawsuit that was initially filed in June 2016 against Anthem, Inc. and Express Scripts, which has been consolidated into a single multi-district lawsuit captioned *In Re Express Scripts/Anthem ERISA Litigation*, in the U.S. District Court for the Southern District of New York. The consolidated complaint was filed by plaintiffs against Express Scripts and Anthem on behalf of all persons who are participants in or beneficiaries of any ERISA or non-ERISA healthcare plan from December 1, 2009 to December 31, 2019 in which Anthem provided prescription drug benefits through the ESI PBM Agreement and paid a percentage based co-insurance payment in the course of using that prescription drug benefit. The plaintiffs allege that Anthem breached their duties, either under ERISA or with respect to the implied covenant of good faith and fair dealing implied in the health plans, (i) by failing to adequately monitor Express Scripts' pricing under the ESI PBM Agreement, (ii) by placing their own pecuniary interest above the best interests of their insureds by allegedly agreeing to higher pricing in the ESI PBM Agreement in exchange for the purchase price for their NextRx PBM business, and (iii) with respect to the non-ERISA members, by negotiating and entering into the ESI PBM Agreement that was allegedly detrimental to the interests of such non-ERISA members. Plaintiffs seek to hold Anthem and Express Scripts jointly and severally liable and to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, attorney's fees and costs and interest.

In April 2017, Anthem filed a motion to dismiss the claims brought against them, and it was granted, without prejudice, in January 2018. Plaintiffs filed a notice of appeal with the United States Court of Appeals for the Second Circuit, which was heard in October 2018 but has not yet been decided. In December 2020, the Court affirmed the trial court's decision dismissing the ERISA complaint. Plaintiffs have filed a Petition for Rehearing and Rehearing En Banc. Anthem intends to vigorously defend this suit; however, its ultimate outcome cannot be presently determined.

Cigna Corporation Merger Litigation

In July 2015, Anthem and Cigna Corporation, or Cigna, announced that they entered into the Cigna Agreement and Plan of Merger, or Cigna Merger Agreement, pursuant to which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice or DOJ, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia, or District Court, seeking to block the merger. In February 2017, Cigna purported to terminate the Cigna Merger Agreement and commenced litigation against Anthem in the Delaware Court of Chancery, or Delaware Court, seeking damages, including \$1,850,000,000 termination fee pursuant to the terms of the Cigna Merger Agreement, and a declaratory judgement that its purported termination of the Cigna Merger Agreement was lawful, among other claims, which is captioned *Cigna Corp. v. Anthem Inc.*

NOTES TO FINANCIAL STATEMENTS

Also in February 2017, Anthem initiated their own litigation against Cigna in the Delaware Court seeking a temporary restraining order to enjoin Cigna from terminating the Cigna Merger Agreement, specific performance compelling Cigna to comply with the Cigna Merger Agreement and damages, which is captioned *Anthem Inc. v. Cigna Corp.* In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked the merger. In May 2017, after the Delaware Court denied Anthem's motion to enjoin Cigna from terminating the Cigna Merger Agreement, Anthem delivered to Cigna a notice terminating the Cigna Merger Agreement.

In the Delaware court litigation, trial commenced in late February 2019 and concluded in March 2019. The Delaware Court held closing arguments in November 2019 and took the matter under consideration. In February 2020, the Delaware Court requested supplemental briefing, which has been submitted. On August 31, 2020, the Delaware Court issued an opinion finding that neither party was owed damages and that Anthem did not owe Cigna the \$1,850,000,000 termination fee. The Delaware Court issued an order implementing its opinion in October 2020. Cigna filed its notice of appeal in November 2020 challenging the trial court's opinion that Anthem did not owe Cigna a termination fee. Cigna filed its appellate brief in December 2020. Anthem's response was filed in January. Anthem believes Cigna's allegations are without merit and they intend to vigorously defend against Cigna's allegations; however, the ultimate outcome of any appeal of this litigation with Cigna cannot be presently determined.

In October 2018, a shareholder filed a derivative lawsuit in the State of Indiana Marion County Superior Court, captioned *Henry Bittmann, Derivatively, et al. v. Joseph R. Swedish, et al.*, purportedly on behalf of Anthem and their shareholders against certain current and former directors and officers alleging breaches of fiduciary duties, unjust enrichment and corporate waste associated with the Cigna Merger Agreement. This case has been stayed at the request of the parties pending the outcome of Anthem's litigation with Cigna in the Delaware Court. This lawsuit's ultimate outcome cannot be presently determined.

Cyber Attack Regulatory Proceedings and Litigation

In February 2015, Anthem reported that they were the target of a sophisticated external cyber attack during which the attackers gained unauthorized access to certain of their information technology systems and obtained personal information related to many individuals and employees. To date, there is no evidence that credit card or medical information was accessed or obtained. Upon discovery of the cyber attack, Anthem took immediate action to remediate the security vulnerability and have continued to implement security enhancements since this incident.

Federal and state agencies have investigated events related to the cyber attack, including how it occurred, its consequences and Anthem's responses. In September 2020, Anthem entered into a settlement to resolve the investigation by a multi-state group of attorneys general, which was the final outstanding matter related to the 2015 cyber attack. Anthem has undertaken commitments that align with their ongoing and consistent focus to protect information in addition to the monetary payment of \$39,000,000, which was fully accrued in a prior period.

Anthem has contingency plans and insurance coverage for certain expenses and potential liabilities of this nature and will pursue coverage for all applicable losses; however, the ultimate outcome of Anthem's pursuit of insurance coverage cannot be presently determined.

Other Contingencies

From time to time, the Company is party to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The

NOTES TO FINANCIAL STATEMENTS

Company, like HMOs and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, PPO and other plans. The Company is, in the ordinary course of business, subject to the claims of their enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on them. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

In addition to the lawsuits described above, the Company is also involved in other pending and threatened litigation of the character incidental to their business, and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits, reviews and administrative proceedings include routine and special inquiries by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

The Company has no other known material contingencies.

Provisions for uncollectible amounts

At December 31, 2020 and 2019, the Company reported admitted assets of \$27,120,530 and \$16,875,823, respectively, in premium receivables. These receivables are not deemed to be uncollectible, therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

15. Leases

A. Lessee Operating Lease

The Company has no lessee leasing arrangements.

B. Lessor Leases

- (1) The Company has not entered into any operating leases.
- (2) The Company has not entered into any leveraged leases.

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

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2020, there were no significant concentrations.

NOTES TO FINANCIAL STATEMENTS

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

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2020 and 2019.

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 December 31, 2020 the fair value of securities loaned was \$1,046,863 and the carrying value of securities loaned was \$1,013,168.

(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 December 31, 2020 and 2019, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only ("ASO") Plans

Not applicable at December 31, 2020.

B. Administrative Services Contract ("ASC") Plans

Not applicable at December 31, 2020.

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

Not applicable at December 31, 2020 and 2019.

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2020 and 2019.

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash equivalents					
Industrial and miscellaneous money market funds	\$ 51,982,911	\$ —	\$ —	\$ —	\$ 51,982,911
Total cash equivalents	\$ 51,982,911	\$ —	\$ —	\$ —	\$ 51,982,911
Total assets at fair value/NAV	\$ 51,982,911	\$ —	\$ —	\$ —	\$ 51,982,911

NOTES TO FINANCIAL STATEMENTS

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

There are no investments in Level 3 as of December 31, 2020 and 2019.

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

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

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

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

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2020 and 2019.

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	\$ 135,733,340	\$ 126,903,488	\$ —	\$ 135,733,340	\$ —	\$ —	\$ —
Cash equivalents	51,982,911	51,982,911	51,982,911	—	—	—	—
Securities lending collateral asset	1,067,707	1,067,699	—	1,067,707	—	—	—

D. Not Practicable to Estimate Fair Value

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

NOTES TO FINANCIAL STATEMENTS

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

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 ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2020 and 2019.

C. Other Disclosures

Assets in the amount of \$103,784 and \$100,116 at December 31, 2020 and 2019, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2020 and 2019.

E. State Transferable and Non-Transferable Tax Credits

The Company did not have state transferable or non-transferable tax credits at December 31, 2020 and 2019.

F. Subprime Mortgage-Related Risk Exposure

- (1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.
- (2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2020 or 2019.
- (3) The Company did not have subprime mortgage-related risk exposure at December 31, 2020 or 2019.
- (4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2020 or 2019.

G. Retained Assets

The Company does not have retained assets at December 31, 2020 and 2019.

NOTES TO FINANCIAL STATEMENTS

H. Insurance-Linked Securities Contracts

Not applicable.

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

Not applicable.

22. Events Subsequent

The Company is subject to an annual fee under section 9010 of the ACA. A health insurance company's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The annual fee under section 9010 of the ACA was permanently suspended beginning in 2021.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ —	\$ 10,180,121
C. ACA fee assessment paid	\$ 10,756,760	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 488,063,734
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 119,858,946	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus Line 22B above).	\$ 119,858,946	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 19,769,012	
H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC action level (YES/NO)?	No	

Subsequent events have been considered through February 25, 2021 for the statutory statement issued on February 26, 2021. There were no events occurring subsequent to December 31, 2020 requiring recognition or disclosure.

23. Reinsurance**A. Ceded Reinsurance Report****Section 1 - General Interrogatories**

- (1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

If yes, give full details.

- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

NOTES TO FINANCIAL STATEMENTS

Section 2 - Ceded Reinsurance Report - Part A

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

If yes, give full details.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

Not applicable.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

If yes, give full details.

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2020 and 2019.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2020 and 2019.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2020 and 2019.

E. Reinsurance Credit

(1) Not applicable.

(2) Not applicable.

NOTES TO FINANCIAL STATEMENTS

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

(6) Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments in accordance with the terms prescribed in its contract with the State of West Virginia. The contract calculates retrospective premium adjustments based on the Company's restated medical loss ratio.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. All of the Company's net premiums written are subject to a retrospective rating feature.

D. Not applicable.

E. Risk-Sharing Provisions of the ACA

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

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$951,886 during 2020. This is approximately 2.7% of unpaid claims and claim adjustment expenses of \$35,801,265 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.

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2020 and 2019.

27. Structured Settlements

Not applicable at December 31, 2020 and 2019.

28. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 51,959	\$ —	\$ —	\$ —	\$ —
9/30/2020	91,697	—	—	—	—
6/30/2020	98,571	—	(1,394)	—	—
3/31/2020	81,258	—	36	1	—
12/31/2019	\$ 58,233	\$ 46,368	\$ 48,947	\$ —	\$ —
9/30/2019	38,847	29,735	29,690	—	—
6/30/2019	25,982	13,474	12,298	2,892	—
3/31/2019	7,311	12,985	11,146	1,152	—
12/31/2018	\$ —	\$ 7,311	\$ 7,333	\$ —	\$ —
9/30/2018	—	5,646	5,646	—	—
6/30/2018	—	2,119	2,119	—	—
3/31/2018	—	764	625	—	—

B. Risk Sharing Receivables

Not applicable at December 31, 2020 and 2019.

29. Participating Policies

Not applicable at December 31, 2020 and 2019.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2020 and 2019.

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$1,066,000 and \$2,398,000 at December 31, 2020 and 2019, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? West Virginia
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001156039
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/27/2019
- 3.4 By what department or departments?
West Virginia Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes No
4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes No
4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide 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

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 111 Monument Circle, Suite 4000, Indianapolis, IN 46204-5120
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kecia Rockoff, FSA, MAAA, Director and Actuary III (employee), 376 Pinecrest Rd. NE, Atlanta, GA 30342
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 - 12.11 Name of real estate holding company
 - 12.12 Number of parcels involved
 - 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
.....
- 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) See Notes 5E, 5L and 17B.
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.\$1,067,699
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs.\$
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [X] No [] N/A []
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [X] No [] N/A []
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [X] No [] N/A []

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	1,067,707
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	1,067,699
24.093 Total payable for securities lending reported on the liability page	\$	1,067,699

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

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

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

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:..... Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105377	Loomis, Sayles & Company, LP	J1ZPN2RX3UMNOY1D1313	Securities Exchange Commission	NO.....

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

29.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	126,903,488	135,733,340	8,829,852
30.2 Preferred stocks	0		0
30.3 Totals	126,903,488	135,733,340	8,829,852

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

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized.

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

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

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

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

32.2 If no, list exceptions:
.....

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

34. 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]

35. 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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [X] N/A []

GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

38.1 Amount of payments for legal expenses, if any?\$ 358,549

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Reed Smith LLP	94,639

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$ 120,000

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Dinsmore & Shohl	120,000
Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2020 Annual Statement.	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____ 0

1.62 Total incurred claims \$ _____ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ _____ 0

1.65 Total incurred claims \$ _____ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____ 0

1.72 Total incurred claims \$ _____ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ _____ 0

1.75 Total incurred claims \$ _____ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	605,152,832	487,257,258
2.2 Premium Denominator	605,152,832	487,257,258
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	54,163,650	34,963,452
2.5 Reserve Denominator	54,163,650	34,963,452
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

5.2 If no, explain:
Anthem has the ability to cover costs for the entity as needed.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ _____

5.32 Medical Only \$ _____

5.33 Medicare Supplement \$ _____

5.34 Dental & Vision \$ _____

5.35 Other Limited Benefit Plan \$ _____

5.36 Other \$ _____

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
All provider agreements include hold harmless provisions that prohibit pursuit of collection activities against Medicaid members for Medicaid covered services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,530

8.2 Number of providers at end of reporting year 1,520

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months. \$ _____

9.22 Business with rate guarantees over 36 months \$ _____

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []
- 10.2 If yes:
- | | | |
|---|----|-----------|
| 10.21 Maximum amount payable bonuses | \$ | 2,807,956 |
| 10.22 Amount actually paid for year bonuses | \$ | 566,392 |
| 10.23 Maximum amount payable withholds ..... | \$ | ..... |
| 10.24 Amount actually paid for year withholds ..... | \$ | ..... |

- 11.1 Is the reporting entity organized as:
- | | | |
|--|----------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.13 An Individual Practice Association (IPA), or, .. | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.14 A Mixed Model (combination of above)? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. West Virginia
- 11.4 If yes, show the amount required. \$ 2,000,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
The State of West Virginia
.....

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

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- | | | |
|------------------------------------|----|-------|
| 15.1 Direct Premium Written ..... | \$ | ..... |
| 15.2 Total Incurred Claims ..... | \$ | ..... |
| 15.3 Number of Covered Lives ..... |  | ..... |

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No []
- 16.1 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 []

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	215,996,379	154,667,549	150,909,795	116,516,421	120,049,078
2. Total liabilities (Page 3, Line 24)	96,137,433	57,970,372	65,630,742	45,414,602	48,342,359
3. Statutory minimum capital and surplus requirement	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
4. Total capital and surplus (Page 3, Line 33)	119,858,946	96,697,177	85,279,052	71,101,819	71,706,719
Income Statement (Page 4)					
5. Total revenues (Line 8)	605,152,832	490,035,961	449,020,262	503,048,006	484,527,386
6. Total medical and hospital expenses (Line 18)	489,023,486	421,680,678	367,648,626	456,635,567	424,034,835
7. Claims adjustment expenses (Line 20)	30,986,608	27,790,998	27,510,176	26,046,544	22,771,992
8. Total administrative expenses (Line 21)	46,532,459	20,073,946	27,810,590	20,152,599	22,494,233
9. Net underwriting gain (loss) (Line 24)	38,610,280	20,490,340	26,050,871	213,296	22,120,746
10. Net investment gain (loss) (Line 27)	2,976,150	3,493,820	2,749,777	1,967,814	1,761,012
11. Total other income (Lines 28 plus 29)	499,977	313,118	0	40	0
12. Net income or (loss) (Line 32)	31,643,834	19,319,772	21,357,012	1,938,395	15,686,101
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	72,452,791	2,032,939	28,221,473	44,848,768	(16,322,758)
Risk-Based Capital Analysis					
14. Total adjusted capital	119,858,946	96,697,177	85,279,052	71,101,819	71,706,719
15. Authorized control level risk-based capital	19,769,012	17,254,864	15,131,994	18,425,921	16,692,677
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	172,745	154,268	137,088	140,645	131,027
17. Total members months (Column 6, Line 7)	1,944,685	1,745,583	1,674,636	1,707,360	1,571,025
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.8	86.1	81.9	90.8	87.5
20. Cost containment expenses	3.5	4.4	5.0	4.2	3.8
21. Other claims adjustment expenses	1.6	1.2	1.1	1.0	0.9
22. Total underwriting deductions (Line 23)	93.6	95.8	94.2	100.0	95.4
23. Total underwriting gain (loss) (Line 24)	6.4	4.2	5.8	0.0	4.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	30,977,802	25,685,911	33,237,994	25,483,888	28,864,514
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	34,963,453	30,883,749	40,811,255	33,439,234	31,192,706
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0			
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0			
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UNICARE Health Plan of West Virginia, Inc.

2. Charleston, WV

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		West Virginia		2020							NAIC Company Code		11810
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	154,268	0	0	0	0	0	0	0	154,268	0			
2. First Quarter	152,768								152,768				
3. Second Quarter	162,079								162,079				
4. Third Quarter	166,183								166,183				
5. Current Year	172,745								172,745				
6. Current Year Member Months	1,944,685								1,944,685				
Total Member Ambulatory Encounters for Year:													
7. Physician	1,251,776								1,251,776				
8. Non-Physician	1,138,848								1,138,848				
9. Total	2,390,624	0	0	0	0	0	0	0	2,390,624	0			
10. Hospital Patient Days Incurred	101,577								101,577				
11. Number of Inpatient Admissions	18,747								18,747				
12. Health Premiums Written (b)	605,152,832								605,152,832				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	605,152,832								605,152,832				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	469,823,288								469,823,288				
18. Amount Incurred for Provision of Health Care Services	489,023,486								489,023,486				

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

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

30100



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UNICARE Health Plan of West Virginia, Inc.

2. Charleston, WV

NAIC Group Code	0671	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total		DURING THE YEAR					2020		NAIC Company Code	11810
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:													
1. Prior Year	154,268	0	0	0	0	0	0	0	154,268	0			
2. First Quarter	152,768	0	0	0	0	0	0	0	152,768	0			
3. Second Quarter	162,079	0	0	0	0	0	0	0	162,079	0			
4. Third Quarter	166,183	0	0	0	0	0	0	0	166,183	0			
5. Current Year	172,745	0	0	0	0	0	0	0	172,745	0			
6. Current Year Member Months	1,944,685	0	0	0	0	0	0	0	1,944,685	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	1,251,776	0	0	0	0	0	0	0	1,251,776	0			
8. Non-Physician	1,138,848	0	0	0	0	0	0	0	1,138,848	0			
9. Total	2,390,624	0	0	0	0	0	0	0	2,390,624	0			
10. Hospital Patient Days Incurred	101,577	0	0	0	0	0	0	0	101,577	0			
11. Number of Inpatient Admissions	18,747	0	0	0	0	0	0	0	18,747	0			
12. Health Premiums Written (b)	605,152,832	0	0	0	0	0	0	0	605,152,832	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	605,152,832	0	0	0	0	0	0	0	605,152,832	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	469,823,288	0	0	0	0	0	0	0	469,823,288	0			
18. Amount Incurred for Provision of Health Care Services	489,023,486	0	0	0	0	0	0	0	489,023,486	0			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	186,406,416		186,406,416
2. Accident and health premiums due and unpaid (Line 15)	27,120,530		27,120,530
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	2,469,433		2,469,433
6. Total assets (Line 28)	215,996,379	0	215,996,379
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	51,258,196		51,258,196
8. Accrued medical incentive pool and bonus payments (Line 2)	2,807,956		2,807,956
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	42,071,281		42,071,281
15. Total liabilities (Line 24)	96,137,433	0	96,137,433
16. Total capital and surplus (Line 33)	119,858,946	XXX	119,858,946
17. Total liabilities, capital and surplus (Line 34)	215,996,379	0	215,996,379
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1 States, etc.	Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	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	L		605,152,832					605,152,832	
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 alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	605,152,832	0	0	0	605,152,832	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	0	0	605,152,832	0	0	0	605,152,832	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by states, premiums by state, etc.
 No allocation used as only licensed in one state.

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

Allocated by States and Territories

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

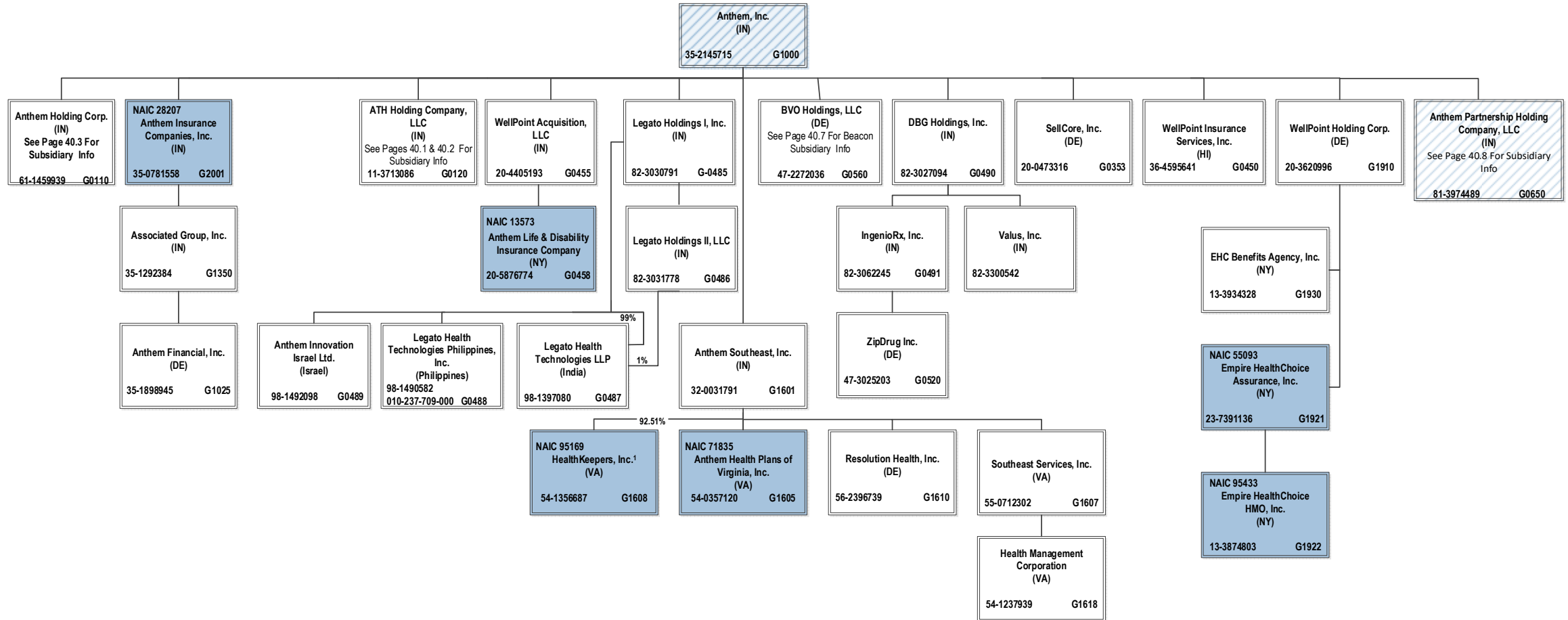
NONE

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



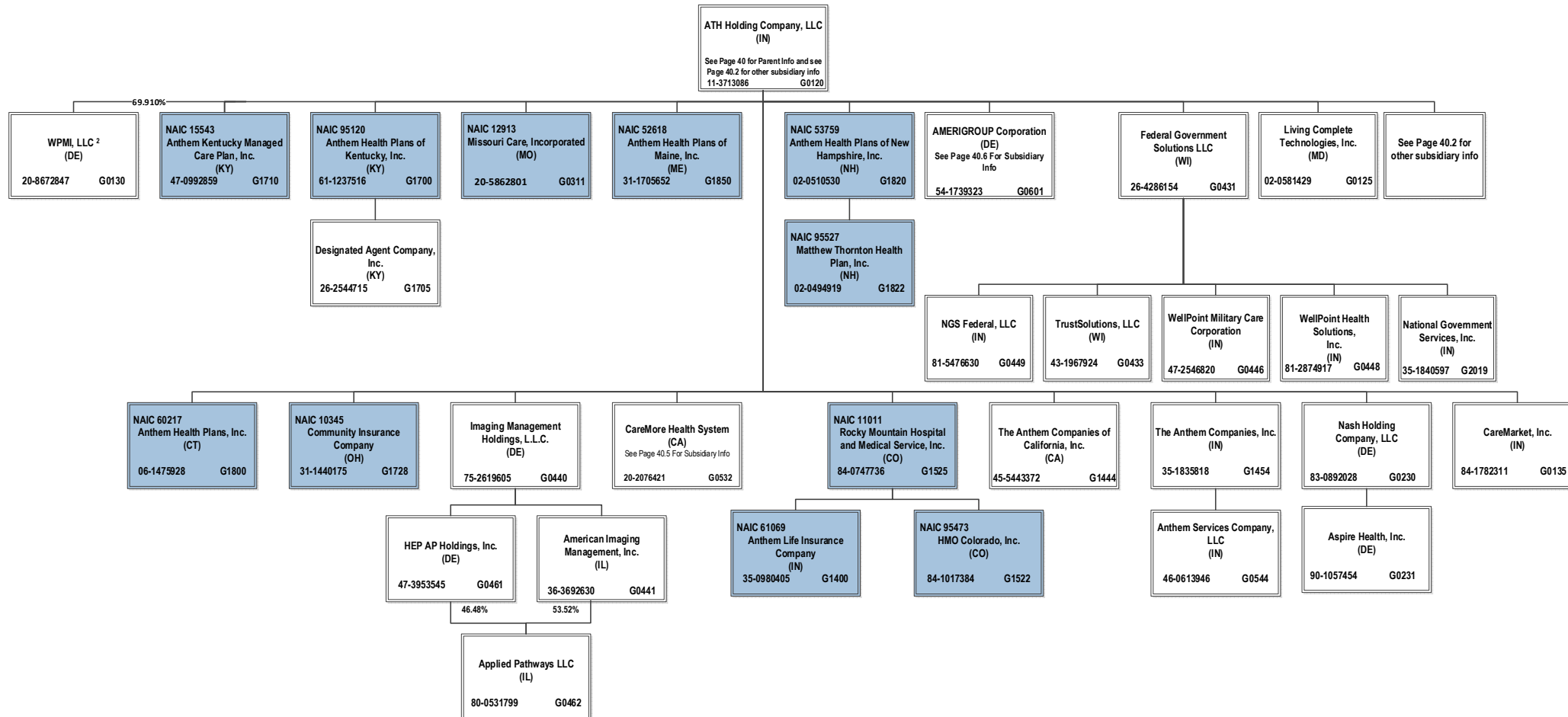
¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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



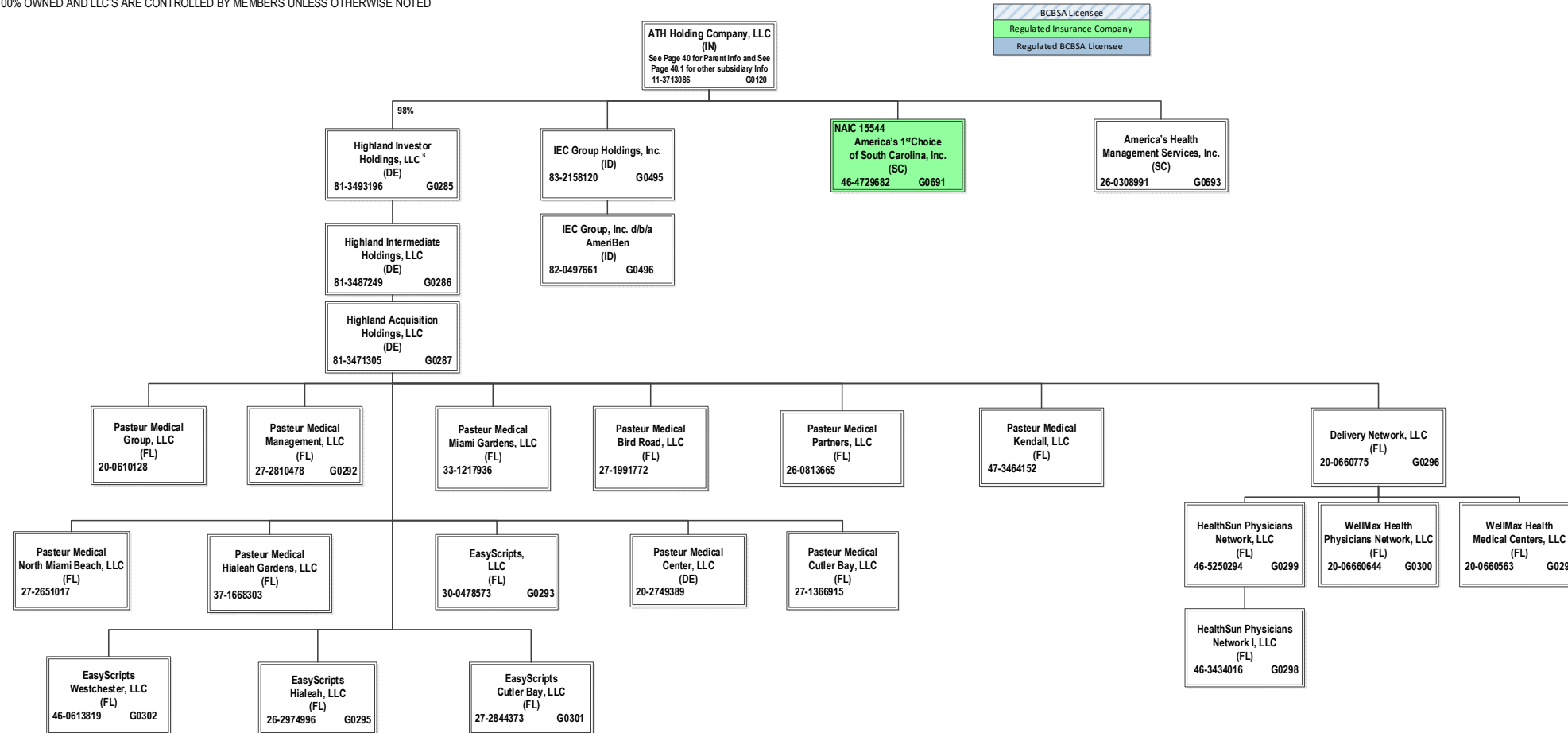
40.1

2 30.09% of WPMI, LLC is owned by unaffiliated investors

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

PART 1 – ORGANIZATIONAL CHART

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



³ ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

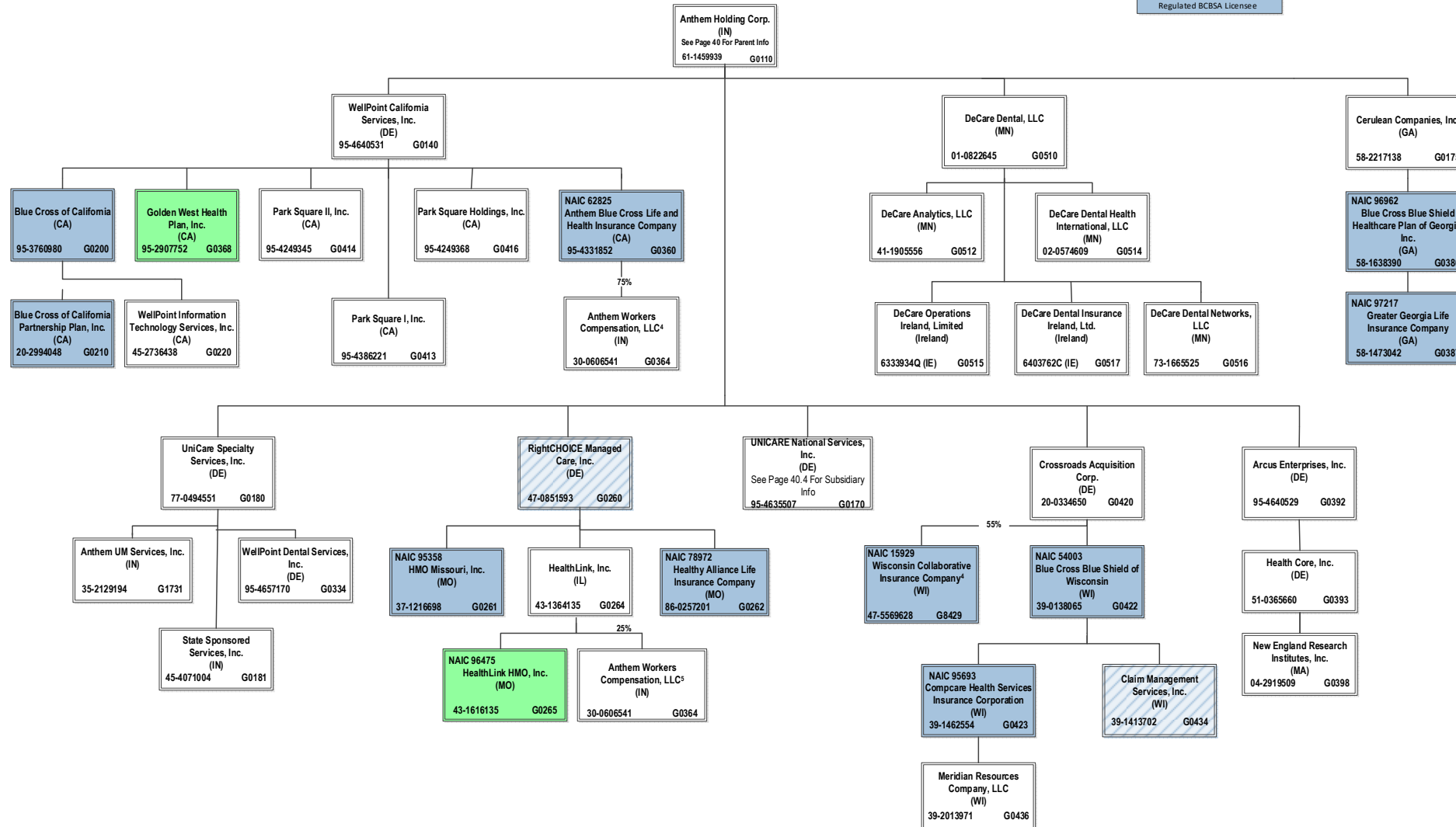
40.2

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



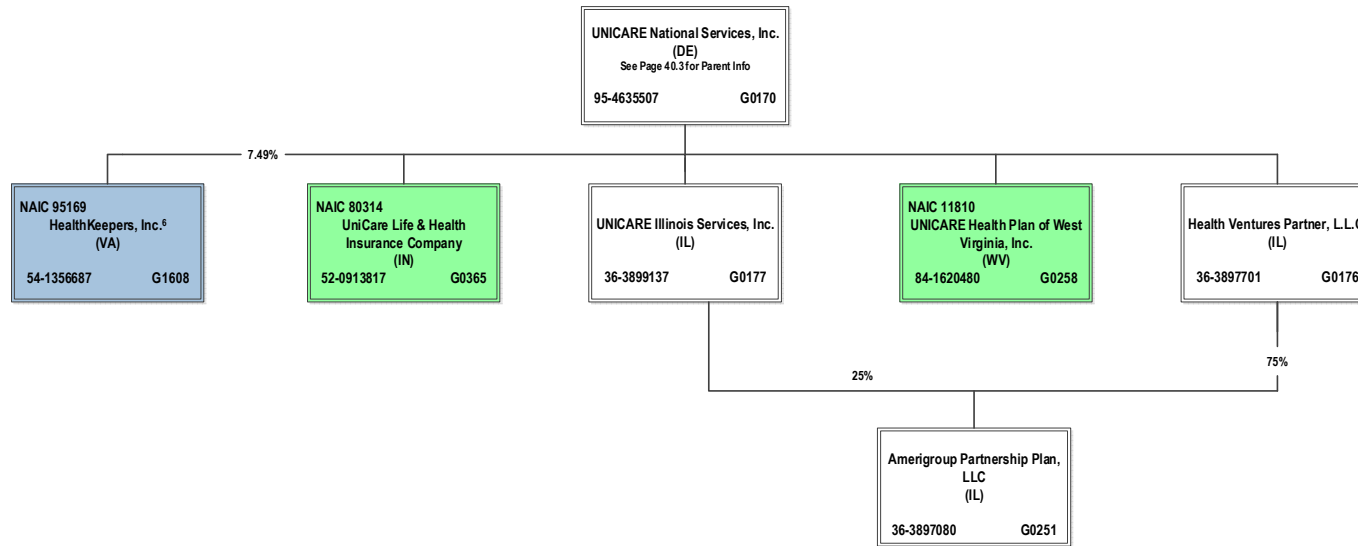
⁴ 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

⁵ 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



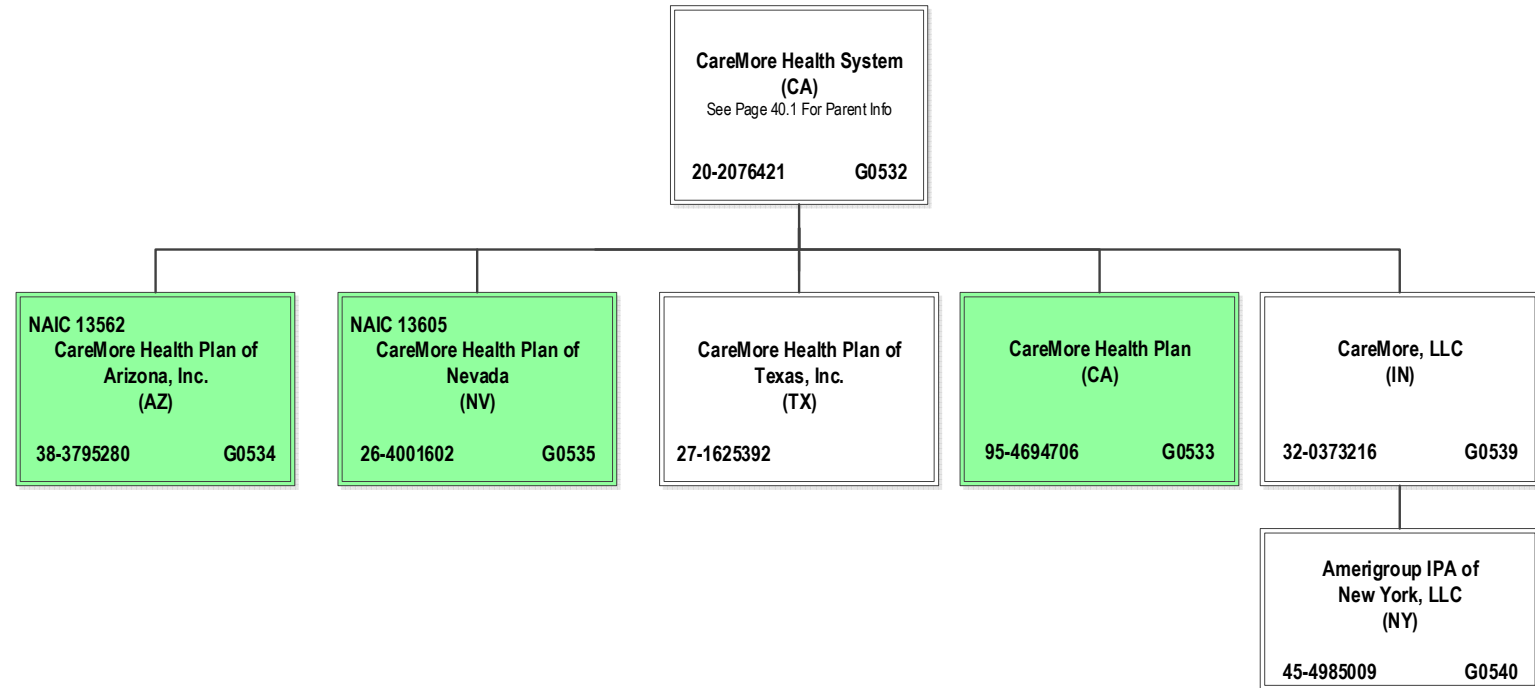
40.4

⁶ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

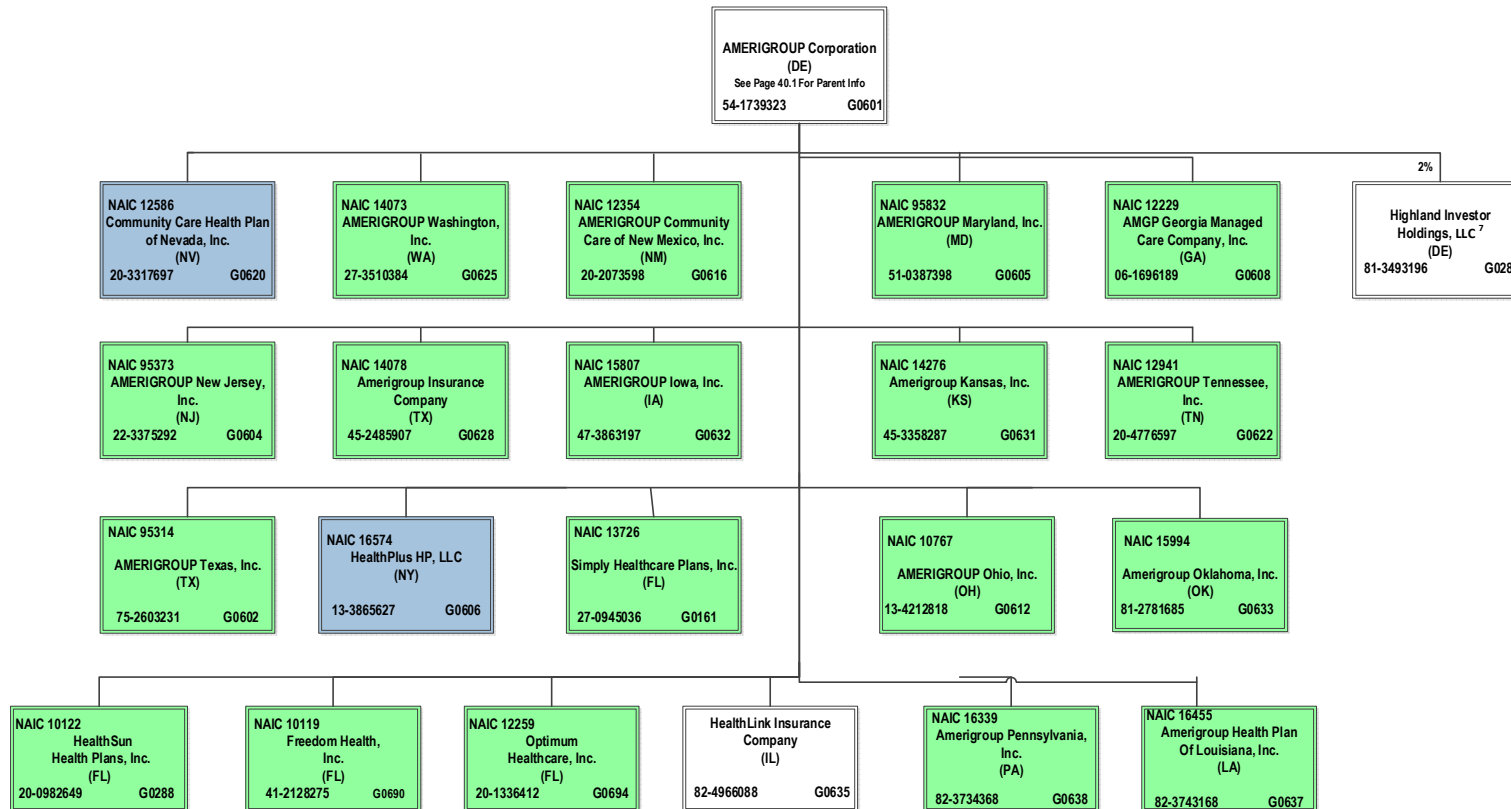
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



40.6

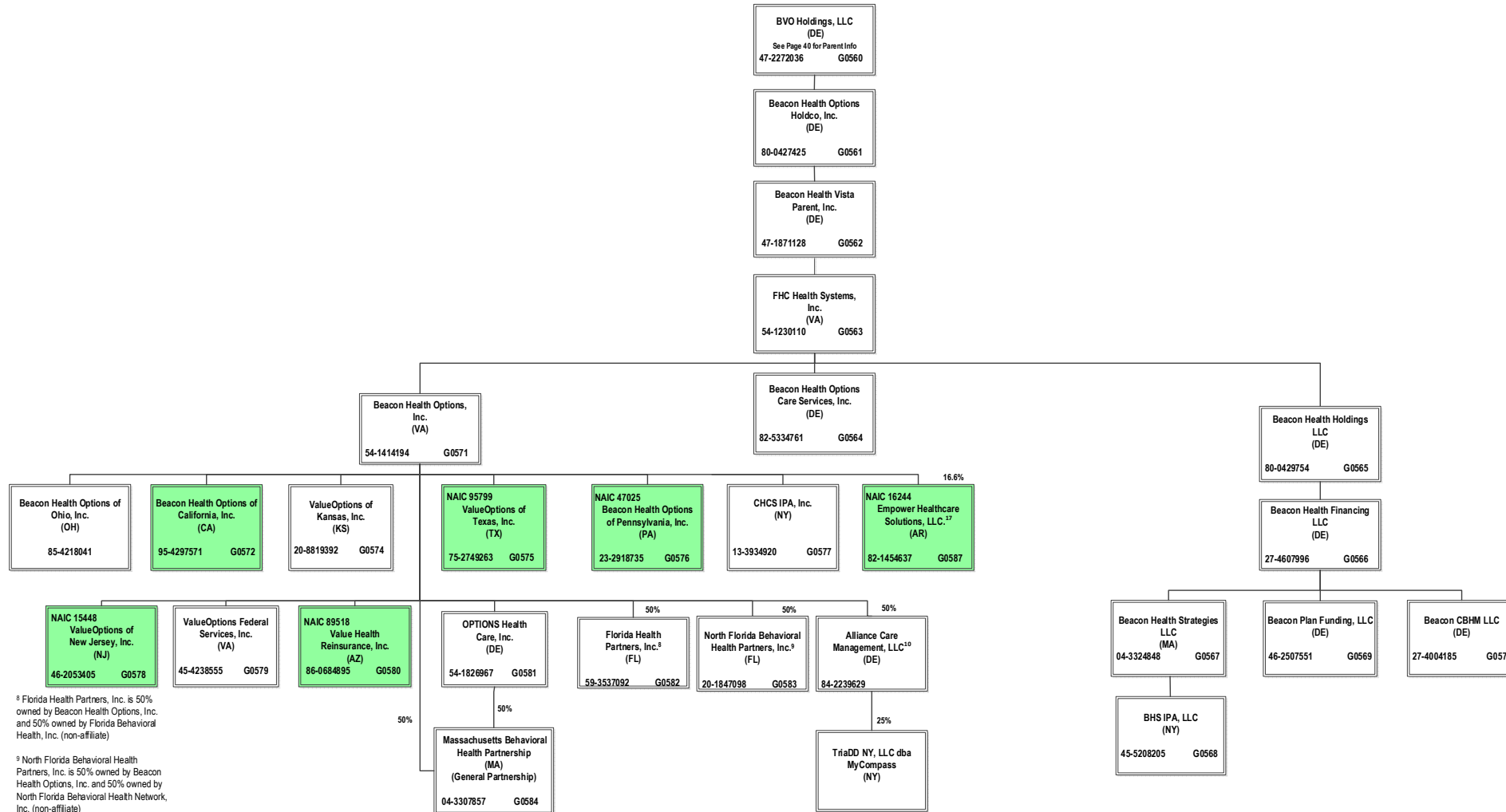
⁷ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

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

PART 1 – ORGANIZATIONAL CHART

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

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



⁸ Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)

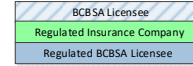
⁹ North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

¹⁰ Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

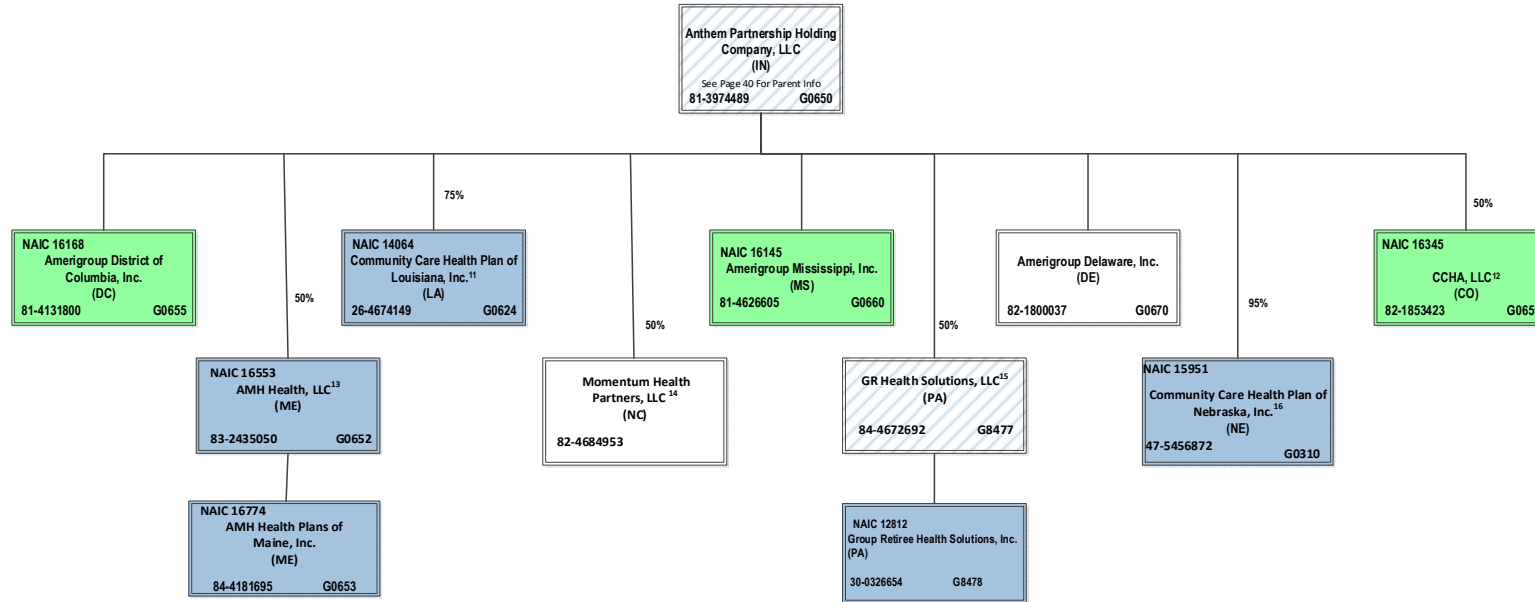
¹⁷ Empower Healthcare Solutions, LLC (AR) is owned 16.6% by Beacon Health Options, Inc. and 83.4% by (non-affiliates)

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



¹¹ 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)

¹² 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)

¹³ AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

¹⁴ 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)

¹⁵ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹⁶ Anthem Partnership Holding Company, LLC holds a 95% interest in Community Care Health Plan of Nebraska, Inc., and Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate) holds the remaining 5%

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, 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.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	Beacon Health Options, Inc.	Ownership	50.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Ownership	50.000	Anthem, Inc.	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 Corporation	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-1800037		0001156039		AMERIGROUP District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup Health Plan of Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16455	82-3743168		0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14078	45-2485907		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4985009		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387398		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16145	81-4626605		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685		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	36-3897080		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.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	IA	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	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP		Ownership		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	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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, 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.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.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	.0101
.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.		85-4218041		0001156039		Beacon Health Options of Ohio, Inc.	OH	NIA	Beacon Health Options, Inc.	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		COHA, 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.	14064	26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Anthem, Inc.	N	.0104
.0671	Anthem, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc.	NE	IA	Anthem Partnership Holding Company, LLC	Ownership	95.000	Anthem, Inc.	N	.0116
.0671	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95693	39-1462554		0001156039		CompCare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	JRL	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	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	Highland Acquisition 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	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, 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.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16244	82-1454637		0001156039		Empower Healthcare Solutions, LLC	AR	IA	Beacon Health Options, Inc.	Ownership	16.600	Anthem, Inc.	N	.0115
.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	AMERIGROUP Corporation	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.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102
.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.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	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	AMERIGROUP Corporation	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.		81-3487249		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	98.000	Anthem, Inc.	N	.0107
.0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Ownership	2.000	Anthem, Inc.	N	.0107
.0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		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	IEC Group Holdings, Inc.	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	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, 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.		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
.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	AMERIGROUP Corporation	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 Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	Highland Acquisition 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.		Triadd NY, LLC dba MyCompass		0001156039			NY	NIA	Alliance Care Management, LLC	Ownership	25.000	Anthem, Inc.	N	.0114
.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	RE	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	LDP	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.	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.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		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	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, 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.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-2736438		0001156039		WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	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
.0671	Anthem, Inc.		47-3025203		0001156039		ZipDrug Inc.	DE	NIA	IngenioRx, Inc.	Ownership	100.000	Anthem, Inc.	N	

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 98% owned by ATH Holding Company, LLC. an Indiana limited liability company, and Amerigroup Corporation holds the remaining 2% interest.
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)
0114	75% owned by an unaffiliated investor
0115	83.4% owned by unaffiliated investors
0116	(BCBSNE) purchased 5% of the common stock of Community Care Health Plan of Nebraska, Inc. (CCHPNE). With this purchase, BCBSNE now owns 5% of CCHPNE and Anthem Partnership Holding Company, LLC owns the remaining 95%.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	36-3692630	American Imaging Management, Inc.					(320,933,939)				(320,933,939)	
15544	46-4729682	America's 1st Choice of South Carolina, Inc.		1,500,000			590,647				2,090,647	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.	(1,700,000)			(3,561,645)					(5,261,645)	
	54-1739323	AMERIGROUP Corporation	18,700,000			79,759,611					98,459,611	
16168	81-4131800	Amerigroup District of Columbia, Inc.	(10,300,000)			(22,288,625)					(32,588,625)	
16455	82-3743168	Amerigroup Health Plan of Louisiana, Inc.										
							818				818	
14078	45-2485907	Amerigroup Insurance Company		10,000,000		(126,680,505)					(116,680,505)	
15807	47-3863197	AMERIGROUP Iowa, Inc.				(262,534,064)					(262,534,064)	
14276	45-3358287	Amerigroup Kansas, Inc.				5,005,030					5,005,030	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(70,000,000)			(137,828,540)					(207,828,540)	
16145	81-4626605	Amerigroup Mississippi, Inc.				1,966					1,966	
95373	22-3375292	AMERIGROUP New Jersey, Inc.	(18,700,000)			(163,439,174)					(182,139,174)	
10767	13-4212818	AMERIGROUP Ohio, Inc.				(41,514)					(41,514)	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.				(4,795)					(4,795)	
	36-3897080	Amerigroup Partnership Plan, LLC				(127,088,014)					(127,088,014)	
16339	82-3734368	Amerigroup Pennsylvania, Inc.				1,844					1,844	
12941	20-4776597	AMERIGROUP Tennessee, Inc.				(202,884,259)					(202,884,259)	
95314	75-2603231	AMERIGROUP Texas, Inc.				(842,437,724)					(842,437,724)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(17,400,000)			(86,337,675)					(103,737,675)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(27,800,000)			(195,930,963)					(223,730,963)	
16553	83-2435050	AMH Health, LLC		9,100,000		(9,307,621)					(207,621)	
16774	84-4181695	AMH Health Plans of Maine, Inc.		2,400,000							2,400,000	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company	(259,800,000)			(1,128,793,830)		609,553,336			(779,040,494)	(66,836,081)
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(24,800,000)			(425,367,054)		(12,144,836)			(462,311,890)	35,053,934
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(71,900,000)			(126,165,917)					(198,065,917)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.				(113,823,407)					(113,823,407)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(370,000,000)			(591,128,292)		(42,736,438)			(1,003,864,730)	214,460,343
60217	06-1475928	Anthem Health Plans, Inc.	(70,000,000)			(347,749,490)					(417,749,490)	
28207	35-0781558	Anthem Insurance Companies, Inc.	(250,000,000)			(1,514,930,101)		9,308,919			(1,755,621,182)	(12,379,593)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.				(85,810,404)					(85,810,404)	
13573	20-5876774	Anthem Life & Disability Insurance Company		4,500,000		(1,975,248)					2,524,752	
61069	35-0980405	Anthem Life Insurance Company	(23,200,000)	30,000,000		(43,274,183)		21,514,349			(14,959,834)	(156,650,533)
	81-3974489	Anthem Partnership Holding Company, LLC				(23,483,306)					(23,483,306)	
	46-0613946	Anthem Services Company, LLC				54,868,466					54,868,466	
	35-2129194	Anthem UM Services				(83,370,775)					(83,370,775)	
	35-2145715	Anthem, Inc.	3,617,500,000	(30,000,000)		7,753,571,849					11,341,071,849	
16298	82-3062789	APC Passe, LLC						(84,643,749)			(84,643,749)	123,221,255
	90-1057454	Aspire Health, Inc.				(71,399,880)					(71,399,880)	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	11-3713086	ATH Holding Company, LLC					(46,915,268)				(46,915,268)	
	54-1414194	Beacon Health Options, Inc.	4,500,000	(300,000)			64,758,324				68,958,324	
	95-4297571	Beacon Health Options of California, Inc.										
47025	23-2918735	Beacon Health Options of Pennsylvania, Inc.	(1,500,000)				(1,525,500)				(3,025,500)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(328,300,000)	(10,000,000)	(72,000,000)		(857,704,518)				(1,268,004,518)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(75,900,000)				(137,773,812)	(7,814,568)			(221,488,380)	63,144,726
	95-3760980	Blue Cross of California	(625,000,000)	(320,000,000)			(2,242,526,843)				(3,187,526,843)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.	(75,000,000)		72,000,000		(304,253,852)				(307,253,852)	
	95-4694706	CareMore Health Plan					791,075,680				791,075,680	
13562	38-3795280	CareMore Health Plan of Arizona, Inc.					118,429,576				118,429,576	
13605	26-4001602	CareMore Health Plan of Nevada					81,651,684				81,651,684	
16345	82-1853423	CCHA, LLC					(3,230,264)	(186,762,691)			(189,992,955)	30,886,713
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.					(140,916,438)				(140,916,438)	
15951	47-5456872	Community Care Health Plan of Nebraska, Inc.	(15,000,000)	2,500,000			(18,574,858)				(31,074,858)	
12586	20-3317697	Community Care Health Plan of Nevada, Inc.					(81,255,150)	16,111			(81,239,039)	274,225
10345	31-1440175	Community Insurance Company	(165,000,000)				(1,105,118,481)	(32,550,690)			(1,302,669,171)	70,057,233
95693	39-1462554	Compcare Health Services Insurance Corporation	(2,100,000)				(218,626,165)				(220,726,165)	
	20-0660775	Delivery Network, LLC					(30,067,290)				(30,067,290)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(32,000,000)				(552,263,658)				(584,263,658)	
95433	13-3874803	Empire HealthChoice HMO, Inc.					(121,895,267)				(121,895,267)	
16244	82-1454637	Empower Healthcare Solutions, LLC		300,000			(57,578,802)				(57,278,802)	
10119	41-2128275	Freedom Health, Inc.	(61,500,000)				(127,263,533)				(188,763,533)	
	95-2907752	Golden West Health Plan, Inc.	(10,000,000)				(770,929)				(10,770,929)	
97217	58-1473042	Greater Georgia Life Insurance Company		10,000,000			(9,527,340)				472,660	
12812	30-0326654	Group Retiree Health Solutions, Inc.		4,082,993							4,082,993	
	84-4672692	GR Health Solutions LLC		(4,082,993)							(4,082,993)	
	51-0365660	Health Core, Inc.					(28,816,778)				(28,816,778)	
	54-1237939	Health Management Corporation					(303,978,149)				(303,978,149)	
95169	54-1356687	HealthKeepers, Inc.	(350,000,000)				(721,424,139)	(10,892,830)			(1,082,316,969)	1,769,906
96475	43-1616135	HealthLink HMO, Inc.	(7,000,000)				4,505,076				(2,494,924)	
	43-1364135	HealthLink, Inc.					(39,719,797)				(39,719,797)	
16574	13-3865627	HealthPlus HP, LLC	(75,000,000)				(255,549,594)	(159,986)			(330,709,580)	
10122	20-0982649	HealthSun Health Plans, Inc.	(80,000,000)				(346,675,197)				(426,675,197)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(181,100,000)				(330,951,926)				(512,051,926)	
95473	84-1017384	HMO Colorado, Inc.	(70,000,000)				(219,178,570)	(3,519,722)			(292,698,292)	4,897,559
95358	37-1216698	HMO Missouri, Inc.	(1,900,000)				(8,967,005)				(10,867,005)	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	82-3062245	IngenioRX, Inc.					(329,831,019)				(329,831,019)	
	98-1397080	Legato Health Technologies LLP					180,970,464				180,970,464	
	98-1490582	Legato Health Technologies Philippines, Inc.					47,380,440				47,380,440	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(60,000,000)				(92,746,168)				(152,746,168)	
	39-2013971	Meridian Resource Company, LLC	(17,000,000)				(31,693,432)				(48,693,432)	
12913	20-5862801	Missouri Care, Incorporated					(31,277,213)				(31,277,213)	
12259	20-1336412	Optimum Healthcare, Inc.	(45,600,000)				(85,618,589)				(131,218,589)	
	27-2810478	Pasteur Medical Management, LLC					166,922,955				166,922,955	
	47-0851593	RightCHOICE Managed Care, Inc.					8,279,804				8,279,804	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(56,800,000)	(30,000,000)			(273,316,491)	(6,798,624)			(366,915,115)	104,629,238
13726	27-0945036	Simply Healthcare Plans, Inc.	(76,800,000)				(420,104,173)				(496,904,173)	
	45-5443372	The Anthem Companies of California, Inc.					139,245,491				139,245,491	
	35-1835818	The Anthem Companies, Inc.					6,983,351,930				6,983,351,930	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(9,600,000)				(69,959,919)				(79,559,919)	
80314	52-0913817	UNICARE Life & Health Insurance Company					(75,931,929)	(362,697,412)			(438,629,341)	70,155,666
89518	86-0684895	Value Health Reinsurance, Inc.									0	
15448	46-2053405	ValueOptions of New Jersey, Inc.	(3,000,000)				(9,052,705)				(12,052,705)	
95799	75-2749263	ValueOptions of Texas, Inc.					(2,979)				(2,979)	
	20-0660563	WellMax Health Medical Centers, LLC					48,823,918				48,823,918	
	45-2736438	WellPoint Information Technology Services, Inc.		320,000,000			286,724,347				606,724,347	
	36-4595641	WellPoint Insurance Services, Inc.					(1,129,675)	110,328,831			109,199,156	(482,684,591)
15929	47-5569628	Wisconsin Collaborative Insurance Company					(18,901,756)				(18,901,756)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES









AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

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

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. Explanations:	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the Requirements for Audit Committees [Document Identifier 226]



20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



OVERFLOW PAGE FOR WRITE-INS

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	10,166,748	5.454	10,166,748	0	10,166,748	5.454
1.02 All other governments		0.000			0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	6,466,014	3.469	6,466,014	0	6,466,014	3.469
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	14,486,195	7.771	14,486,195	0	14,486,195	7.771
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	95,784,531	51.385	95,784,531	0	95,784,531	51.385
1.06 Industrial and miscellaneous		0.000		5,056	5,056	0.003
1.07 Hybrid securities		0.000			0	0.000
1.08 Parent, subsidiaries and affiliates		0.000			0	0.000
1.09 SVO identified funds		0.000			0	0.000
1.10 Unaffiliated Bank loans		0.000			0	0.000
1.11 Total long-term bonds	126,903,488	68.079	126,903,488	5,056	126,908,544	68.082
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)	0	0.000			0	0.000
2.02 Parent, subsidiaries and affiliates	0	0.000			0	0.000
2.03 Total preferred stocks	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)		0.000			0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated)		0.000			0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded		0.000			0	0.000
3.04 Parent, subsidiaries and affiliates Other		0.000			0	0.000
3.05 Mutual funds		0.000			0	0.000
3.06 Unit investment trusts		0.000			0	0.000
3.07 Closed-end funds		0.000			0	0.000
3.08 Total common stocks	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages	0	0.000			0	0.000
4.02 Residential mortgages	0	0.000			0	0.000
4.03 Commercial mortgages	0	0.000			0	0.000
4.04 Mezzanine real estate loans	0	0.000			0	0.000
4.05 Total valuation allowance		0.000			0	0.000
4.06 Total mortgage loans	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company		0.000	0		0	0.000
5.02 Properties held for production of income		0.000	0		0	0.000
5.03 Properties held for sale		0.000	0		0	0.000
5.04 Total real estate	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	6,452,318	3.461	6,452,318	249,038	6,701,356	3.595
6.02 Cash equivalents (Schedule E, Part 2)	51,982,911	27.887	51,982,911	785,332	52,768,243	28.308
6.03 Short-term investments (Schedule DA)		0.000	0	28,273	28,273	0.015
6.04 Total cash, cash equivalents and short-term investments	58,435,229	31.348	58,435,229	1,062,643	59,497,872	31.918
7. Contract loans	0	0.000	0		0	0.000
8. Derivatives (Schedule DB)	0	0.000	0		0	0.000
9. Other invested assets (Schedule BA)	0	0.000	0		0	0.000
10. Receivables for securities	0	0.000	0		0	0.000
11. Securities Lending (Schedule DL, Part 1)	1,067,699	0.573	1,067,699	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)	0	0.000	0		0	0.000
13. Total invested assets	186,406,416	100.000	186,406,416	1,067,699	186,406,416	100.000

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	106,098,668
2.	Cost of bonds and stocks acquired, Part 3, Column 7	28,597,825
3.	Accrual of discount	2,051
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12	0
4.2	Part 2, Section 1, Column 15	
4.3	Part 2, Section 2, Column 13	
4.4	Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	(61,779)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	6,038,885
7.	Deduct amortization of premium	1,694,392
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15	0
8.2	Part 2, Section 1, Column 19	
8.3	Part 2, Section 2, Column 16	
8.4	Part 4, Column 15	0
9.	Deduct current year's other than temporary impairment recognized:	
9.1	Part 1, Column 14	0
9.2	Part 2, Section 1, Column 17	
9.3	Part 2, Section 2, Column 14	
9.4	Part 4, Column 13	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	126,903,488
12.	Deduct total nonadmitted amounts	0
13.	Statement value at end of current period (Line 11 minus Line 12)	126,903,488

SCHEDULE D - SUMMARY BY COUNTRY

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

		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
Description					
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	10,166,748	10,411,777	10,188,165	10,100,000
	2. Canada				
	3. Other Countries				
	4. Totals	10,166,748	10,411,777	10,188,165	10,100,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	6,466,014	6,862,941	7,096,244	5,735,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	14,486,195	15,569,036	14,919,854	12,790,000
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	95,784,531	102,889,596	100,045,335	84,850,000
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8. United States				
	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	126,903,488	135,733,350	132,249,598	113,475,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	126,903,488	135,733,350	132,249,598	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 1A - SECTION 1

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	0	10,166,749	0	0	0	XXX	10,166,749	8.0	24,068,510	19.2	10,166,749	0
1.2 NAIC 2						XXX	0	0.0		0.0		0
1.3 NAIC 3						XXX	0	0.0		0.0		0
1.4 NAIC 4						XXX	0	0.0		0.0		0
1.5 NAIC 5						XXX	0	0.0		0.0		0
1.6 NAIC 6						XXX	0	0.0		0.0		0
1.7 Totals	0	10,166,749	0	0	0	XXX	10,166,749	8.0	24,068,510	19.2	10,166,749	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0		0.0		0
2.2 NAIC 2						XXX	0	0.0		0.0		0
2.3 NAIC 3						XXX	0	0.0		0.0		0
2.4 NAIC 4						XXX	0	0.0		0.0		0
2.5 NAIC 5						XXX	0	0.0		0.0		0
2.6 NAIC 6						XXX	0	0.0		0.0		0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1	0	4,254,576	2,211,438	0	0	XXX	6,466,014	5.1	6,609,109	5.3	6,466,014	0
3.2 NAIC 2						XXX	0	0.0		0.0		0
3.3 NAIC 3						XXX	0	0.0		0.0		0
3.4 NAIC 4						XXX	0	0.0		0.0		0
3.5 NAIC 5						XXX	0	0.0		0.0		0
3.6 NAIC 6						XXX	0	0.0		0.0		0
3.7 Totals	0	4,254,576	2,211,438	0	0	XXX	6,466,014	5.1	6,609,109	5.3	6,466,014	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1	371,730	3,073,364	11,041,100	0	0	XXX	14,486,194	11.4	9,892,033	7.9	14,486,194	0
4.2 NAIC 2						XXX	0	0.0		0.0		0
4.3 NAIC 3						XXX	0	0.0		0.0		0
4.4 NAIC 4						XXX	0	0.0		0.0		0
4.5 NAIC 5						XXX	0	0.0		0.0		0
4.6 NAIC 6						XXX	0	0.0		0.0		0
4.7 Totals	371,730	3,073,364	11,041,100	0	0	XXX	14,486,194	11.4	9,892,033	7.9	14,486,194	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	930,008	30,568,070	51,907,454	8,368,146	4,010,853	XXX	95,784,531	75.5	84,502,336	67.6	95,784,531	0
5.2 NAIC 2						XXX	0	0.0		0.0		0
5.3 NAIC 3						XXX	0	0.0		0.0		0
5.4 NAIC 4						XXX	0	0.0		0.0		0
5.5 NAIC 5						XXX	0	0.0		0.0		0
5.6 NAIC 6						XXX	0	0.0		0.0		0
5.7 Totals	930,008	30,568,070	51,907,454	8,368,146	4,010,853	XXX	95,784,531	75.5	84,502,336	67.6	95,784,531	0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1						XXX	0	0.0		0.0		0
6.2 NAIC 2						XXX	0	0.0		0.0		0
6.3 NAIC 3						XXX	0	0.0		0.0		0
6.4 NAIC 4						XXX	0	0.0		0.0		0
6.5 NAIC 5						XXX	0	0.0		0.0		0
6.6 NAIC 6						XXX	0	0.0		0.0		0
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0		0.0		0
7.2 NAIC 2						XXX	0	0.0		0.0		0
7.3 NAIC 3						XXX	0	0.0		0.0		0
7.4 NAIC 4						XXX	0	0.0		0.0		0
7.5 NAIC 5						XXX	0	0.0		0.0		0
7.6 NAIC 6						XXX	0	0.0		0.0		0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0		0.0		0
8.2 NAIC 2						XXX	0	0.0		0.0		0
8.3 NAIC 3						XXX	0	0.0		0.0		0
8.4 NAIC 4						XXX	0	0.0		0.0		0
8.5 NAIC 5						XXX	0	0.0		0.0		0
8.6 NAIC 6						XXX	0	0.0		0.0		0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX	0	0.0		0.0		0
10.2 NAIC 2						XXX	0	0.0		0.0		0
10.3 NAIC 3						XXX	0	0.0		0.0		0
10.4 NAIC 4						XXX	0	0.0		0.0		0
10.5 NAIC 5						XXX	0	0.0		0.0		0
10.6 NAIC 6						XXX	0	0.0		0.0		0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	126,903,488	100.0	XXX	XXX	126,903,488	0
11.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.7 Totals	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	(b) 126,903,488	100.0	XXX	XXX	126,903,488	0
11.8 Line 11.7 as a % of Col. 7	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.1 NAIC 1	23,531,546	32,231,375	55,791,582	8,297,786	5,219,699	0	XXX	XXX	125,071,988	100.0	125,071,988	0
12.2 NAIC 2							XXX	XXX	0	0.0	0	0
12.3 NAIC 3							XXX	XXX	0	0.0	0	0
12.4 NAIC 4							XXX	XXX	0	0.0	0	0
12.5 NAIC 5							XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6							XXX	XXX	(c) 0	0.0	0	0
12.7 Totals	23,531,546	32,231,375	55,791,582	8,297,786	5,219,699	0	XXX	XXX	(b) 125,071,988	100.0	125,071,988	0
12.8 Line 12.7 as a % of Col. 9	18.8	25.8	44.6	6.6	4.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.1 NAIC 1	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	126,903,488	100.0	125,071,988	100.0	126,903,488	XXX
13.2 NAIC 2							0	0.0	0	0.0	0	XXX
13.3 NAIC 3							0	0.0	0	0.0	0	XXX
13.4 NAIC 4							0	0.0	0	0.0	0	XXX
13.5 NAIC 5							0	0.0	0	0.0	0	XXX
13.6 NAIC 6							0	0.0	0	0.0	0	XXX
13.7 Totals	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	126,903,488	100.0	125,071,988	100.0	126,903,488	XXX
13.8 Line 13.7 as a % of Col. 7	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ _____ current year of bonds with Z designations and \$ _____ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.
 (c) Includes \$ _____ current year, \$ _____ prior year of bonds with 5GI designations and \$ _____ current year, \$ _____ prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____ ; NAIC 2 \$ _____ ; NAIC 3 \$ _____ ; NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.01 Issuer Obligations	0	10,166,749	0	0	0	XXX	10,166,749	8.0	24,068,510	19.2	10,166,749	0
1.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
1.05 Totals	0	10,166,749	0	0	0	XXX	10,166,749	8.0	24,068,510	19.2	10,166,749	0
2. All Other Governments												
2.01 Issuer Obligations						XXX	0	0.0		0.0		0
2.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations	0	4,254,576	2,211,438	0	0	XXX	6,466,014	5.1	6,609,109	5.3	6,466,014	0
3.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
3.05 Totals	0	4,254,576	2,211,438	0	0	XXX	6,466,014	5.1	6,609,109	5.3	6,466,014	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations	371,730	3,073,364	11,041,100	0	0	XXX	14,486,194	11.4	9,892,033	7.9	14,486,194	0
4.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
4.05 Totals	371,730	3,073,364	11,041,100	0	0	XXX	14,486,194	11.4	9,892,033	7.9	14,486,194	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations	930,008	30,568,070	51,907,454	8,368,146	4,010,853	XXX	95,784,531	75.5	84,502,336	67.6	95,784,531	0
5.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
5.05 Totals	930,008	30,568,070	51,907,454	8,368,146	4,010,853	XXX	95,784,531	75.5	84,502,336	67.6	95,784,531	0
6. Industrial and Miscellaneous												
6.01 Issuer Obligations						XXX	0	0.0		0.0		0
6.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
6.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.01 Issuer Obligations						XXX	0	0.0		0.0		0
7.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations						XXX	0	0.0		0.0		0
8.02 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.03 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.04 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
8.05 Affiliated Bank Loans - Issued						XXX	0	0.0		0.0		0
8.06 Affiliated Bank Loans - Acquired						XXX	0	0.0		0.0		0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.02 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.03 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						XXX	0	0.0		0.0		0
10.02 Unaffiliated Bank Loans - Acquired						XXX	0	0.0		0.0		0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Total Bonds Current Year												
11.01 Issuer Obligations	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	XXX	126,903,488	100.0	XXX	XXX	126,903,488	0
11.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.08 Totals	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	126,903,488	100.0	XXX	XXX	126,903,488	0
11.09 Line 11.08 as a % of Col. 7	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	0.0
12. Total Bonds Prior Year												
12.01 Issuer Obligations	23,531,546	32,231,375	55,791,582	8,297,786	5,219,699	XXX	XXX	XXX	125,071,988	100.0	125,071,988	0
12.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX	0	0.0	0	0
12.06 Affiliated Bank Loans						XXX	XXX	XXX	0	0.0	0	0
12.07 Unaffiliated Bank Loans						XXX	XXX	XXX	0	0.0	0	0
12.08 Totals	23,531,546	32,231,375	55,791,582	8,297,786	5,219,699	0	XXX	XXX	125,071,988	100.0	125,071,988	0
12.09 Line 12.08 as a % of Col. 9	18.8	25.8	44.6	6.6	4.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	XXX	126,903,488	100.0	125,071,988	100.0	126,903,488	XXX
13.02 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.03 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.04 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	XXX
13.06 Affiliated Bank Loans						XXX	0	0.0	0	0.0	0	XXX
13.07 Unaffiliated Bank Loans						XXX	0	0.0	0	0.0	0	XXX
13.08 Totals	1,301,738	48,062,759	65,159,992	8,368,146	4,010,853	0	126,903,488	100.0	125,071,988	100.0	126,903,488	XXX
13.09 Line 13.08 as a % of Col. 7	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11	1.0	37.9	51.3	6.6	3.2	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14. Total Privately Placed Bonds												
14.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.08 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.09 Line 14.08 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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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 BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	18,973,319	18,973,319	0	0
2. Cost of cash equivalents acquired	346,998,808	9,998,808	53,000,000	284,000,000
3. Accrual of discount	27,873	27,873	0	0
4. Unrealized valuation increase (decrease)	(15,190)	0	0	(15,190)
5. Total gain (loss) on disposals	(2,599)	0	0	(2,599)
6. Deduct consideration received on disposals	313,999,300	29,000,000	53,000,000	231,999,300
7. Deduct amortization of premium	0			
8. Total foreign exchange change in book/adjusted carrying value	0			
9. Deduct current year's other than temporary impairment recognized	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5- 7+8-9)	51,982,911	0	0	51,982,911
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	51,982,911	0	0	51,982,911

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment: All other money market mutual funds

Schedule A - Part 1 - Real Estate Owned

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 1 - Mortgage Loans Owned

NONE

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

NONE

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

NONE

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

NONE

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

NONE

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 1

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

Table with columns: 1 CUSIP Identification, 2 Description, 3 Codes (3, 4, 5), 6 NAIC Designation, 7 Actual Cost, 8 Rate Used to Obtain Fair Value, 9 Fair Value, 10 Par Value, 11 Book/Adjusted Carrying Value, 12-15 Change in Book/Adjusted Carrying Value (Unrealized Valuation Increase/Decrease, Current Year's Amortization Accretion, Current Year's Other Than Temporary Impairment Recognized, Total Foreign Exchange Change in Book/Adjusted Carrying Value), 16-19 Interest (Rate of, Effective Rate of, When Paid, Admitted Amount Due and Accrued), 20 Amount Received During Year, 21 Dates Acquired, 22 Stated Contractual Maturity Date.

E10.2

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 1

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

1 CUSIP Identification	2 Description	Codes			6 NAIC Design- ation, NAIC Design- ation Modifier and SVO Admini- strative Symbol	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3 C o d e	4 F o r e i g n	5 B o n d C h a r			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amor- tization) Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date
6599999	Subtotal - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7699999	Total - Issuer Obligations					132,249,598	XXX	135,733,350	113,475,000	126,903,488	0	(1,630,150)	0	0	XXX	XXX	XXX	1,391,397	4,456,877	XXX	XXX
7799999	Total - Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7899999	Total - Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999	Total - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999	Total - Affiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8299999	Total - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999	Total Bonds					132,249,598	XXX	135,733,350	113,475,000	126,903,488	0	(1,630,150)	0	0	XXX	XXX	XXX	1,391,397	4,456,877	XXX	XXX

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A ..\$	24,592,783	1B ..\$	28,039,283	1C ..\$	32,433,128	1D ..\$	14,591,411	1E ..\$	9,542,069	1F ..\$	12,832,566	1G ..\$	4,872,248
2A ..\$	0	2B ..\$	0	2C ..\$	0								
3A ..\$	0	3B ..\$	0	3C ..\$	0								
4A ..\$	0	4B ..\$	0	4C ..\$	0								
5A ..\$	0	5B ..\$	0	5C ..\$	0								
6 ..\$	0												

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
912828-JN-8	US TREASURY N B 2.000% 02/15/23		01/30/2020	J P Morgan		5,093,750	5,000,000	45,924
912828-ZC-7	US TREASURY N B 1.125% 02/28/25		07/31/2020	Direct		104,164	100,000	468
0599999. Subtotal - Bonds - U.S. Governments						5,197,914	5,100,000	46,392
515182-EL-3	LANE OR CMNTY CLG SERIES B 1.252% 06/15/27		07/31/2020	Pershing		1,000,000	1,000,000	0
833221-WU-4	SNOHOMISH CNTY WA SCH DIST 201 5.000% 12/01/29		08/20/2020	Pershing		2,733,620	2,000,000	0
940859-HL-8	WASHOE CNTY NV SCH DIST SERIES A 5.000% 10/01/25		04/28/2020	Chase		1,738,435	1,475,000	0
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						5,472,055	4,475,000	0
010609-FJ-9	ALABAMA ST PUBLIC SCH & CLG AU SERIES A 5.000% 11/01/30		10/23/2020	First Union Capital Markets		1,357,910	1,000,000	0
017357-F8-2	ALLEGHENY CNTY PA SAN AUTH SERIES A 5.000% 06/01/27		09/17/2020	PNC SECURITIES		382,530	300,000	0
017357-F9-0	ALLEGHENY CNTY PA SAN AUTH SERIES A 5.000% 06/01/28		09/17/2020	PNC SECURITIES		519,848	400,000	0
017357-G2-4	ALLEGHENY CNTY PA SAN AUTH SERIES A 5.000% 06/01/29		09/17/2020	PNC SECURITIES		561,650	425,000	0
177452-DS-5	CITRUS CNTY FL CAPITAL IMPT RE 5.000% 10/01/23		05/01/2020	Raymond James & Associates		608,743	545,000	0
177452-DT-3	CITRUS CNTY FL CAPITAL IMPT RE 5.000% 10/01/24		05/01/2020	Raymond James & Associates		401,195	350,000	0
38611T-CZ-8	GRAND PARKWAY TRANSPRTN CORP T SERIES B 1.945% 10/01/27		02/12/2020	Merrill Lynch Pierce Fenner		460,000	460,000	0
38611T-DA-2	GRAND PARKWAY TRANSPRTN CORP T SERIES B 2.125% 10/01/28		02/12/2020	Merrill Lynch Pierce Fenner		500,000	500,000	0
45204F-AP-0	ILLINOIS ST FIN AUTH REVENUE SERIES A 5.000% 08/15/25		04/16/2020	Goldman Sachs & Co		696,480	600,000	0
64711P-FF-2	NEW MEXICO FIN AUTH REVENUE SERIES C1 5.000% 06/15/28		09/16/2020	Merrill Lynch Pierce Fenner		921,256	700,000	0
64711P-FH-8	NEW MEXICO FIN AUTH REVENUE SERIES C1 5.000% 06/15/30		09/16/2020	Merrill Lynch Pierce Fenner		1,163,888	850,000	0
64990F-NV-2	NEW YORK ST DORM AUTH ST PERSO SERIES D 5.000% 02/15/24		03/12/2020	Merrill Lynch Pierce Fenner		1,138,680	1,000,000	10,139
658905-EQ-3	NORTH DAKOTA ST BLDG AUTH REVE SERIES A 5.000% 12/01/30		10/15/2020	Chase		3,580,203	2,650,000	0
67919P-RU-9	OKLAHOMA ST WTR RESOURCE BRD R SERIES A 3.000% 04/01/39		12/08/2020	Merrill Lynch Pierce Fenner		1,116,710	1,000,000	0
71883M-PS-7	PHOENIX ARIZONA CIVIC IMPT COR SERIES B 5.000% 07/01/34		01/10/2020	Merrill Lynch Pierce Fenner		1,250,640	1,000,000	4,583
87638Q-QL-6	TARRANT CNTY TX CULTURAL EDU F 4.000% 12/01/34		02/07/2020	Chase		2,965,900	2,500,000	0
914455-PII-4	UNIV OF MICHIGAN MI 5.000% 04/01/32		05/11/2020	Paine Webber		302,223	250,000	1,458
3199999. Subtotal - Bonds - U.S. Special Revenues						17,927,856	14,530,000	16,180
8399997. Total - Bonds - Part 3						28,597,825	24,105,000	62,572
8399998. Total - Bonds - Part 5								
8399999. Total - Bonds						28,597,825	24,105,000	62,572
8999997. Total - Preferred Stocks - Part 3						0	XXX	0
8999998. Total - Preferred Stocks - Part 5							XXX	
8999999. Total - Preferred Stocks						0	XXX	0
9799997. Total - Common Stocks - Part 3						0	XXX	0
9799998. Total - Common Stocks - Part 5							XXX	
9799999. Total - Common Stocks						0	XXX	0
9899999. Total - Preferred and Common Stocks						0	XXX	0
9999999 - Totals						28,597,825	XXX	62,572

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21		
										11	12	13	14	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		
912828-XM-7	US TREASURY N B 1.625% 07/31/20		07/31/2020	Maturity		100,000	100,000	100,941	100,116	0	(116)	0	(116)	0	100,000	0	0	0	1,625	07/31/2020		
0599999. Subtotal - Bonds - U.S. Governments						100,000	100,000	100,941	100,116	0	(116)	0	(116)	0	100,000	0	0	0	1,625	XXX		
64966H-G5-3	NEW YORK NY 5.000% 08/01/20		08/01/2020	Maturity		700,000	700,000	839,629	710,064	0	(10,064)	0	(10,064)	0	700,000	0	0	0	35,000	08/01/2020		
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						700,000	700,000	839,629	710,064	0	(10,064)	0	(10,064)	0	700,000	0	0	0	35,000	XXX		
12008E-MX-1	BUILD NYC RESOURCE CORP NY REV 4.000% 08/01/42		06/12/2020	STATE STREET GLOBAL MARKETS, L		752,925	750,000	777,833	775,818	0	(392)	0	(392)	0	775,427	0	(22,502)	(22,502)	26,250	08/01/2042		
161045-KH-1	CHARLOTTE N C WTR & SWR SYS 5.000% 07/01/22		09/24/2020	Call	100.0000	460,000	460,000	522,647	463,505	0	(3,505)	0	(3,505)	0	460,000	0	0	0	28,303	07/01/2022		
161045-KJ-7	CHARLOTTE N C WTR & SWR SYS 5.000% 07/01/23		09/24/2020	Call	100.0000	475,000	475,000	546,426	478,972	0	(3,972)	0	(3,972)	0	475,000	0	0	0	29,226	07/01/2023		
196632-MA-8	COLORADO SPRINGS CO UTILS 5.000% 11/15/27		11/15/2020	Call	100.0000	400,000	400,000	408,676	400,942	0	(942)	0	(942)	0	400,000	0	0	0	20,000	11/15/2027		
25477G-EB-7	DISTRICT COLUMBIA INCOME TAX 5.000% 12/01/26		06/01/2020	Call	100.0000	450,000	450,000	492,399	452,301	0	(2,301)	0	(2,301)	0	450,000	0	0	0	11,250	12/01/2026		
59259Y-6M-6	METROPOLITAN TRANSN AUTH NY SERIES D-1 5.000% 11/15/29		09/02/2020	Bony/Barclays Capital Inc		530,960	500,000	621,875	578,808	0	(8,570)	0	(8,570)	0	570,237	0	(39,277)	(39,277)	20,069	11/15/2029		
59334D-EM-2	MIAMI-DADE CNTY FLA WTR & SWR 5.250% 10/01/20		10/01/2020	Maturity		1,000,000	1,000,000	1,174,950	1,026,933	0	(26,933)	0	(26,933)	0	1,000,000	0	0	0	52,500	10/01/2020		
60416S-WB-2	MINNESOTA ST HSG FIN AGY SERIES D 3.300% 01/01/30		12/01/2020	Call	100.0000	160,000	160,000	160,000	160,000	0	0	0	0	0	160,000	0	0	0	6,380	01/01/2030		
650013-T3-9	NY STATE TWY AUTH HWY & BRDG 5.500% 04/01/20		04/01/2020	Maturity		500,000	500,000	615,175	503,691	0	(3,691)	0	(3,691)	0	500,000	0	0	0	13,750	04/01/2020		
658207-TX-3	NORTH CAROLINA ST HSG FIN SERIES 38-B 3.850% 07/01/37		12/01/2020	Call	100.0000	45,000	45,000	45,000	45,000	0	0	0	0	0	45,000	0	0	0	1,572	07/01/2037		
71883M-GZ-1	PHOENIX ARIZONA CIVIC IMPT COR 5.000% 07/01/25		07/01/2020	Call	100.0000	420,000	420,000	447,859	421,704	0	(1,704)	0	(1,704)	0	420,000	0	0	0	21,000	07/01/2025		
880461-PR-3	TENNESSEE HSG DEV AGY RSDL FIN SERIES B2 3.350% 07/01/32		12/01/2020	Call	100.0000	45,000	45,000	45,000	45,000	0	0	0	0	0	45,000	0	0	0	1,480	07/01/2032		
3199999. Subtotal - Bonds - U.S. Special Revenues						5,238,885	5,205,000	5,857,840	5,352,674	0	(52,010)	0	(52,010)	0	5,300,664	0	(61,779)	(61,779)	231,780	XXX		
8399997. Total - Bonds - Part 4						6,038,885	6,005,000	6,798,410	6,162,854	0	(62,190)	0	(62,190)	0	6,100,664	0	(61,779)	(61,779)	268,405	XXX		
8399998. Total - Bonds - Part 5																				XXX		
8399999. Total - Bonds						6,038,885	6,005,000	6,798,410	6,162,854	0	(62,190)	0	(62,190)	0	6,100,664	0	(61,779)	(61,779)	268,405	XXX		
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
8999998. Total - Preferred Stocks - Part 5							XXX													0	XXX	
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5							XXX													0	XXX	
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						6,038,885	XXX	6,798,410	6,162,854	0	(62,190)	0	(62,190)	0	6,100,664	0	(61,779)	(61,779)	268,405	XXX		

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Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

NONE

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1 - Short-Term Investments Owned

NONE

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

NONE

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

NONE

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

NONE

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

NONE

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

NONE

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

NONE

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

NONE

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

NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of
Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

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

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
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.E	2,527	2,528	02/22/2021
40054P-EI-1	GOLDMAN SACHS BANK USA		1.E	2,527	2,528	02/22/2021
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations				5,054	5,056	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds				5,054	5,056	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				5,054	5,056	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				5,054	5,056	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
000000-00-0	VERSAILLES COMMERCIAL PAPER LLC		1.A	10,078	10,100	03/31/2021
000000-00-0	SUMITOMO MITSUI TRUST BANK LTD, LDN		1.E	18,182	18,173	05/13/2021
8999999. Total - Short-Term Invested Assets (Schedule DA type)				28,260	28,273	XXX
000000-00-0	CANADIAN IMPERIAL BANK TOR			6,976	6,976	01/04/2021
000000-00-0	ROYAL BANK OF CANADA			5,056	5,056	01/04/2021
000000-00-0	OCBC NEW YORK			15,167	15,167	03/12/2021
000000-00-0	AUSTRALIA NEW ZEALAND NY			8,089	8,089	03/03/2021
000000-00-0	DBS BANK LIMITED, SINGAPORE			20,222	20,222	01/04/2021
000000-00-0	DBS BANK LIMITED, SINGAPORE			3,033	3,033	01/20/2021
000000-00-0	SHINKIN CENTRAL BANK			14,156	14,156	01/27/2021
000000-00-0	SHINKIN CENTRAL BANK			10,111	10,111	03/03/2021
000000-00-0	SUMITOMO MITSUI BANK CORP SYD OBU			20,222	20,222	01/20/2021
000000-00-0	UNITED OVERSEAS BANK LTD, NY			7,078	7,078	01/05/2021
000000-00-0	DBS BANK LIMITED, SINGAPORE			10,111	10,111	02/02/2021
000000-00-0	MIZUHO BANK LIMITED LONDON			15,167	15,167	01/26/2021
000000-00-0	UNITED OVERSEAS BANK LTD, NY			15,167	15,167	02/09/2021
000000-00-0	BANCO DEL ESTADO DE CHILE NY			10,111	10,111	01/12/2021
000000-00-0	BANCO DEL ESTADO DE CHILE NY			4,449	4,449	01/04/2021
000000-00-0	SUMITOMO BK NY			5,056	5,056	01/29/2021
000000-00-0	RABOBANK LONDON			2,528	2,528	01/08/2021
000000-00-0	CREDIT AGRICOLE CIB, NY			5,562	5,561	01/29/2021
000000-00-0	BANK OF NOVA SCOTIA HOUSTON			5,058	5,056	07/21/2021
000000-00-0	NORDEA BANK ABP, NEW YORK BRANCH			11,121	11,122	10/07/2021
000000-00-0	ROYAL BANK OF CANADA			25,281	25,278	12/02/2021
000000-00-0	TORONTO DOMINION NY			10,116	10,111	07/02/2021
000000-00-0	TORONTO DOMINION NY			5,056	5,056	10/08/2021
000000-00-0	BNP PARIBAS, NY			2,022	2,022	02/11/2021
000000-00-0	BNP PARIBAS, NY			2,022	2,022	02/12/2021
000000-00-0	CIBC NY			5,056	5,056	02/26/2021
000000-00-0	CIC NY			5,056	5,056	02/12/2021
9099999. Total - Cash (Schedule E Part 1 type)				249,049	249,039	XXX
31607A-70-3	FIDELITY INST GOVT LEX		1.A	20,222	20,222	01/04/2021
44330V-48-0	HSBC US GOVT FUND LEX		1.A	1,517	1,517	01/04/2021
857492-70-6	STATE STREET INST US GOVT FUND		1.A	10,111	10,111	01/04/2021
	BOFA SECURITIES, INC		1.E	43,686	43,686	01/04/2021
	DEUTSCHE BANK SECURITIES INC.		1.G	151,668	151,668	01/04/2021
	ING BANK NV, AMSTERDAM		1.D	6,572	6,572	01/04/2021
	ING BANK NV, LONDON BRANCH		1.D	35,693	35,693	01/04/2021
	ING BANK NV, LONDON BRANCH		1.D	75,834	75,834	01/04/2021
	ING BANK NV, LONDON BRANCH		1.D	21,234	21,234	01/04/2021
	ING BANK NV, LONDON BRANCH		1.D	21,234	21,234	01/04/2021
	NATIXIS FINANCIAL PRODUCTS LLC		1.E	19,211	19,211	01/04/2021
	VIRTU AMERICAS LLC		1.E	10,111	10,111	01/06/2021
	UNITED OF OMAHA LIFE INSURANCE		1.E	10,111	10,111	02/01/2021
	UNITED OF OMAHA LIFE INSURANCE		1.E	2,022	2,022	02/01/2021
	UNITED OF OMAHA LIFE INSURANCE		1.E	26,491	26,491	02/01/2021
	CITIGROUP GLOBAL MARKETS INC		1.E	10,111	10,111	02/04/2021
	CITIGROUP GLOBAL MARKETS INC		1.E	20,222	20,222	02/04/2021
	CITIGROUP GLOBAL MARKETS INC		1.E	10,111	10,111	02/04/2021
	CITIGROUP GLOBAL MARKETS INC		1.E	10,111	10,111	02/04/2021
	CITIGROUP GLOBAL MARKETS INC		1.E	25,278	25,278	02/04/2021
	ROYAL BANK CANADA TORONTO		1.C	50,556	50,556	02/04/2021
	ROYAL BANK CANADA TORONTO		1.C	50,556	50,556	02/04/2021
	MORGAN STANLEY		1.E	16,178	16,178	02/19/2021
	ROYAL BANK CANADA TORONTO		1.C	75,834	75,834	03/08/2021
	ROYAL BANK CANADA TORONTO		1.C	40,445	40,445	03/08/2021
	Antalis SA		1.A	20,225	20,212	01/04/2021
9199999. Total - Cash Equivalents (Schedule E Part 2 type)				785,344	785,331	XXX
9999999 - Totals				1,067,707	1,067,699	XXX

General Interrogatories:

1. Total activity for the year Fair Value \$ 1,067,707 Book/Adjusted Carrying Value \$ 1,067,700
 2. Average balance for the year Fair Value \$ 2,805,511 Book/Adjusted Carrying Value \$ 2,805,173
 3.

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A \$ 62,162 1B \$ 0 1C \$ 217,391 1D \$ 160,567 1E \$ 226,872 1F \$ 0 1G \$ 151,668
 2A \$ 0 2B \$ 0 2C \$ 0
 3A \$ 0 3B \$ 0 3C \$ 0
 4A \$ 0 4B \$ 0 4C \$ 0
 5A \$ 0 5B \$ 0 5C \$ 0
 6 \$ 0

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

Reinvested Collateral Assets Owned December 31 Current Year

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Bank of America 101 S. Tryon Street, 19th Floor, Charlotte, NC 28255		0.000	0	0	(3,233,516)	XXX
JP Morgan Chase 4 New York Plaza, 13th Floor, New York, NY 10004		0.000	0	0	9,685,834	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	6,452,318	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	6,452,318	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	6,452,318	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	7,020,323	4. April.....	13,871,761	7. July.....	1,284,486	10. October.....	44,410,148
2. February.....	10,719,531	5. May.....	12,471,213	8. August.....	11,139,375	11. November.....	21,910,859
3. March.....	10,915,628	6. June.....	1,715,196	9. September.....	8,035,309	12. December.....	6,452,318

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0599999	Total - U.S. Government Bonds					0	0	0
1099999	Total - All Other Government Bonds					0	0	0
1799999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999	Total - U.S. Political Subdivisions Bonds					0	0	0
3199999	Total - U.S. Special Revenues Bonds					0	0	0
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999	Total - Hybrid Securities					0	0	0
5599999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
6099999	Subtotal - SVO Identified Funds					0	0	0
6599999	Subtotal - Unaffiliated Bank Loans					0	0	0
7699999	Total - Issuer Obligations					0	0	0
7799999	Total - Residential Mortgage-Backed Securities					0	0	0
7899999	Total - Commercial Mortgage-Backed Securities					0	0	0
7999999	Total - Other Loan-Backed and Structured Securities					0	0	0
8099999	Total - SVO Identified Funds					0	0	0
8199999	Total - Affiliated Bank Loans					0	0	0
8299999	Total - Unaffiliated Bank Loans					0	0	0
8399999	Total Bonds					0	0	0
09248U-61-9	BLACKROCK LIQ FD TEMPFUND		11/18/2020	0.000		10,990,408	.0	.0
25160K-20-7	DEUTSCHE GOVT MKKT SER		12/29/2020	0.000		11,000,000	.0	.0
4812A0-36-7	JPMORGAN PRIME MKKT FUND		12/29/2020	0.000		14,992,504	.0	.143
85749P-10-1	STATE ST INST LIQ RES		12/29/2020	0.000		15,000,000	.0	.0
8699999	Subtotal - All Other Money Market Mutual Funds					51,982,911	0	143
8899999	Total Cash Equivalents					51,982,911	0	143

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A	0	1B	0	1C	0	1D	0	1E	0	1F	0	1G	0
2A	0	2B	0	2C	0								
3A	0	3B	0	3C	0								
4A	0	4B	0	4C	0								
5A	0	5B	0	5C	0								
6	0												

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UNICARE Health Plan of West Virginia, Inc.

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV	B Department of Insurance Requirement	103,784	103,527		
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	103,784	103,527	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

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