



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
AMERIGROUP Iowa, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 15807 Employer's ID Number 47-3883197
(Current) (Prior)

Organized under the Laws of Iowa, State of Domicile or Port of Entry IA

Country of Domicile United States of America

Licensed as business type Health Maintenance Organization

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

Incorporated/Organized 04/28/2015 Commenced Business 04/01/2018

Statutory Home Office 4800 Westown Parkway, Bldg. 3, Suite 200 West Des Moines, IA, US 50268
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4425 Corporation Lane 757-490-8900
(Street and Number) (Area Code) (Telephone Number)
Virginia Beach, VA, US 23462
(City or Town, State, Country and Zip Code)

Mail Address 4425 Corporation Lane Virginia Beach, VA, US 23462
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4425 Corporation Lane 757-490-8900
(Street and Number) (Area Code) (Telephone Number)
Virginia Beach, VA, US 23462
(City or Town, State, Country and Zip Code)

Internet Website Address www.amerigroup.com

Statutory Statement Contact Bette Lou Gronseth 757-518-3638
(Name) (Area Code) (Telephone Number)
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OFFICERS

Chairperson and President Jeffrey Daniel Jones Secretary Kathleen Susan Kiefer
Vice President and Assistant Secretary Jack Louis Young Treasurer Vincent Edward Scher

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

DIRECTORS OR TRUSTEES

Jack Louis Young Jeffrey Daniel Jones Brittany Lynn Drake

State of Iowa SS:
County of Polk

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

 Designated by: <u>Jeffrey D. Jones</u> EFBA8711281E48C Jeffrey Daniel Jones Chairperson and President	 Designated by: <u>Vincent E. Scher</u> ABA33722D4143E Vincent Edward Scher Treasurer	 Designated by: <u>Kathleen Kiefer</u> 34289124741844A Kathleen Susan Kiefer Secretary
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Subscribed and sworn to before me this 24 day of February 2021

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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)	713,695,490		713,695,490	347,297,404
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 (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$(7,408,716) , Schedule E - Part 1), cash equivalents (\$0 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	(7,408,716)		(7,408,716)	231,853,298
6. Contract loans, (including \$ premium notes)			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)	35,989,072		35,989,072	2,409,425
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	742,275,846	0	742,275,846	581,560,127
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	3,805,976	0	3,805,976	2,348,105
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	125,397,120	0	125,397,120	60,659,772
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	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	6,598,000
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	5,241,690	184,864	5,056,826	4,300,942
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 (\$)	1,116,622	1,116,622	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care (\$0) and other amounts receivable	12,844,181	12,844,181	0	152,244
25. Aggregate write-ins for other than invested assets	42,059	42,059	0	50,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	890,723,494	14,187,726	876,535,768	655,669,190
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	890,723,494	14,187,726	876,535,768	655,669,190
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. Prepaid Expenses	42,059	42,059	0	0
2502. State Income Taxes Paid in Advance			0	50,000
2503.				
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)	42,059	42,059	0	50,000

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	284,200,781		284,200,781	293,796,650
2. Accrued medical incentive pool and bonus amounts	26,138,696		26,138,696	4,846,140
3. Unpaid claims adjustment expenses	7,156,380		7,156,380	7,096,380
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserves			0	
7. Aggregate health claim reserves	221,441		221,441	203,428
8. Premiums received in advance	466,911		466,911	390,583
9. General expenses due or accrued	8,376,003		8,376,003	388,604
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	1,970,199		1,970,199	15,742,109
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others	6,031		6,031	
13. Remittances and items not allocated	2,718,688		2,718,688	2,103,331
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	
15. Amounts due to parent, subsidiaries and affiliates	4,004,603		4,004,603	11,313,693
16. Derivatives			0	
17. Payable for securities	380,000		380,000	
18. Payable for securities lending	35,989,072		35,989,072	2,409,425
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans	9,070,589		9,070,589	7,364,646
23. Aggregate write-ins for other liabilities (including \$214,957 current)	1,247,529	0	1,247,529	1,116,491
24. Total liabilities (Lines 1 to 23)	381,946,923	0	381,946,923	346,771,480
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	37,039,805
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	450,999,990	450,999,990
29. Surplus notes	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	43,588,845	(179,142,095)
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	494,588,845	308,897,710
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	876,535,768	655,669,190
DETAILS OF WRITE-INS				
2301. Escheat Liability	1,142,382		1,142,382	806,804
2302. Other Premium Liability	105,147		105,147	309,687
2303.				
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)	1,247,529	0	1,247,529	1,116,491
2501. Estimated ACA Health Insurer fee	XXX	XXX		37,039,805
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	37,039,805
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	4,869,966	3,632,065
2. Net premium income (including \$ non-health premium income)	XXX	3,314,084,433	2,431,435,265
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	(51,297,016)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	3,314,084,433	2,380,138,249
Hospital and Medical:			
9. Hospital/medical benefits		1,966,812,200	1,433,629,944
10. Other professional services		290,122,088	272,431,175
11. Outside referrals		0	
12. Emergency room and out-of-area		150,238,255	108,175,250
13. Prescription drugs		412,929,753	341,213,356
14. Aggregate write-ins for other hospital and medical	0	0	6,789
15. Incentive pool, withhold adjustments and bonus amounts		28,553,233	6,236,151
16. Subtotal (Lines 9 to 15)	0	2,848,655,529	2,161,692,665
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	2,848,655,529	2,161,692,665
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$79,898,838 cost containment expenses		111,703,020	80,176,463
21. General administrative expenses		123,449,099	47,213,229
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	3,083,807,648	2,289,082,357
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	230,276,785	91,055,892
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		14,675,653	10,262,270
26. Net realized capital gains (losses) less capital gains tax of \$546,495		2,142,364	1,659,902
27. Net investment gains (losses) (Lines 25 plus 26)	0	16,818,017	11,922,172
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 0)]			
29. Aggregate write-ins for other income or expenses	0	868,026	981,004
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	247,962,828	103,959,068
31. Federal and foreign income taxes incurred	XXX	59,575,027	22,130,960
32. Net income (loss) (Lines 30 minus 31)	XXX	188,387,801	81,828,108
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. Home Healthcare, DME, Transportation, etc.		0	6,789
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	6,789
2901. Miscellaneous (expense) income		868,026	981,004
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	868,026	981,004

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	308,897,710	169,352,834
34. Net income or (loss) from Line 32.....	188,387,801	81,828,108
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 1,451	5,458	364,523
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	595,615	1,598,371
39. Change in nonadmitted assets.....	(3,297,739)	753,874
40. Change in unauthorized and certified reinsurance.....	0	
41. Change in treasury stock.....	0	
42. Change in surplus notes.....	0	
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	
44.2 Transferred from surplus (Stock Dividend).....	0	
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	55,000,000
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	185,691,135	139,544,876
49. Capital and surplus end of reporting period (Line 33 plus 48)	494,588,845	308,897,710
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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	3,249,423,413	2,454,788,690
2. Net investment income	16,456,600	8,805,479
3. Miscellaneous income	0	
4. Total (Lines 1 through 3)	3,265,880,013	2,463,594,169
5. Benefit and loss related payments	2,840,773,917	1,991,779,227
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	217,691,689	118,834,348
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$546,495 tax on capital gains (losses)	73,893,432	9,013,963
10. Total (Lines 5 through 9)	3,132,359,038	2,119,627,538
11. Net cash from operations (Line 4 minus Line 10)	133,520,975	343,966,631
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	347,669,830	286,492,138
12.2 Stocks	0	
12.3 Mortgage loans	0	
12.4 Real estate	0	
12.5 Other invested assets	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(105,488)	456,324
12.7 Miscellaneous proceeds	380,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	347,944,342	286,948,462
13. Cost of investments acquired (long-term only):		
13.1 Bonds	714,477,369	632,560,031
13.2 Stocks	0	
13.3 Mortgage loans	0	
13.4 Real estate	0	
13.5 Other invested assets	0	
13.6 Miscellaneous applications	33,579,647	2,409,425
13.7 Total investments acquired (Lines 13.1 to 13.6)	748,057,016	634,969,456
14. Net increase (decrease) in contract loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(400,112,674)	(348,020,994)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock	0	55,000,000
16.3 Borrowed funds	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
16.5 Dividends to stockholders	0	
16.6 Other cash provided (applied)	27,329,685	6,938,450
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	27,329,685	61,938,450
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)	(239,262,014)	57,884,087
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	231,853,298	173,969,211
19.2 End of year (Line 18 plus Line 19.1)	(7,408,716)	231,853,298
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Depreciation	269,171	322,209

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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	3,314,084,433	75,058,643	0	0	0	0	0	3,239,025,790	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	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	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)	3,314,084,433	75,058,643	0	0	0	0	0	3,239,025,790	0	0
8. Hospital/medical benefits	1,966,812,200	35,195,065	0	0	0	0	0	1,931,617,135	0	XXX
9. Other professional services	290,122,088	5,071,119	0	0	0	0	0	285,050,969	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	150,238,255	4,852,554	0	0	0	0	0	145,385,701	0	XXX
12. Prescription drugs	412,929,753	13,569,279	0	0	0	0	0	399,360,474	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	28,553,233	203,874	0	0	0	0	0	28,349,359	0	XXX
15. Subtotal (Lines 8 to 14)	2,848,655,529	58,891,891	0	0	0	0	0	2,789,763,638	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)	2,848,655,529	58,891,891	0	0	0	0	0	2,789,763,638	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	111,703,020	6,289,148	0	0	0	0	0	105,413,872	0	0
20. General administrative expenses	123,449,099	6,950,481	0	0	0	0	0	116,498,618	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)	3,083,807,648	72,131,520	0	0	0	0	0	3,011,676,128	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	230,276,785	2,927,123	0	0	0	0	0	227,349,662	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 Amerigroup Iowa, 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)	75,058,643	0	0	75,058,643
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	3,239,025,790	0	0	3,239,025,790
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	3,314,084,433	0	0	3,314,084,433
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	3,314,084,433	0	0	3,314,084,433

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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	2,833,513,241	57,136,462						2,776,376,779		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	2,833,513,241	57,136,462	0	0	0	0	0	2,776,376,779	0	0
2. Paid medical incentive pools and bonuses	7,260,677	129,590						7,131,087		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	284,200,781	5,375,194	0	0	0	0	0	278,825,587	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	284,200,781	5,375,194	0	0	0	0	0	278,825,587	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	221,441							221,441		
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	221,441	0	0	0	0	0	0	221,441	0	0
5. Accrued medical incentive pools and bonuses, current year	26,138,696	74,284						26,064,412		
6. Net healthcare receivables (a)	3,833,089	(77,588)						3,910,677		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	293,796,650	3,901,227	0	0	0	0	0	289,895,423	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	293,796,650	3,901,227	0	0	0	0	0	289,895,423	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	203,428							203,428		
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	203,428	0	0	0	0	0	0	203,428	0	0
10. Accrued medical incentive pools and bonuses, prior year	4,846,140							4,846,140		
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	2,820,102,296	58,688,017	0	0	0	0	0	2,761,414,279	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	2,820,102,296	58,688,017	0	0	0	0	0	2,761,414,279	0	0
13. Incurred medical incentive pools and bonuses	28,553,233	203,874	0	0	0	0	0	28,349,359	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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	45,494,573	891,535						44,603,038		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	45,494,573	891,535	0	0	0	0	0	44,603,038	0	0
2. Incurred but Unreported:										
2.1 Direct	238,706,208	4,483,659						234,222,549		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	238,706,208	4,483,659	0	0	0	0	0	234,222,549	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	284,200,781	5,375,194	0	0	0	0	0	278,825,587	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	284,200,781	5,375,194	0	0	0	0	0	278,825,587	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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)	3,582,220	53,631,830	67,454	5,307,740	3,649,674	3,901,228
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	291,911,590	2,490,798,623	(6,229,402)	285,276,430	285,682,188	290,098,850
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	295,493,810	2,544,430,453	(6,161,948)	290,584,170	289,331,862	294,000,078
10. Healthcare receivables (a)	3,464,000	6,780,111			3,464,000	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	7,069,196	191,481	2,069,445	24,069,251	9,138,641	4,846,140
13. Totals (Lines 9 - 10 + 11 + 12)	299,099,006	2,537,841,823	(4,092,503)	314,653,421	295,006,503	298,846,218

(a) Excludes \$2,600,070 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	0	0	0	0	
2. 2016	8,677	9,847	9,836	9,852	9,819
3. 2017	XXX	16,022	17,334	17,344	17,300
4. 2018	XXX	XXX	16,169	17,281	17,305
5. 2019	XXX	XXX	XXX	39,098	42,837
6. 2020	XXX	XXX	XXX	XXX	53,658

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	0	0	0	0	
2. 2016	9,863	9,843	9,863	9,852	9,819
3. 2017	XXX	17,465	17,399	17,331	17,301
4. 2018	XXX	XXX	17,275	17,309	17,292
5. 2019	XXX	XXX	XXX	42,985	42,916
6. 2020	XXX	XXX	XXX	XXX	59,040

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

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	12,276	9,819	1,430	14.6	11,249	91.6	0		11,249	91.6
2. 2017	19,688	17,300	1,964	11.4	19,264	97.8	1		19,265	97.9
3. 2018	17,174	17,305	2,147	12.4	19,452	113.3	(13)		19,439	113.2
4. 2019	46,927	42,837	4,597	10.7	47,434	101.1	79	2	47,515	101.3
5. 2020	75,059	53,658	5,463	10.2	59,121	78.8	5,382	137	64,640	86.1

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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	0	0	0	0	0
2. 2016	761,585	901,033	893,809	892,711	891,155
3. 2017	XXX	1,095,869	1,215,057	1,215,307	1,213,923
4. 2018	XXX	XXX	1,207,666	1,320,772	1,323,317
5. 2019	XXX	XXX	XXX	1,840,684	2,136,492
6. 2020	XXX	XXX	XXX	XXX	2,484,184

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	0	0	0	0	0
2. 2016	904,305	899,227	895,031	893,094	891,639
3. 2017	XXX	1,233,667	1,217,093	1,215,398	1,214,054
4. 2018	XXX	XXX	1,333,542	1,321,359	1,321,230
5. 2019	XXX	XXX	XXX	2,134,568	2,133,804
6. 2020	XXX	XXX	XXX	XXX	2,793,456

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	775,713	891,155	55,886	6.3	947,041	122.1	484	12	947,537	122.2
2. 2017	1,211,497	1,213,923	56,111	4.6	1,270,034	104.8	131	3	1,270,168	104.8
3. 2018	1,428,226	1,323,317	57,880	4.4	1,381,197	96.7	(2,087)	(52)	1,379,058	96.6
4. 2019	2,333,211	2,136,492	78,292	3.7	2,214,784	94.9	(2,689)	(120)	2,211,975	94.8
5. 2020	3,239,026	2,484,184	90,437	3.6	2,574,621	79.5	309,272	7,174	2,891,067	89.3

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	0	0	0	0	0
2.	2016	770,262	910,880	903,645	902,563	900,974
3.	2017	XXX	1,111,891	1,232,391	1,232,651	1,231,223
4.	2018	XXX	XXX	1,223,835	1,338,053	1,340,622
5.	2019	XXX	XXX	XXX	1,879,782	2,179,329
6.	2020	XXX	XXX	XXX	XXX	2,537,842

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	0	0	0	0	0
2.	2016	914,168	909,070	904,894	902,946	901,458
3.	2017	XXX	1,251,132	1,234,492	1,232,729	1,231,355
4.	2018	XXX	XXX	1,350,817	1,338,668	1,338,522
5.	2019	XXX	XXX	XXX	2,177,553	2,176,720
6.	2020	XXX	XXX	XXX	XXX	2,852,496

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	787,989	900,974	57,316	6.4	958,290	121.6	484	12	958,786	121.7
2. 2017	1,231,185	1,231,223	58,075	4.7	1,289,298	104.7	132	3	1,289,433	104.7
3. 2018	1,445,400	1,340,622	60,027	4.5	1,400,649	96.9	(2,100)	(52)	1,398,497	96.8
4. 2019	2,380,138	2,179,329	82,889	3.8	2,262,218	95.0	(2,610)	(118)	2,259,490	94.9
5. 2020	3,314,085	2,537,842	95,900	3.8	2,633,742	79.5	314,654	7,311	2,955,707	89.2

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, 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								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	221,441							221,441	
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	221,441	0	0	0	0	0	0	221,441	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	221,441	0	0	0	0	0	0	221,441	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 Amerigroup Iowa, 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)	1,630,529	803,122	(957,515)	(2,132)	1,474,004
2. Salary, wages and other benefits	62,273,027	13,684,276	31,383,421	69,865	107,410,589
3. Commissions (less \$ ceded plus \$ assumed)	0	0	0	0	0
4. Legal fees and expenses	1,452	0	1,105,701	2,461	1,109,614
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	3,283,225	1,179,533	7,707,900	17,159	12,187,817
7. Traveling expenses	288,531	9,672	157,125	350	455,678
8. Marketing and advertising	307,068	17,202	1,636,739	3,644	1,964,653
9. Postage, express and telephone	761,802	354,272	1,539,354	3,427	2,658,855
10. Printing and office supplies	114,231	2,039	112,184	250	228,704
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	179,348	2,113	470,038	1,046	652,545
13. Cost or depreciation of EDP equipment and software	876,485	215,651	7,132,865	15,879	8,240,880
14. Outsourced services including EDP, claims, and other services	6,064,889	5,228,052	4,150,391	9,239	15,452,571
15. Boards, bureaus and association fees	3,820	0	263,018	586	267,424
16. Insurance, except on real estate	0	0	703,781	1,567	705,348
17. Collection and bank service charges	0	0	75,122	167	75,289
18. Group service and administration fees	0	(281)	3,156	7	2,882
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	118,317	47,068	1,383,545	3,080	1,552,010
22. Real estate taxes	0	0	128,623	0	128,623
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	20,769,755	0	20,769,755
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	15,678	316	58,659	0	74,653
23.4 Payroll taxes	3,689,143	801,767	1,830,494	0	6,321,404
23.5 Other (excluding federal income and real estate taxes)	0	0	38,453,092	0	38,453,092
24. Investment expenses not included elsewhere	0	0	0	467,079	467,079
25. Aggregate write-ins for expenses	291,293	9,459,380	5,341,651	11,891	15,104,215
26. Total expenses incurred (Lines 1 to 25)	79,898,838	31,804,182	123,449,099	605,565	(a) 235,757,684
27. Less expenses unpaid December 31, current year	0	7,156,380	8,376,003	0	15,532,383
28. Add expenses unpaid December 31, prior year	0	7,096,380	388,604	0	7,484,984
29. Amounts receivable relating to uninsured plans, prior year	0	0	6,598,000	0	6,598,000
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)	79,898,838	31,744,182	108,863,700	605,565	221,112,285
DETAILS OF WRITE-INS					
2501. Miscellaneous Expense	291,293	9,459,380	5,341,651	11,891	15,104,215
2502.	0	0	0	0	0
2503.	0	0	0	0	0
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)	291,293	9,459,380	5,341,651	11,891	15,104,215

(a) Includes management fees of \$ 188,640,633 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) 519,884	551,197
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 11,970,352	13,393,047
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) 1,285,961	1,285,961
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	47,149	51,013
10. Total gross investment income	13,823,346	15,281,218
11. Investment expenses		(g) 605,565
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)		605,565
17. Net investment income (Line 10 minus Line 16)		14,675,653
DETAILS OF WRITE-INS		
0901. Miscellaneous Income	4	4
0902. Securities Lending	47,145	51,009
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)	47,149	51,013
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 \$ 206,744 accrual of discount less \$ 3,417,453 amortization of premium and less \$ 1,420,708 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 \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	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	2,100,253	0	2,100,253	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	1,040,425	(293,758)	746,667	(45,664)	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	(158,061)		(158,061)	52,573	
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)	2,982,617	(293,758)	2,688,859	6,909	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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.

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	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
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	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	184,864	346,584	161,720
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	1,116,622	2,217,207	1,100,585
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	12,844,181	8,258,848	(4,585,333)
25. Aggregate write-ins for other than invested assets	42,059	67,348	25,289
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,187,726	10,889,987	(3,297,739)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	14,187,726	10,889,987	(3,297,739)
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. Prepaid Expenses	42,059	67,348	25,289
2502.			
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)	42,059	67,348	25,289

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	384,154	380,926	398,049	409,740	420,905	4,869,966
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	384,154	380,926	398,049	409,740	420,905	4,869,966
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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Iowa, 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 Iowa Insurance Division (“IID”).

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the IID 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) AMERIGROUP Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$188,387,801	\$ 81,828,108
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$188,387,801</u>	<u>\$ 81,828,108</u>
<u>Surplus</u>					
(5) AMERIGROUP Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$494,588,845	\$ 308,897,710
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	_____	_____	_____	—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$494,588,845</u>	<u>\$ 308,897,710</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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

subject to approval by the Centers for Medicare and Medicaid Services. Expenses are charged to operations as incurred.

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.
The Company holds 15 SVO-Identified bond exchange traded funds (“ETFs”) reported as bonds on Schedule D-1 in which the Company has made an irrevocable decision to report at systematic value. Systematic valuation has been consistently applied to these ETFs held at December 31, 2020 and previous periods.
- (3) The Company has no investments in common stocks of unaffiliated companies.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no mortgage loans - real estate.
- (6) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) 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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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.
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) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2020 and 2019.
- (3) The Company did not recognize OTTI on its loan-backed securities at December 31, 2020 and 2019.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:		
		1. Less than 12 Months	\$ (212,927)
		2. 12 Months or Longer	\$ —
b.	The aggregate related fair value of securities with unrealized losses:		
		1. Less than 12 Months	\$ 12,335,369
		2. 12 Months or Longer	\$ —

- (5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at December 31, 2020 or 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.

(3) Collateral Received

a. Aggregate amount collateral received

	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$ 32,477,920
(b) 30 days or less	—
(c) 31 to 60 days	—
(d) 61 to 90 days	—
(e) Greater than 90 days	—
(f) Sub-total	32,477,920
(g) Securities received	3,511,369
(h) Total collateral received	\$ 35,989,289

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 \$ 35,989,289

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

(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	16,940,609	16,940,967
(c) 31 to 60 days	8,402,736	8,402,715
(d) 61 to 90 days	4,859,214	4,858,554
(e) 91 to 120 days	—	—
(f) 121 to 180 days	552,787	553,067
(g) 181 to 365 days	1,722,357	1,722,617
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	\$ 32,477,703	\$ 32,477,920
(l) Securities received	3,511,369	3,511,369
(m) Total collateral reinvested	\$ 35,989,072	\$ 35,989,289

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.

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
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	\$ —	\$ —	\$ —	\$ —	\$ —	0.00 %	0.00 %
b. Collateral held under security lending agreements	35,989,072	2,409,425	33,579,647	—	35,989,072	4.04 %	4.11 %
c. Subject to repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
d. Subject to reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
e. Subject to dollar repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
g. Placed under option contracts	—	—	—	—	—	0.00 %	0.00 %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
i. FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
j. On deposit with states	—	—	—	—	—	0.00 %	0.00 %
k. On deposit with other regulatory bodies	—	—	—	—	—	0.00 %	0.00 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	0.00 %	0.00 %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	0.00 %	0.00 %
n. Other restricted assets	—	—	—	—	—	0.00 %	0.00 %
o. Total Restricted Assets	\$35,989,072	\$ 2,409,425	\$33,579,647	\$ —	\$35,989,072	4.04 %	4.11 %

(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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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

	1	2	3	4
Collateral Assets	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	35,989,072	35,989,289	4.04 %	4.11 %
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 35,989,072	\$ 35,989,289	4.04 %	4.11 %

* 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	\$ 35,989,072	9.42 %

* 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

General Account

(1) Number of CUSIPs	2
(2) Aggregate Amount of Investment Income \$	55,716

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
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6. Joint Ventures, Partnerships and Limited Liability Companies

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

B. Not applicable

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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	\$ 5,392,767	\$ —	\$ 5,392,767
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	5,392,767	—	5,392,767
(d) Deferred Tax Assets Nonadmitted	184,864	—	184,864
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	5,207,903	—	5,207,903
(f) Deferred Tax Liabilities	8,083	142,994	151,077
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 5,199,820</u>	<u>\$ (142,994)</u>	<u>\$ 5,056,826</u>

	12/31/2019		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 4,668,369	\$ —	\$ 4,668,369
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	4,668,369	—	4,668,369
(d) Deferred Tax Assets Nonadmitted	346,584	—	346,584
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	4,321,785	—	4,321,785
(f) Deferred Tax Liabilities	7,237	13,606	20,843
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 4,314,548</u>	<u>\$ (13,606)</u>	<u>\$ 4,300,942</u>

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 724,398	\$ —	\$ 724,398
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	724,398	—	724,398
(d) Deferred Tax Assets Nonadmitted	(161,720)	—	(161,720)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	886,118	—	886,118
(f) Deferred Tax Liabilities	846	129,388	130,234
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 885,272</u>	<u>\$ (129,388)</u>	<u>\$ 755,884</u>

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
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.	\$ 5,036,829	\$ —	\$ 5,036,829
(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)	19,997	—	19,997
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	19,997	—	19,997
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	73,429,803
(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.	151,077	—	151,077
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 5,207,903	\$ —	\$ 5,207,903

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.	\$ 4,270,200	\$ —	\$ 4,270,200
(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)	30,742	—	30,742
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	30,742	—	30,742
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	45,689,515
(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.	20,843	—	20,843
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 4,321,785	\$ —	\$ 4,321,785

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

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 766,629	\$ —	\$ 766,629
(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)	(10,745)	—	(10,745)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(10,745)	—	(10,745)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	32,495,792
(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.	130,234	—	130,234
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 886,118	\$ —	\$ 886,118

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

(3)	2020	2019
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	426 %	346 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 484,532,019	\$ 304,596,768

(4)	12/31/2020		12/31/2019		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(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)	\$ 5,392,767	\$ —	\$ 4,668,369	\$ —	\$ 724,398	\$ —
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. Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 5,207,903	\$ —	\$ 4,321,785	\$ —	\$ 886,118	\$ —
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.

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

(1)	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 59,575,027	\$ 22,130,960	\$ 37,444,067
(b) Foreign	—	—	—
(c) Subtotal	59,575,027	22,130,960	37,444,067
(d) Federal income tax expense on net capital gains	546,495	367,845	178,650
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 60,121,522	\$ 22,498,805	\$ 37,622,717
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 1,091,987	\$ 782,032	\$ 309,955
(2) Unearned premium reserve	19,610	16,405	3,205
(3) Policyholder reserves	1,722,879	2,076,582	(353,703)
(4) Investments	—	—	—

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(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	392,926	411,749	(18,823)
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	2,151,263	1,314,136	837,127
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	14,102	53,115	(39,013)
(14) Accrued future expenses	—	—	—
(15) Amortization	—	—	—
(16) Partnership income	—	—	—
(17) Premium deficiency reserves	—	—	—
(18) Prepaid expenses	—	14,350	(14,350)
(19) Section 467 lease expense	—	—	—
(20) Personal property tax accrual	—	—	—
(21) Deferred gain on sale of building	—	—	—
(22) State income tax liability	—	—	—
(23) Income from reinsurance contract	—	—	—
(24) Revenue agent's report adjustment	—	—	—
(99) Subtotal	5,392,767	4,668,369	724,398
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	184,864	346,584	(161,720)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	5,207,903	4,321,785	886,118
(e) Capital			
(1) Investments	—	—	—
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(5) Partnership investment	—	—	—
(6) State low income housing tax credits	—	—	—
(7) Affiliated investment write-down	—	—	—
(99) Subtotal	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,207,903	\$ 4,321,785	\$ 886,118

(1)	(2)	(3)
12/31/2020	12/31/2019	(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) Amortization	—	—	—
(7) Discount of coordination of benefits	8,083	7,237	846
(8) Guaranty fund assessment	—	—	—
(9) Business partnership	—	—	—
(10) Tax reserves per Tax Reform over 8 years	—	—	—
(11) Oil and gas depletion deduction	—	—	—
(12) Deferred cost - surplus note	—	—	—
(99) Subtotal	8,083	7,237	846
(b) Capital			

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(1) Investments	142,994	13,606	129,388
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(4) Section 166 partial worthlessness	—	—	—
(5) Investment partnership income	—	—	—
(99) Subtotal	<u>142,994</u>	<u>13,606</u>	<u>129,388</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 151,077</u>	<u>\$ 20,843</u>	<u>\$ 130,234</u>
(4) Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 5,056,826</u>	<u>\$ 4,300,942</u>	<u>\$ 755,884</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	\$ 52,186,958	\$ 21,908,652
ACA health insurer fee	8,066,495	—
Change in nonadmitted assets	(726,486)	231,096
Tax exempt income and dividend received deduction net of proration	(253,283)	(81,545)
Prior year true-up and adjustments	174,066	469,285
Tax settlements and contingencies	—	(801,393)
Valuation allowance	—	(483,451)
Other, net	78,158	(342,210)
Total	<u>\$ 59,525,908</u>	<u>\$ 20,900,434</u>
Federal income taxes incurred	\$ 60,121,523	\$ 22,498,805
Change in net deferred income taxes	(595,615)	(1,598,371)
Total statutory income taxes	<u>\$ 59,525,908</u>	<u>\$ 20,900,434</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	\$ 59,984,443	\$ 546,495	\$ 60,530,938
2019	22,591,335	367,845	22,959,180
2018	N/A	—	—

- (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.

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.

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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.
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.

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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 Iowa domiciled stock insurance company and is a wholly-owned subsidiary of AMERIGROUP Corporation (“AGP”), 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 company received a capital contribution in the amount of \$55,000,000 from Anthem, Inc. on December 30, 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.

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 \$4,004,603 and \$11,313,693 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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
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related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

In addition, the Company is party to the Fair Market Value ("FMV") Services Attachment, starting January 1, 2019, 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.

During 2020, the Company added the Beacon Management Services Agreement which will provide behavioral health services. The agreement was approved on September 18, 2020 and is effective beginning January 1, 2021.

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

AGP 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.

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.

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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.

G. Consolidated/Holding Company Plans

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 Anthem 401(k) Plan, sponsored by ATH Holding Company, LLC ("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.

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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:

	2020	2019
Deferred compensation plan	\$ 42,606	\$ 52,455
Defined contribution plan	2,970,597	2,104,417
Stock incentive compensation plan	2,386,606	1,750,390

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

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

A. Outstanding Shares

As of December 31, 2020, the Company has 1,000 shares of \$.01 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restrictions

Under Iowa code 521A.5, A domestic insurer shall not pay any extraordinary dividend or make any other extraordinary distribution to its shareholders until thirty days after the commissioner has received notice of the declaration of the dividend or distribution and has not disapproved such payment within the period, or until the time the commissioner has approved the payment within the thirty-day period. For purposes of this paragraph, an "extraordinary dividend or distribution" includes any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of the following: (1) Ten percent of insurer's surplus as regards policyholders as the thirty-first day of December next preceding. (2) The net gain from operations of the insurer, if the insurer is a life insurer, or the net income, if the insurer is not a life insurer, for the twelve-month period ending the thirty-first day of December next preceding.

D. Dividends Paid

See Footnote 10B.

E. Maximum Ordinary Dividend During 2021

Within the limitations of (C) above, the Company may pay \$43,588,845 in ordinary dividends during 2021 without restrictions, other than state notification requirements.

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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 losses was (\$36,074) at December 31, 2020.

K. Surplus Notes

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

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.

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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

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.*

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.

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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 Company, like HMOs and health insurers generally, excludes certain healthcare and other services from coverage under our HMO, PPO, and other plans. The Company is, in the ordinary course of business, subject to the claims of our 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 the Company. 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 is involved in pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits and reviews and administrative proceedings include routine and special investigations 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 \$125,397,120 and \$67,257,772, respectively, in premium receivables and receivables due from uninsured plans. 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

- (1) The Company leases office space, office equipment, EDP equipment, and software under various noncancelable operating leases. Certain leases have the right to renew. There are no escalation clauses for any lease. Related lease expense for 2020 and 2019 was \$658,576 and \$640,641, respectively.

During the third quarter of 2020, the Company reevaluated its future office space needs and determined that it would permanently cease use of space under certain

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operating leases. At December 31, 2020, the Company has recorded a liability for lease exit costs of \$24,648.

(2) At December 31, 2020, the minimum aggregate rental commitments are as follows:

	Year Ending December 31		Operating Leases
1	2021	\$	115,400
2	2022		—
3	2023		—
4	2024		—
5	2025		—
6	Total	\$	115,400

(3) The Company has not entered into any material sale-leaseback transactions.

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.

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 \$35,249,309 and the carrying value of securities loaned was \$33,305,205.

(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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2020 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ (799,794)	\$ —	\$ (799,794)
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ (799,794)	\$ —	\$ (799,794)
d. Total claim payment volume	\$ 41,547,759	\$ —	\$ 41,547,759

B. Administrative Services Contract ("ASC") Plans

Not applicable.

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

(1) The Company does not record revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2)

Receivable from	Related to	2020	2019
Centers for Medicare and Medicaid Services	Cost share and reinsurance components of administered Medicare products	\$ —	\$ —
U.S. Department of Health and Human Services	Cost share and reinsurance components of administered commercial ACA products	\$ —	\$ —
Uninsured plans	Uninsured business, not including pharmaceutical rebate receivables	\$ —	\$ 6,598,000

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare and ACA products, the Company has recorded no allowances and reserves for the adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from the audit of cost-reimbursement receivables related to revenues recorded in the prior period.

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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
Bonds					
U.S. special revenues	\$ —	\$ 1,161,300	\$ —	\$ —	\$ 1,161,300
Industrial and misc	—	919,949	—	—	919,949
Total bonds	\$ —	\$ 2,081,249	\$ —	\$ —	\$ 2,081,249
Total assets at fair value/NAV	\$ —	\$ 2,081,249	\$ —	\$ —	\$ 2,081,249

(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.

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$742,876,267	\$ 713,695,490	\$ 82,965,046	\$ 659,911,221	\$ —	\$ —	\$ —
Securities Lending Collateral	35,989,289	35,989,072	—	35,989,289	—	—	—

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

A. Unusual or Infrequent Items

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The 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

Not applicable at December 31, 2020 and 2019.

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

(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.

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	\$ —	\$ 37,039,805
C. ACA fee assessment paid	\$ 38,411,881	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 1,527,760,066
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 494,588,845	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus Line 22B above).	\$ 494,588,845	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 114,999,050	
H. Would reporting the ACA assessment as of December 31, 2018 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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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.

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. \$0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

(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.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.

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

C. 100% of the net premium written is subject to retrospective ratings features.

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.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

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

Not applicable.

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years increased by \$4,842,118 during 2020. This is approximately 1.6% of unpaid claims and claim adjustment expenses of \$305,942,598 as of December 31, 2019. The deficiency reflects the increases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2020. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2020 and 2019.

27. Structured Settlements

Not applicable at December 31, 2020 and 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.
NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

During 2020, the Company sold \$59,694 of pharmaceutical rebate receivables without recourse to Blue Cross of California, an affiliated entity. The cash proceeds received by the Company represented the expected pharmaceutical rebates recoverable in 90 days or more at the end of each quarter, less a (\$298) discount fee.

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	\$ —	\$ —	\$ —	\$ —	\$ —
9/30/2020	1,458,183	263,528	—	—	—
6/30/2020	—	250,059	102,629	—	—
3/31/2020	2,093,157	358,289	343,011	—	—
12/31/2019	152,244	911,176	1,881,534	—	—
9/30/2019	71,982	180,295	115,477	—	178,549
6/30/2019	17,284	80,226	—	79,170	208
3/31/2019	45,787	73,073	—	72,447	(193)
12/31/2018	23,680	53,936	—	53,613	474
9/30/2018	31,892	55,072	44,796	14,144	(1,714)
6/30/2018	102,367	71,924	26,573	59,780	(2,485)
3/31/2018	103,943	125,751	47,297	84,083	(2,427)

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 \$4,191,000 and \$2,538,000 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 [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Iowa
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] 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 [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 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). 10/30/2019
- 3.4 By what department or departments?
Iowa Insurance Division
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
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 [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation 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
- 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?
Adrian Rosen, FSA, MAAA, Actuarial Director, 2016 Raven Way, Chamblee, GA 30341
- 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 and 17.
- 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.\$ 35,989,072
- 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	\$	35,989,289
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	35,989,072
24.093	Total payable for securities lending reported on the liability page	\$	35,989,072

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

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 [X]

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.....
Wells Capital Management	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
104973	Wells Capital Management	549300B3H21002L85190	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	713,695,490	742,876,267	29,180,777
30.2 Preferred stocks	0		0
30.3 Totals	713,695,490	742,876,267	29,180,777

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:
N/A

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?\$ 1,140,701

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	318,161

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$ 92,012

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
Kyle Carlson	32,012
Carney & Appleby	60,000
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	3,314,084,433	2,431,435,265
2.2 Premium Denominator	3,314,084,433	2,431,435,265
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	310,560,918	298,846,218
2.5 Reserve Denominator	310,560,918	298,846,218
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:
No contractual or regulatory obligation to purchase reinsurance.

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:
Physician and hospital contracts contain provisions, including hold harmless agreements, to protect members and dependents against insolvency.

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 38,356

8.2 Number of providers at end of reporting year 40,494

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 [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ 26,138,696
- 10.22 Amount actually paid for year bonuses \$ 7,260,677
- 10.23 Maximum amount payable withholds \$
- 10.24 Amount actually paid for year withholds \$

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [X] No []

- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa
- 11.4 If yes, show the amount required. \$ 229,998,100
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation
 Iowa Code 521F states that Health Maintenance Organizations need to meet minimum RBC capital levels pursuant to the NAIC's risk-based capital instructions

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

1 Name of Service Area
Statewide

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of 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 [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (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 [X]
- 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 [X]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Amerigroup Iowa, Inc.

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)	876,535,768	655,669,190	317,907,158	309,660,689	316,616,820
2. Total liabilities (Page 3, Line 24)	381,946,923	346,771,480	148,554,324	160,583,572	184,189,988
3. Statutory minimum capital and surplus requirement	229,998,100	176,182,064	106,700,240	97,125,572	87,197,441
4. Total capital and surplus (Page 3, Line 33)	494,588,845	308,897,710	169,352,834	149,077,117	132,426,832
Income Statement (Page 4)					
5. Total revenues (Line 8)	3,314,084,433	2,380,138,249	1,445,400,390	1,231,185,528	787,989,321
6. Total medical and hospital expenses (Line 18)	2,848,655,529	2,161,692,665	1,330,000,261	1,246,034,303	914,168,188
7. Claims adjustment expenses (Line 20)	111,703,020	80,176,463	57,863,549	58,059,846	53,559,980
8. Total administrative expenses (Line 21)	123,449,099	47,213,229	51,508,249	32,097,911	38,131,553
9. Net underwriting gain (loss) (Line 24)	230,276,785	91,055,892	7,197,408	(74,721,336)	(204,351,755)
10. Net investment gain (loss) (Line 27)	16,818,017	11,922,172	1,744,242	652,314	0
11. Total other income (Lines 28 plus 29)	868,026	981,004	87,753	0	0
12. Net income or (loss) (Line 32)	188,387,801	81,828,108	4,252,966	(38,077,009)	(133,347,650)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	133,520,975	343,966,631	177,838,485	(271,363,439)	(124,478,428)
Risk-Based Capital Analysis					
14. Total adjusted capital	494,588,845	308,897,710	169,352,834	149,077,117	132,426,832
15. Authorized control level risk-based capital	114,999,050	88,091,032	53,350,120	48,562,786	43,598,721
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	420,905	384,154	201,969	190,441	193,856
17. Total members months (Column 6, Line 7)	4,869,966	3,632,065	2,306,226	2,380,410	1,734,437
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)	86.0	90.8	92.0	101.2	116.0
20. Cost containment expenses	2.4	2.4	3.1	3.7	4.8
21. Other claims adjustment expenses	1.0	0.9	0.9	1.1	1.9
22. Total underwriting deductions (Line 23)	93.1	96.2	99.5	106.1	125.9
23. Total underwriting gain (loss) (Line 24)	6.9	3.8	0.5	(6.1)	(25.9)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	295,006,503	114,472,292	116,614,362	138,807,856	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	298,846,218	130,331,992	137,430,797	143,905,960	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 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	L	75,058,643		3,239,025,790				3,314,084,433	
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	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	75,058,643	0	3,239,025,790	0	0	0	3,314,084,433	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	75,058,643	0	3,239,025,790	0	0	0	3,314,084,433	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

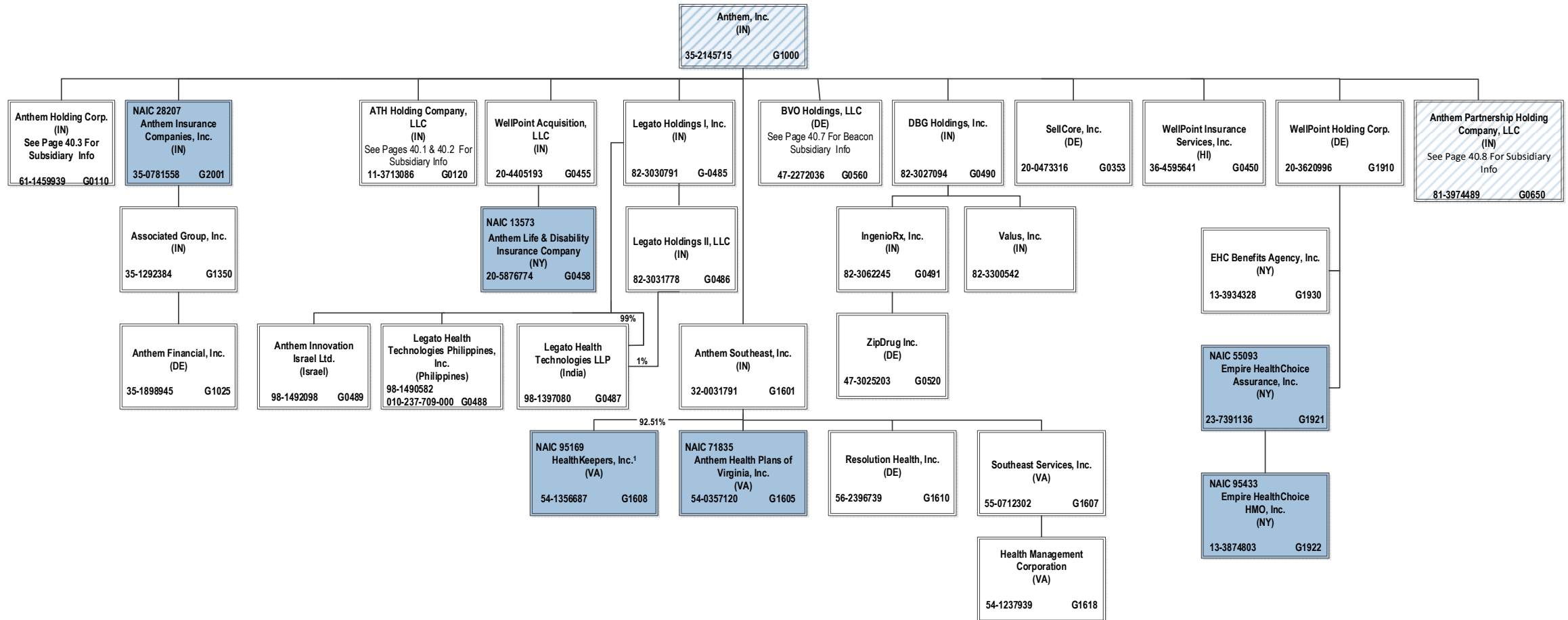
(a) Active Status Counts:
 L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0
 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.

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

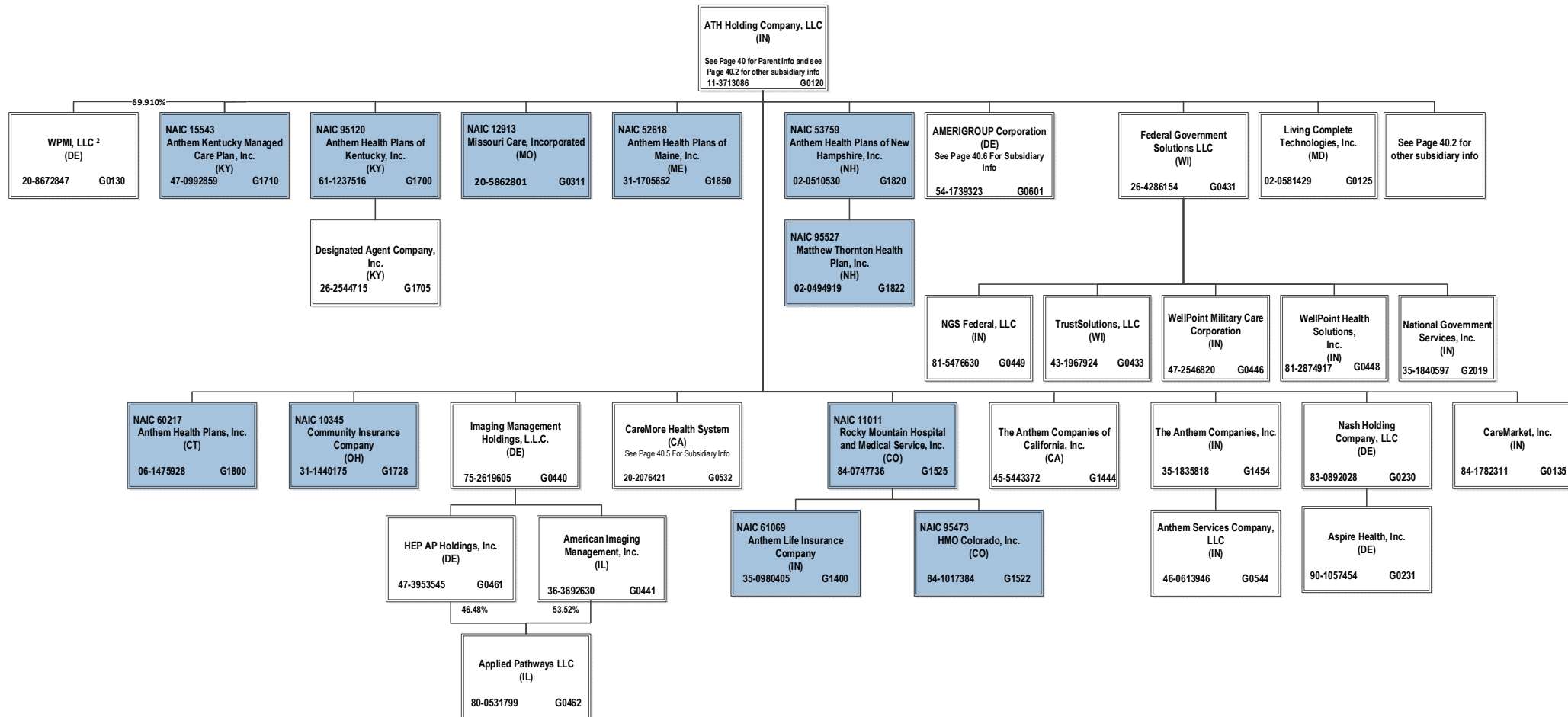


¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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

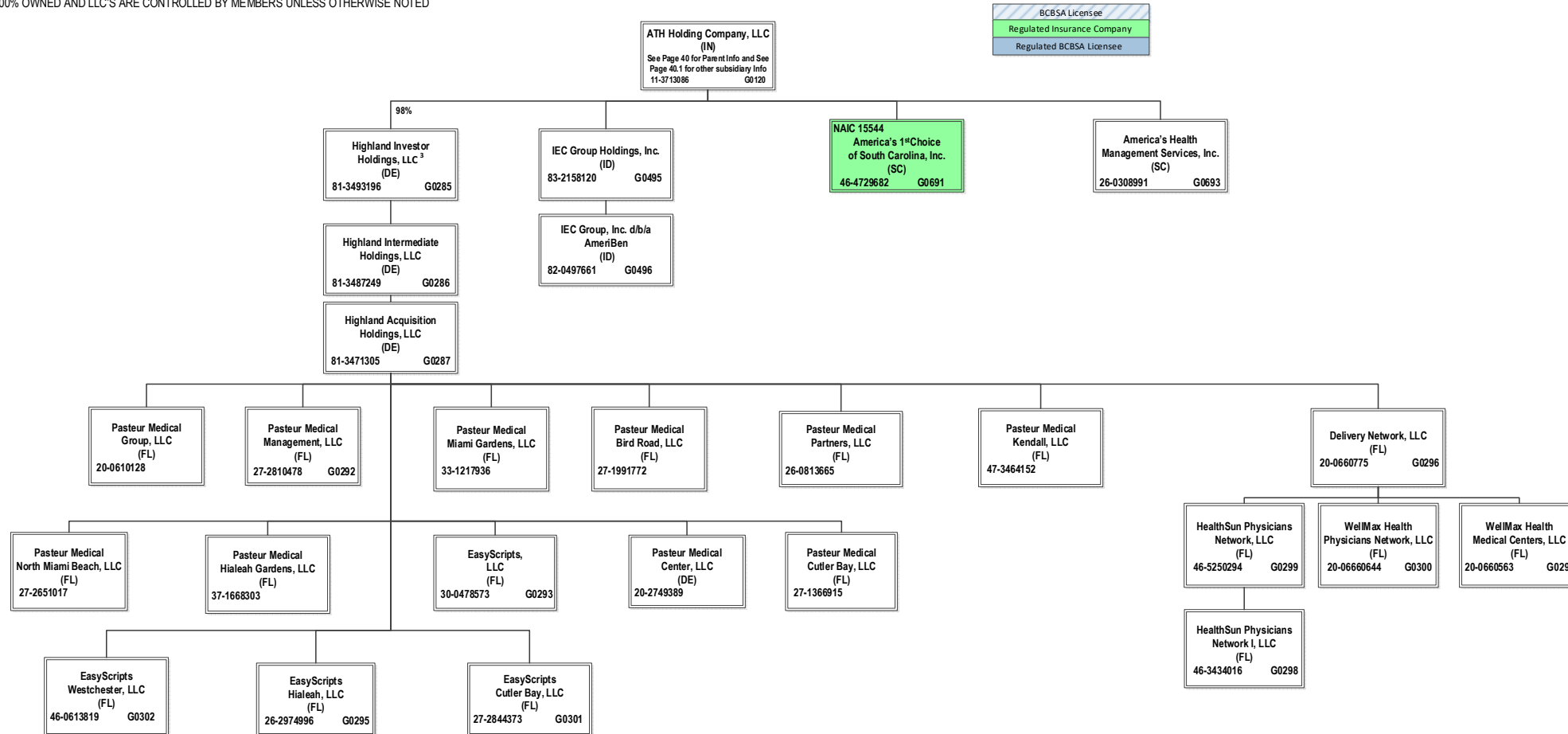


40.1

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



40.2

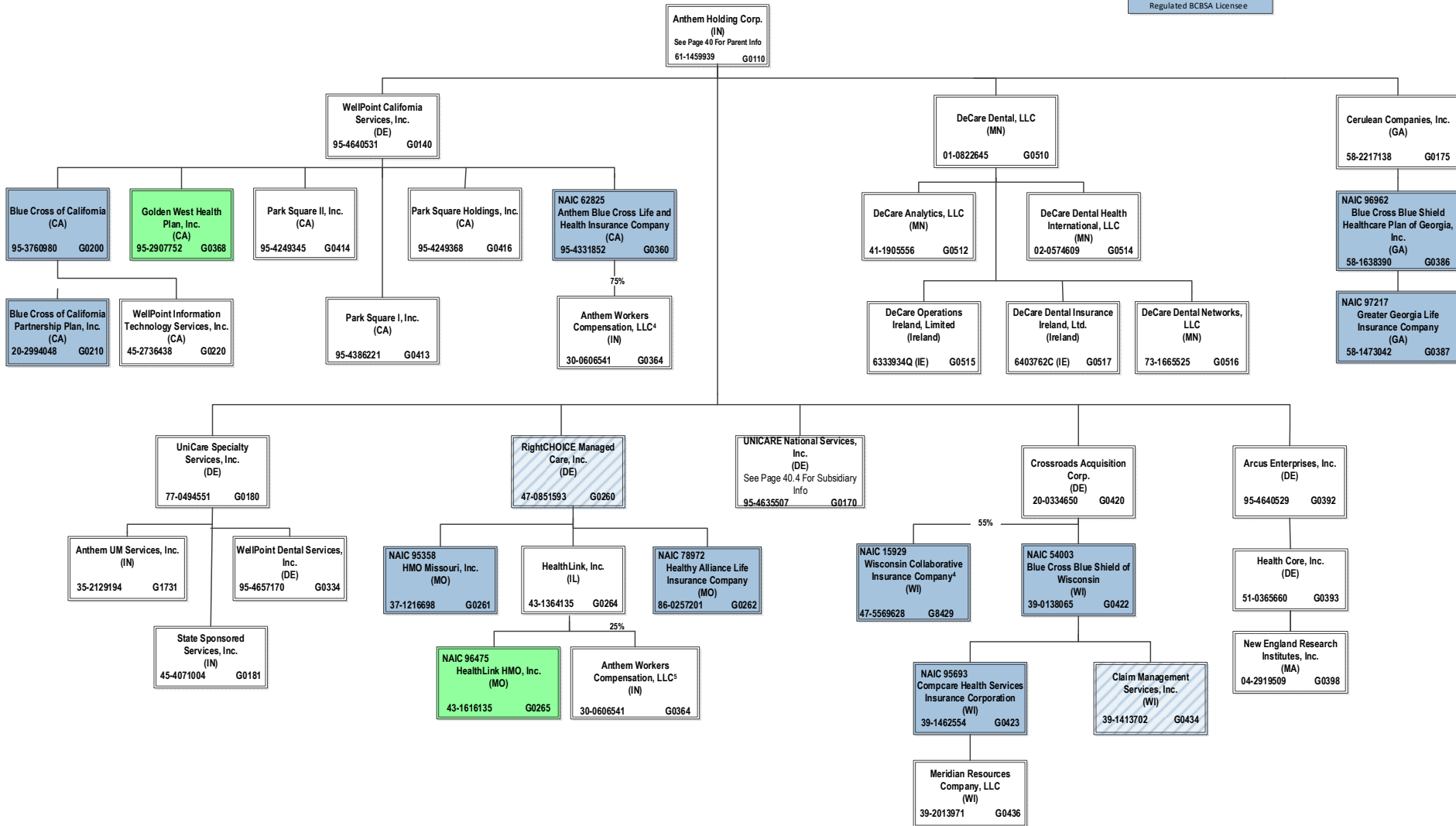
³ ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



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

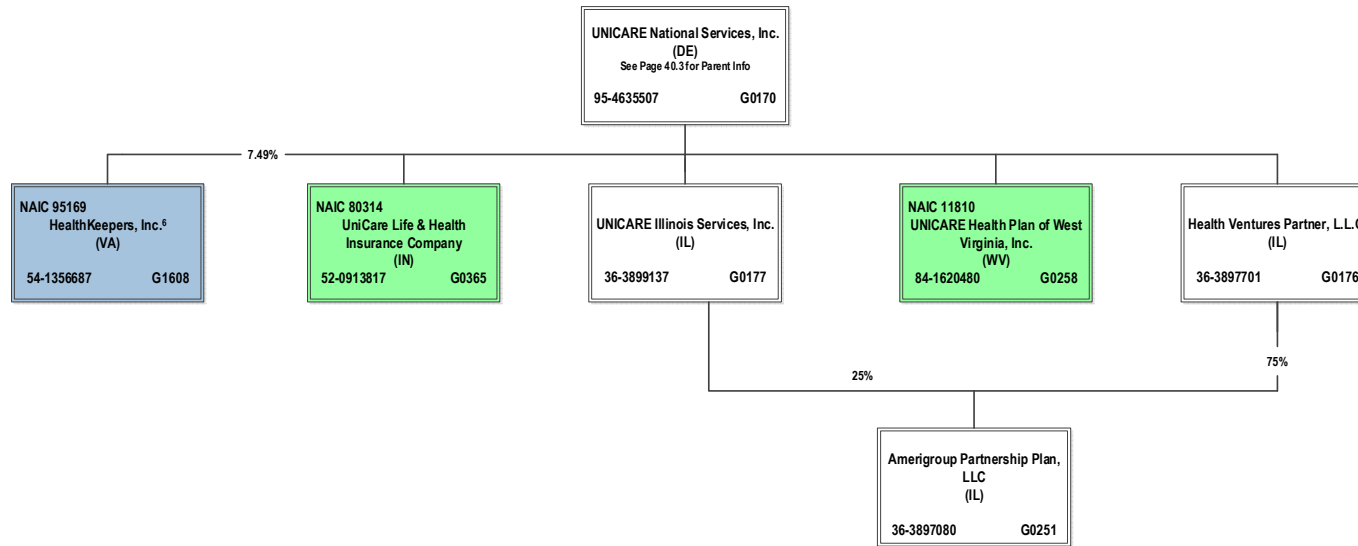
⁵ Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

40.3

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

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

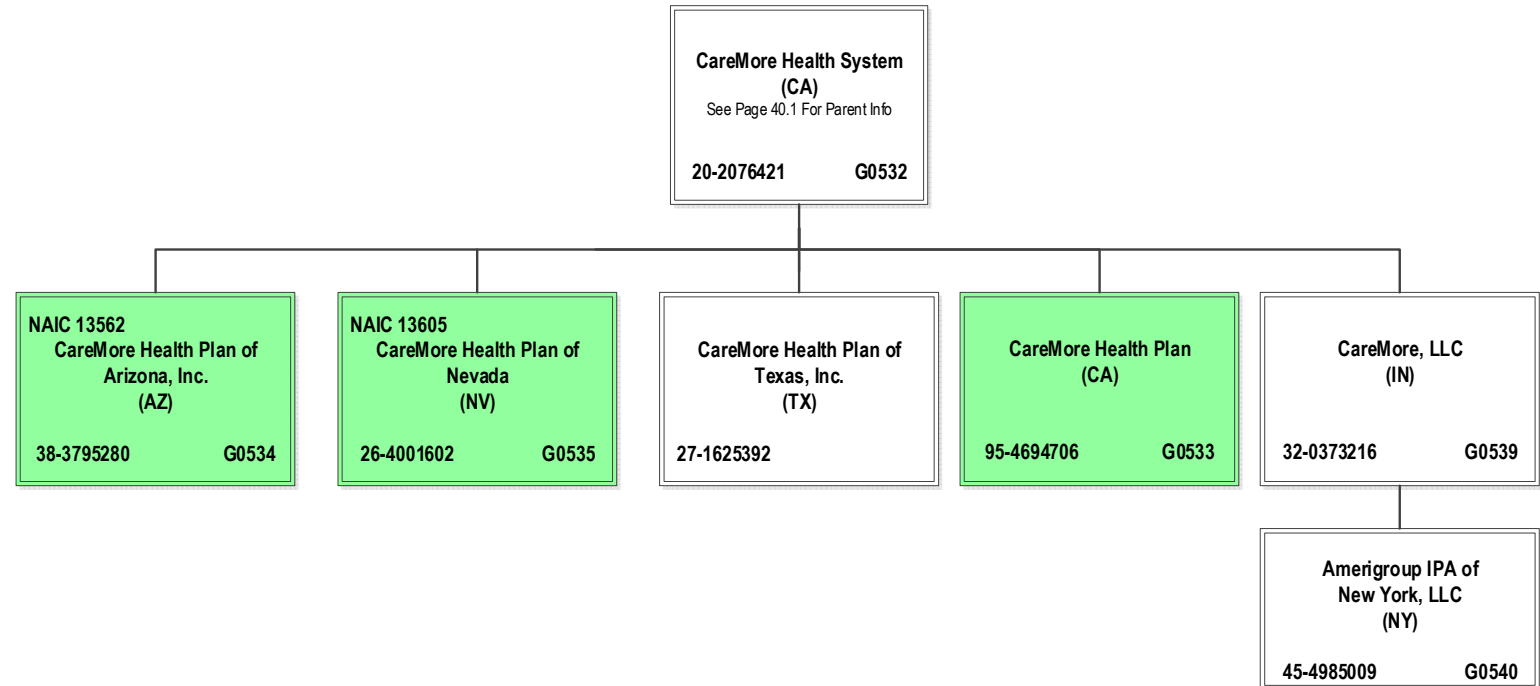


⁶ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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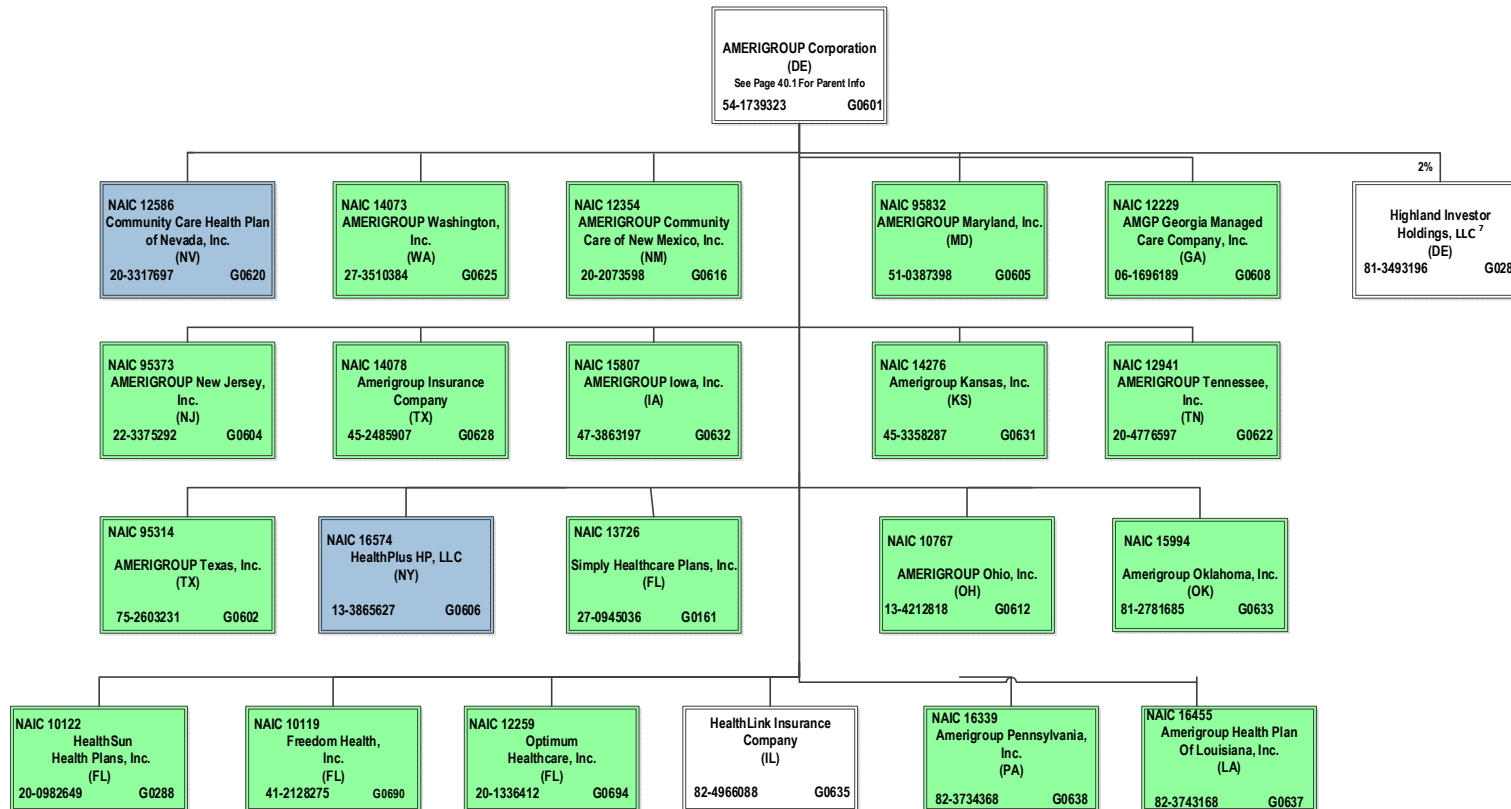
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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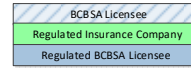


40.6

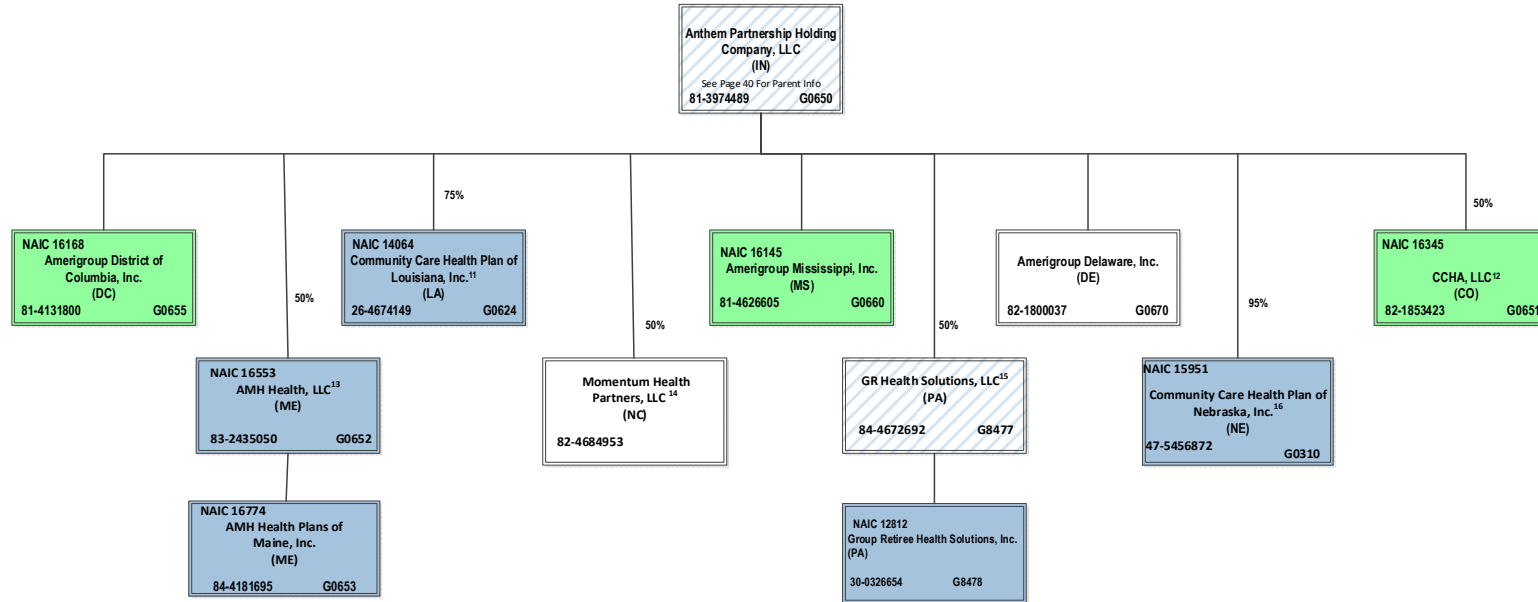
⁷ Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

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

PART 1 – ORGANIZATIONAL CHART



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%

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