



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Wellmark Health Plan of Iowa, Inc.

NAIC Group Code 0770 0770 NAIC Company Code 95531 Employer's ID Number 42-1455449
(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 03/13/1996 Commenced Business 01/01/1997

Statutory Home Office 1331 Grand Avenue, Des Moines, IA, US 50309-2901
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1331 Grand Avenue
(Street and Number)
Des Moines, IA, US 50309-2901, 515-376-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1331 Grand Avenue, Des Moines, IA, US 50309-2901
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1331 Grand Avenue
(Street and Number)
Des Moines, IA, US 50309-2901, 515-376-4500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.wellmark.com

Statutory Statement Contact Ashley Ariel Arellano, 515-376-6307
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OFFICERS

President, CEO & Chairman Cory Randall Harris EVP, CFO & Treasurer David Seth Brown
 Secretary Scott Andrew Sundstrom

OTHER

John Thomas Clendenin Laura Jean Jackson

DIRECTORS OR TRUSTEES

Ron Joseph Corbett Cory Randall Harris-Chairman Douglas Dwight Laird

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.

Cory Randall Harris
 President, CEO & Chairman

Scott Andrew Sundstrom
 Secretary

David Seth Brown
 EVP, CFO & Treasurer

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of 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)	181,746,052	0	181,746,052	170,576,331
2. Stocks (Schedule D):				
2.1 Preferred stocks		0	0	0
2.2 Common stocks	108,167,234	0	108,167,234	99,621,717
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$(2,455) , Schedule E - Part 1), cash equivalents (\$5,103,314 , Schedule E - Part 2) and short-term investments (\$1,719,564 , Schedule DA)	6,820,423	0	6,820,423	7,759,835
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	8,459,551	0	8,459,551	8,416,722
9. Receivables for securities	168,607	0	168,607	407,357
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	305,361,867	0	305,361,867	286,781,962
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,501,131	0	1,501,131	1,497,237
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	685,347	0	685,347	473,475
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$373,000)	373,000	0	373,000	476,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	57,446,000	3,760,000	53,686,000	52,728,168
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	638,000
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	63,962,242	0	63,962,242	7,768,996
24. Health care (\$21,864,039) and other amounts receivable	24,692,952	2,828,913	21,864,039	12,779,461
25. Aggregate write-ins for other than invested assets	7,662,418	7,662,418	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	461,684,957	14,251,331	447,433,626	363,143,299
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	461,684,957	14,251,331	447,433,626	363,143,299
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	7,662,418	7,662,418	0	0
2502.			0	
2503.			0	
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)	7,662,418	7,662,418	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded).....	63,740,000	0	63,740,000	41,948,750
2. Accrued medical incentive pool and bonus amounts.....	6,090,912	0	6,090,912	10,068,374
3. Unpaid claims adjustment expenses.....	518,257	0	518,257	376,916
4. Aggregate health policy reserves, including the liability of \$4,000,000 for medical loss ratio rebate per the Public Health Service Act.....	39,226,895	0	39,226,895	24,615,658
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	17,633,598	0	17,633,598	17,703,782
9. General expenses due or accrued.....	3,661,749	0	3,661,749	1,912,257
10.1 Current federal and foreign income tax payable and interest thereon (including \$1,226,000 on realized capital gains (losses)).....	11,766,429	0	11,766,429	17,094,320
10.2 Net deferred tax liability.....	2,358,000	0	2,358,000	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated.....	0	0	0	0
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0	0	0	0
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	377,085	0	377,085	2,271,419
18. Payable for securities lending.....	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies.....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0	0
22. Liability for amounts held under uninsured plans.....	32,539,892	0	32,539,892	33,752,889
23. Aggregate write-ins for other liabilities (including \$480,000 current).....	1,920,000	0	1,920,000	1,986,957
24. Total liabilities (Lines 1 to 23).....	179,832,817	0	179,832,817	151,731,322
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	24,000,000	24,000,000
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	0	0
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	243,600,809	187,411,977
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.20 shares preferred (value included in Line 27 \$0).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	267,600,809	211,411,977
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	447,433,626	363,143,299
DETAILS OF WRITE-INS				
2301. Health Assessments.....	1,920,000	0	1,920,000	1,986,509
2302. Other.....	0	0	0	448
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).....	1,920,000	0	1,920,000	1,986,957
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,682,118	1,223,103
2. Net premium income (including \$0 non-health premium income)	XXX	779,923,090	537,746,702
3. Change in unearned premium reserves and reserve for rate credits	XXX	5,259,478	5,732,290
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	785,182,568	543,478,992
Hospital and Medical:			
9. Hospital/medical benefits		375,117,049	229,293,802
10. Other professional services		70,375,081	45,133,049
11. Outside referrals		27,912,253	16,986,965
12. Emergency room and out-of-area		21,217,250	12,513,529
13. Prescription drugs		128,322,187	82,894,172
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		7,063,460	16,677,359
16. Subtotal (Lines 9 to 15)	0	630,007,280	403,498,876
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	630,007,280	403,498,876
19. Non-health claims (net)		0	0
20. Claims adjustment expenses, including \$6,082,255 cost containment expenses		19,531,031	15,499,238
21. General administrative expenses		93,479,354	76,124,942
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	743,017,665	495,123,056
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	42,164,903	48,355,936
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		7,261,435	7,189,367
26. Net realized capital gains (losses) less capital gains tax of \$1,226,000		4,597,280	6,789,941
27. Net investment gains (losses) (Lines 25 plus 26)	0	11,858,715	13,979,308
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	54,023,618	62,335,244
31. Federal and foreign income taxes incurred	XXX	10,499,000	15,538,000
32. Net income (loss) (Lines 30 minus 31)	XXX	43,524,618	46,797,244
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	211,411,977	209,045,415
34. Net income or (loss) from Line 32.....	43,524,618	46,797,244
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 2,112,000	9,030,460	3,125,894
37. Change in net unrealized foreign exchange capital gain or (loss).....	(1,085,616)	1,562,409
38. Change in net deferred income tax.....	(884,000)	2,501,000
39. Change in nonadmitted assets.....	5,603,370	(2,619,985)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	(49,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	56,188,832	2,366,562
49. Capital and surplus end of reporting period (Line 33 plus 48)	267,600,809	211,411,977
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 2021 OF THE Wellmark Health Plan of Iowa, Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	799,614,749	543,841,773
2. Net investment income	8,944,354	9,148,467
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	808,559,103	552,990,240
5. Benefit and loss related payments	619,525,720	399,518,723
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	108,765,080	94,193,956
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 1,544,000 tax on capital gains (losses)	17,052,891	13,582,603
10. Total (Lines 5 through 9)	745,343,691	507,295,282
11. Net cash from operations (Line 4 minus Line 10)	63,215,412	45,694,958
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	63,835,991	48,672,718
12.2 Stocks	17,416,399	37,252,726
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	62	251
12.7 Miscellaneous proceeds	238,750	2,042,753
12.8 Total investment proceeds (Lines 12.1 to 12.7)	81,491,202	87,968,448
13. Cost of investments acquired (long-term only):		
13.1 Bonds	75,888,401	54,570,264
13.2 Stocks	10,928,138	30,825,194
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	750,000
13.6 Miscellaneous applications	1,907,261	443,227
13.7 Total investments acquired (Lines 13.1 to 13.6)	88,723,800	86,588,685
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(7,232,598)	1,379,763
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(56,922,226)	(42,767,609)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(56,922,226)	(42,767,609)
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)	(939,412)	4,307,112
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	7,759,835	3,452,723
19.2 End of year (Line 18 plus Line 19.1)	6,820,423	7,759,835
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Non-cash dividend to parent	0	49,000,000

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of 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	779,923,090	779,923,090								
2. Change in unearned premium reserves and reserve for rate credit	5,259,478	5,259,478								
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	785,182,568	785,182,568	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	375,117,049	375,117,049								XXX
9. Other professional services	70,375,081	70,375,081								XXX
10. Outside referrals	27,912,253	27,912,253								XXX
11. Emergency room and out-of-area	21,217,250	21,217,250								XXX
12. Prescription drugs	128,322,187	128,322,187								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	7,063,460	7,063,460								XXX
15. Subtotal (Lines 8 to 14)	630,007,280	630,007,280	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	630,007,280	630,007,280	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 6,082,255 cost containment expenses	19,531,031	12,234,945							7,296,086	
20. General administrative expenses	93,479,354	79,431,468							14,085,460	(37,574)
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	743,017,665	721,673,693	0	0	0	0	0	0	21,381,546	(37,574)
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	42,164,903	63,508,875	0	0	0	0	0	0	(21,381,546)	37,574
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	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 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

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)	779,923,090			779,923,090
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	779,923,090	0	0	779,923,090
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	779,923,090	0	0	779,923,090

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of 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	608,484,798	608,484,798								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	608,484,798	608,484,798	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	11,040,922	11,040,922								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	63,740,000	63,740,000	0	0	0	0	0	0	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	63,740,000	63,740,000	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	6,090,912	6,090,912								
6. Net healthcare receivables (a)	7,332,228	7,332,228								
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	41,948,750	41,948,750	0	0	0	0	0	0	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	41,948,750	41,948,750	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	10,068,374	10,068,374	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	622,943,820	622,943,820	0	0	0	0	0	0	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	622,943,820	622,943,820	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	7,063,460	7,063,460	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & 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	26,236,524	26,236,524								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	26,236,524	26,236,524	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	37,503,476	37,503,476								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	37,503,476	37,503,476	0	0	0	0	0	0	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	63,740,000	63,740,000	0	0	0	0	0	0	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	63,740,000	63,740,000	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of 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)	32,248,763	576,236,035	31,786	63,708,214	32,280,549	41,948,750
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					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	32,248,763	576,236,035	31,786	63,708,214	32,280,549	41,948,750
10. Healthcare receivables (a)	333,100	24,268,853		90,999	333,100	17,360,724
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	8,766,834	2,274,088		6,090,912	8,766,834	10,068,374
13. Totals (Lines 9 - 10 + 11 + 12)	40,682,497	554,241,270	31,786	69,708,127	40,714,283	34,656,400

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	30,025	29,761	29,761	29,761	29,761
2. 2017	265,721	294,314	294,395	294,395	294,395
3. 2018	XXX	287,438	321,118	321,353	321,353
4. 2019	XXX	XXX	337,265	373,423	373,736
5. 2020	XXX	XXX	XXX	363,125	403,828
6. 2021	XXX	XXX	XXX	XXX	578,510

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	30,368	29,761	29,761	29,761	29,761
2. 2017	301,799	294,526	294,395	294,395	294,395
3. 2018	XXX	327,617	321,427	321,353	321,353
4. 2019	XXX	XXX	382,919	373,725	373,736
5. 2020	XXX	XXX	XXX	414,840	403,860
6. 2021	XXX	XXX	XXX	XXX	648,309

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. 2017	384,009	294,395	6,577	2.2	300,972	78.4	0	0	300,972	78.4
2. 2018	419,933	321,353	5,641	1.8	326,994	77.9	0	0	326,994	77.9
3. 2019	490,551	373,736	7,032	1.9	380,768	77.6	0	0	380,768	77.6
4. 2020	543,479	403,828	8,632	2.1	412,460	75.9	32	0	412,492	75.9
5. 2021	785,183	578,510	11,545	2.0	590,055	75.1	69,799	518	660,372	84.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	0	0	0	0	0
2.	2017	(11,577)	(11,577)	(11,577)	(11,577)	(11,577)
3.	2018	XXX	XXX	XXX	XXX	XXX
4.	2019	XXX	XXX	XXX	XXX	XXX
5.	2020	XXX	XXX	XXX	XXX	XXX
6.	2021	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims - Other

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 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	0	0	0	0	0
2.	2017	(11,577)	(11,577)	(11,577)	(11,577)	(11,577)
3.	2018	XXX	XXX	XXX	XXX	XXX
4.	2019	XXX	XXX	XXX	XXX	XXX
5.	2020	XXX	XXX	XXX	XXX	XXX
6.	2021	XXX	XXX	XXX	XXX	XXX

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

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. 2017	0	(11,577)	0	0.0	(11,577)	0.0	0	0	(11,577)	0.0
2. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2019	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2021	0	0	0	0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	30,025	29,761	29,761	29,761	29,761
2.	2017	254,144	282,737	282,818	282,818	282,818
3.	2018	XXX	287,438	321,118	321,353	321,353
4.	2019	XXX	XXX	337,265	373,423	373,736
5.	2020	XXX	XXX	XXX	363,125	403,828
6.	2021	XXX	XXX	XXX	XXX	578,510

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 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	30,368	29,761	29,761	29,761	29,761
2.	2017	290,222	282,949	282,818	282,818	282,818
3.	2018	XXX	327,617	321,427	321,353	321,353
4.	2019	XXX	XXX	382,919	373,725	373,736
5.	2020	XXX	XXX	XXX	414,840	403,860
6.	2021	XXX	XXX	XXX	XXX	648,309

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. 2017	384,009	282,818	6,577	2.3	289,395	75.4	0	0	289,395	75.4
2. 2018	419,933	321,353	5,641	1.8	326,994	77.9	0	0	326,994	77.9
3. 2019	490,551	373,736	7,032	1.9	380,768	77.6	0	0	380,768	77.6
4. 2020	543,479	403,828	8,632	2.1	412,460	75.9	32	0	412,492	75.9
5. 2021	785,183	578,510	11,545	2.0	590,055	75.1	69,799	518	660,372	84.1

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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	215,895	215,895							
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	4,000,000	4,000,000							
5. Aggregate write-ins for other policy reserves	35,011,000	35,011,000	0	0	0	0	0	0	0
6. Totals (gross)	39,226,895	39,226,895	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	39,226,895	39,226,895	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ACA Risk Adjustment	35,011,000	35,011,000							
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)	35,011,000	35,011,000	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 \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	52,802	169,814	499,628	787	723,031
2. Salary, wages and other benefits	5,529,563	10,893,570	43,611,890	72,379	60,107,402
3. Commissions (less \$ ceded plus \$ assumed)	0	0	19,355,049	0	19,355,049
4. Legal fees and expenses	0	0	(164,905)	0	(164,905)
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	(16,505)	114,616	930,306	0	1,028,417
7. Traveling expenses	6,169	1,474	278,221	0	285,864
8. Marketing and advertising	38,083	0	1,618,686	0	1,656,769
9. Postage, express and telephone	202,103	765,401	1,439,942	1,154	2,408,600
10. Printing and office supplies	239,649	123,635	467,847	86	831,217
11. Occupancy, depreciation and amortization	153,074	348,394	1,278,426	2,217	1,782,111
12. Equipment	1,060	2,552	55,359	14	58,985
13. Cost or depreciation of EDP equipment and software	902,132	680,403	8,532,324	2,815	10,117,674
14. Outsourced services including EDP, claims, and other services	4,066,885	8,110,462	29,328,989	0	41,506,336
15. Boards, bureaus and association fees	7,434	1,760	743,549	21,405	774,148
16. Insurance, except on real estate	51,609	111,271	651,834	511	815,225
17. Collection and bank service charges	0	0	0	12,523	12,523
18. Group service and administration fees	324,270	215,494	0	0	539,764
19. Reimbursements by uninsured plans	(6,613,483)	(9,358,489)	(32,871,979)	0	(48,843,951)
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	13,822	34,047	117,857	210	165,936
22. Real estate taxes	95,041	216,905	850,219	1,475	1,163,640
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	6,277,984	0	6,277,984
23.3 Regulatory authority licenses and fees	0	0	148,413	0	148,413
23.4 Payroll taxes	267,043	511,514	1,901,715	2,605	2,682,877
23.5 Other (excluding federal income and real estate taxes)	0	0	8,385,546	0	8,385,546
24. Investment expenses not included elsewhere	0	0	0	672,676	672,676
25. Aggregate write-ins for expenses	761,504	505,953	42,454	0	1,309,911
26. Total expenses incurred (Lines 1 to 25)	6,082,255	13,448,776	93,479,354	790,857	(a)113,801,242
27. Less expenses unpaid December 31, current year	161,393	356,864	3,491,295	170,454	4,180,006
28. Add expenses unpaid December 31, prior year	78,151	298,765	1,729,545	182,712	2,289,173
29. Amounts receivable relating to uninsured plans, prior year	0	0	61,068,168	0	61,068,168
30. Amounts receivable relating to uninsured plans, current year	0	0	57,446,000	0	57,446,000
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	5,999,013	13,390,677	88,095,436	803,115	108,288,241
DETAILS OF WRITE-INS					
2501. BlueCard Home Access Fees	761,344	505,953	0	0	1,267,297
2502. Miscellaneous Expense and Reimbursements	160	0	42,454	0	42,614
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	761,504	505,953	42,454	0	1,309,911

(a) Includes management fees of \$121,452,833 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of Iowa, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 221,520	223,236
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 5,315,339	5,323,175
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)	2,145,547	2,140,434
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) 1,297	1,154
7. Derivative instruments	(f) 0	0
8. Other invested assets	366,276	366,276
9. Aggregate write-ins for investment income	14,020	14,020
10. Total gross investment income	8,063,999	8,068,295
11. Investment expenses		(g) 788,252
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 2,605
13. Interest expense		(h) 16,003
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)		806,860
17. Net investment income (Line 10 minus Line 16)		7,261,435
DETAILS OF WRITE-INS		
0901. Miscellaneous Investment Income	14,020	14,020
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	14,020	14,020
1501.		0
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 \$ 723,774 accrual of discount less \$ 2,392,175 amortization of premium and less \$ 167,331 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 \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 636 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 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	(3,563)	0	(3,563)	36,729	0
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	772,173	0	772,173	(19,627)	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)	5,144,581	(77,046)	5,067,535	11,051,859	(1,085,616)
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	62	(12,927)	(12,865)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	73,499	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	5,913,253	(89,973)	5,823,280	11,142,460	(1,085,616)
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	3,760,000	8,340,000	4,580,000
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	2,828,913	4,588,279	1,759,366
25. Aggregate write-ins for other than invested assets	7,662,418	6,926,422	(735,996)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,251,331	19,854,701	5,603,370
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	14,251,331	19,854,701	5,603,370
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	7,662,418	6,926,422	(735,996)
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)	7,662,418	6,926,422	(735,996)

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	73,986	104,363	108,183	111,232	112,333	1,297,793
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	28,500	30,041	30,389	33,958	34,059	384,325
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	102,486	134,404	138,572	145,190	146,392	1,682,118
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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Wellmark Health Plan of Iowa, Inc. (the Company) have been prepared in conformity with the accounting practices prescribed by the National Association of Insurance Commissioners (NAIC) and the State of Iowa.

The NAIC Accounting Practices and Procedures manual has been adopted as a component of prescribed or permitted practices by the State of Iowa. The Commissioner of Insurance has the right to permit specific practices that deviate from prescribed practices. The Company does not have any permitted practices.

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) Wellmark Health Plan of Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 43,524,618	\$ 46,797,244
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 43,524,618	\$ 46,797,244
SURPLUS					
(5) Wellmark Health Plan of Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 267,600,809	\$ 211,411,977
(6) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 267,600,809	\$ 211,411,977

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums on fully insured accident and health plans are billed in advance of their respective coverage periods. Receivables and income for such premiums are recorded at the effective date of the coverage period. Premiums received in advance and any unearned portion of premiums are recorded on the balance sheets as premiums received in advance and unearned premiums and reported as income when earned.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Other costs, such as premium taxes and other underwriting expenses, are also charged to operations as incurred.

In addition, the Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments that are NAIC designation 1 or 2 are reported at cost adjusted for amortization of premiums and accretion of discounts using the effective interest method. Short-term investments that are NAIC designation 3 through 6 are stated at the lower of amortized cost or fair value.

(2) Basis for Bonds and Amortization Method

Bonds that are NAIC designation 1 or 2 are reported at cost adjusted for amortization of premiums and accretion of discounts using the effective interest method. Bonds that are NAIC designation 3 through 6 are stated at the lower of amortized cost or fair value. When a decline in the fair value of a bond has been determined to be other than temporary, the Company evaluates whether the decline is interest or credit related. For those credit-related declines in value that are considered to be other than temporary, the bond's carrying value is reduced and a loss is realized on the Statement of Revenues and Expenses. Surplus notes that are rated by an NAIC credit rating provider and have an NAIC designation of 1 are reported at cost, adjusted for amortization of premiums and accretion of discounts using the effective interest method.

The Company does not own any mandatory convertible securities or SVO-Identified investments identified in SSAP No. 26R.

(3) Basis for Common Stocks

Common stocks are reported at fair value. When a decline in the fair value of a common stock is considered to be other than temporary, the carrying value of the stock is reduced to fair value and a loss is realized on the Statement of Revenues and Expenses.

(4) Basis for Preferred Stocks

Preferred stock is reported based on the underlying characteristics of the security (redeemable or perpetual) and the quality rating of the security expressed as an NAIC designation.

(5) Basis for Mortgage Loans

Not applicable

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities that are NAIC designation 1 or 2 are reported at cost adjusted for amortization of premiums and accretion of discounts using the effective interest method. For all securities except for interest only securities or securities where the yield had become negative, the amortization of premiums and accretion of discounts on loan-backed securities is adjusted quarterly using current estimated future cash flows, including any new prepayment assumptions, using the retrospective adjustment method. Interest only securities and securities where the yield had become negative are valued using the prospective method. Loan-backed securities are stated at the lower of amortized cost or fair value if they are NAIC designation 3 through 6.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

Not applicable

NOTES TO FINANCIAL STATEMENTS

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company has a minor ownership interest in a limited partnership. The Company carries this interest based on the underlying audited GAAP equity of the investee.

(9) Accounting Policies for Derivatives

Not applicable

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with Statement of Statutory Accounting Principles (SSAP) 54, Individual and Group Accident and Health Contracts.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The Company provides a liability for unpaid and unreported benefits, which represents the estimated ultimate cost of benefits incurred through the balance sheet date. The liability is estimated on the basis of past experience and accumulated statistical data. Subsequent actual benefit experience may differ from the estimated liability due to variances in estimated and actual utilization of health care services, the amount of charges and other factors. These estimates are continuously reviewed and, as adjustments become necessary, such adjustments are reflected in current operations.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebates utilizing past experience and accumulated statistical data. These estimates are continuously reviewed, and any adjustments are reflected in current operations.

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern and has concluded that there are no events or circumstances that raise any doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not applicable

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B. Debt Restructuring

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

(1) Description of Sources Used to Determine Prepayment Assumptions

For fixed-rate agency mortgage-backed securities, prepayment speeds are calculated utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, prepayment assumptions are utilized from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, data from Reuters is used, which utilizes the median prepayment speed from contributors' models.

(2) Other-Than-Temporary Impairments

There are no loan-backed securities with a current period recognized other-than-temporary impairment.

(3) Recognized OTTI Securities

There are no loan-backed securities with a current period recognized other-than-temporary impairment.

(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	\$	360,367
2. 12 Months or Longer	\$	217,427

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	22,363,752
2. 12 Months or Longer	\$	2,347,665

NOTES TO FINANCIAL STATEMENTS

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

The unrealized losses on the Company's investments in loan-backed securities were due to temporary changes in interest rates and market conditions. The contractual cash flows of the agency mortgage-backed investments are guaranteed by an agency of the U.S. government and the non-agency mortgage-backed and asset-backed securities include collateral which reduce the risk of loss. Based on cash flow projections, the Company believes it will recover the carrying value of these investments. Because the Company does not have the intent to sell these securities, nor is it more likely than not the Company will be required to sell these securities until a recovery of carrying value, which may be maturity, the Company does not consider these investments to be other-than-temporarily impaired.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

J. Real Estate

Not applicable

K. Low Income Housing tax Credits (LIHTC)

Not applicable

L. Restricted Assets

Not applicable

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Assets and Liabilities

Not applicable

O. 5GI Securities

Not applicable

P. Short Sales

Not applicable

Q. Prepayment Penalty and Acceleration Fees

Not applicable

R. Reporting Entity's Share of Cash Pool by Asset Type

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies

The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

NOTE 7 Investment Income

The Company had no amount of due and accrued income excluded from investment income.

NOTE 8 Derivative Instruments

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 9 Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2021			2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross deferred tax assets	\$ 6,896,000	\$ 193,000	\$ 7,089,000	\$ 7,800,000	\$ 182,000	\$ 7,982,000	\$ (904,000)	\$ 11,000	\$ (893,000)
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted gross deferred tax assets (1a - 1b)	\$ 6,896,000	\$ 193,000	\$ 7,089,000	\$ 7,800,000	\$ 182,000	\$ 7,982,000	\$ (904,000)	\$ 11,000	\$ (893,000)
(d) Deferred tax assets nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 6,896,000	\$ 193,000	\$ 7,089,000	\$ 7,800,000	\$ 182,000	\$ 7,982,000	\$ (904,000)	\$ 11,000	\$ (893,000)
(f) Deferred tax liabilities	\$ 36,000	\$ 9,411,000	\$ 9,447,000	\$ 45,000	\$ 7,299,000	\$ 7,344,000	\$ (9,000)	\$ 2,112,000	\$ 2,103,000
(g) Net admitted deferred tax assets/(net deferred tax liability) (1e - 1f)	\$ 6,860,000	\$ (9,218,000)	\$ (2,358,000)	\$ 7,755,000	\$ (7,117,000)	\$ 638,000	\$ (895,000)	\$ (2,101,000)	\$ (2,996,000)

2. Admission Calculation Components SSAP No. 101

	2021			2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 5,182,000	\$ 79,000	\$ 5,261,000	\$ 5,914,000	\$ 61,000	\$ 5,975,000	\$ (732,000)	\$ 18,000	\$ (714,000)
(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)	\$ 790,000	\$ -	\$ 790,000	\$ 737,000	\$ -	\$ 737,000	\$ 53,000	\$ -	\$ 53,000
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date.	\$ 790,000	\$ -	\$ 790,000	\$ 737,000	\$ -	\$ 737,000	\$ 53,000	\$ -	\$ 53,000
2. Adjusted gross deferred tax assets allowed per limitation threshold.	XXX	XXX	\$40,140,000	XXX	XXX	\$31,404,000	XXX	XXX	\$ 8,736,000
(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.	\$ 924,000	\$ 114,000	\$ 1,038,000	\$ 1,149,000	\$ 121,000	\$ 1,270,000	\$ (225,000)	\$ (7,000)	\$ (232,000)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 6,896,000	\$ 193,000	\$ 7,089,000	\$ 7,800,000	\$ 182,000	\$ 7,982,000	\$ (904,000)	\$ 11,000	\$ (893,000)

3. Other Admissibility Criteria

a. Ratio percentage used to determine recovery period and threshold limitation amount.	2021	2020
	891.573%	995.190%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	\$ 267,600,809	\$ 210,773,977

4. 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.

	2021		2020		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
1. Adjusted gross DTAs amount from Note 9A1 (c)	\$ 6,896,000	\$ 193,000	\$ 7,800,000	\$ 182,000	\$ (904,000)	\$ 11,000
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 6,896,000	\$ 193,000	\$ 7,800,000	\$ 182,000	\$ (904,000)	\$ 11,000
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

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

B. Deferred Tax Liabilities Not Recognized

None

NOTES TO FINANCIAL STATEMENTS

C. Current and Deferred Income Taxes

	(1)	(2)	(3)
	2021	2020	(Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 10,499,000	\$ 15,538,000	\$ (5,039,000)
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal	\$ 10,499,000	\$ 15,538,000	\$ (5,039,000)
(d) Federal income tax on net capital gains	\$ 1,226,000	\$ 1,544,000	\$ (318,000)
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and foreign income taxes incurred	\$ 11,725,000	\$ 17,082,000	\$ (5,357,000)
2. Deferred Tax Assets			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 1,174,000	\$ 809,000	\$ 365,000
(2) Unearned premium reserve	\$ 750,000	\$ 751,000	\$ (1,000)
(3) Policyholder reserves	\$ -	\$ -	\$ -
(4) Investments	\$ -	\$ -	\$ -
(5) Deferred acquisition costs	\$ -	\$ -	\$ -
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -
(7) Fixed assets	\$ -	\$ -	\$ -
(8) Compensation and benefits accrual	\$ -	\$ -	\$ -
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ 1,384,000	\$ 2,715,000	\$ (1,331,000)
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ 3,588,000	\$ 3,525,000	\$ 63,000
Other (items listed individually >5% of total ordinary tax assets):			
Intangible assets at transition date	\$ -	\$ -	\$ -
Prepaid assets - nonadmitted	\$ 1,609,000	\$ 1,455,000	\$ 154,000
Invested assets - nonadmitted	\$ -	\$ -	\$ -
Nondeductible legal expenses	\$ -	\$ -	\$ -
Capitalized provider incentives	\$ 1,927,000	\$ 2,046,000	\$ (119,000)
Other - nonadmitted	\$ -	\$ -	\$ -
(99) Subtotal	\$ 6,896,000	\$ 7,800,000	\$ (904,000)
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 6,896,000	\$ 7,800,000	\$ (904,000)
(e) Capital:			
(1) Investments	\$ 193,000	\$ 116,000	\$ 77,000
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ 66,000	\$ (66,000)
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 193,000	\$ 182,000	\$ 11,000
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 193,000	\$ 182,000	\$ 11,000
(i) Admitted deferred tax assets (2d + 2h)	\$ 7,089,000	\$ 7,982,000	\$ (893,000)
3. Deferred Tax Liabilities			
(a) Ordinary:			
(1) Investments	\$ 36,000	\$ 45,000	\$ (9,000)
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 36,000	\$ 45,000	\$ (9,000)
(b) Capital:			
(1) Investments	\$ 9,411,000	\$ 7,299,000	\$ 2,112,000
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total capital tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 9,411,000	\$ 7,299,000	\$ 2,112,000
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 9,447,000	\$ 7,344,000	\$ 2,103,000
4. Net Deferred Tax Assets/Liabilities (2i - 3c)	\$ (2,358,000)	\$ 638,000	\$ (2,996,000)

5. The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in unassigned surplus):

	2021			2020			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Total deferred tax assets	\$ 6,896,000	\$ 193,000	\$ 7,089,000	\$ 7,800,000	\$ 182,000	\$ 7,982,000	\$ (904,000)	\$ 11,000	\$ (893,000)
Total deferred tax liabilities	\$ (36,000)	\$ (9,411,000)	\$ (9,447,000)	\$ (45,000)	\$ (7,299,000)	\$ (7,344,000)	\$ 9,000	\$ (2,112,000)	\$ (2,103,000)
Net deferred tax asset (liability)	\$ 6,860,000	\$ (9,218,000)	\$ (2,358,000)	\$ 7,755,000	\$ (7,117,000)	\$ 638,000	\$ (895,000)	\$ (2,101,000)	\$ (2,996,000)
Tax effect of unrealized gains									\$ 2,112,000
Change in net deferred income tax									\$ (884,000)

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	12/31/2021
Provision computed at statutory rate	\$ 11,602,000
Change in nonadmitted assets	\$ 1,177,000
Tax exempt income deduction, net	\$ (69,000)
Dividends received deduction, net	\$ (77,000)
Nondeductible lobbying expenses	\$ 9,000
Other permanent differences	\$ 4,000
Credits generated in current year	\$ (16,000)
Accrual adjustment - prior year	\$ (21,000)
Total	\$ 12,609,000
Federal and foreign income taxes incurred	\$ 10,499,000
Realized capital gains (losses) tax	\$ 1,226,000
Change in net deferred income taxes	\$ 884,000
Total statutory income taxes	\$ 12,609,000

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

- At December 31, 2021, the Company did not have any unused operating loss carryforwards or tax credit carryforwards available to offset against future taxable income.
- The following is income tax expense for current year and prior years that will be available for recoupment in the event of future net losses:

Year	Amounts
2021	\$ 11,776,000
2020	\$ 17,057,000
2019	\$ 27,000
Total	\$ 28,860,000

- The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

- The Company's federal income tax return is consolidated with the following entities:

Wellmark, Inc. (Wellmark) - Parent
 Wellmark of South Dakota, Inc.
 First Administrators, Inc.
 Midwest Benefit Consultants, Inc.
 Wellmark Holdings, Inc.

- The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors and the Iowa Insurance Division. Allocation is based upon separate return calculations with current credit for net losses.

At December 31, 2021, the Company's tax related balance due to Wellmark was \$11,766,429.

G. Federal and Foreign Income Tax Loss Contingencies

At December 31, 2021, it is not reasonably possible to determine the Company's amount of tax loss contingencies that will significantly increase or decrease within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax Credit

The Company recognized no Alternative Minimum Tax credit as a current year recoverable or as a deferred tax asset.

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

A. Nature of the Relationship Involved

The Company and the parent company, Wellmark, a mutual insurance company domiciled in the State of Iowa (NAIC Company #88848), have a management agreement whereby the Company agrees to pay Wellmark for costs related to services outlined in the agreement. These costs are computed on a monthly basis. For 2021 and 2020, these costs were \$121,452,833 and \$102,013,916, respectively.

The Company did not issue a dividend to Wellmark during 2021. The Company issued a dividend to Wellmark during 2020 in the amount of \$49,000,000.

B. Description of Transactions

See Note 10A

C. Transactions with Related Parties Who Are Not Reported on Schedule Y

Not applicable

D. Amounts Due From or To Related Parties

At December 31, 2021 and 2020, the Company reported amounts of \$63,962,242 and \$7,768,996 due from Wellmark, respectively. The terms of the agreement require that these amounts are settled within 30 days.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company has a management agreement with Wellmark whereby Wellmark provides certain management and administrative services.

NOTES TO FINANCIAL STATEMENTS

- F. Guarantees or Undertakings
Not applicable
- G. Nature of the Control Relationship
All outstanding shares of the Company are owned by Wellmark.
- H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned
Not applicable
- I. Investments in SCA that Exceed 10% of Admitted Assets
Not applicable
- J. Investments in Impaired SCAs
Not applicable
- K. Investment in Foreign Insurance Subsidiary
Not applicable
- L. Investment in Downstream Noninsurance Holding Company
Not applicable
- M. All SCA Investments
Not applicable
- N. Investment in Insurance SCAs
Not applicable
- O. SCA or SSAP 48 Entity Loss Tracking
Not applicable

NOTE 11 Debt

Not applicable

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

Not applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Number of Shares and Par or Stated Value of Each Class
The Company has 100,000,000 shares authorized; 2,400,000 shares issued; and 2,400,000 shares outstanding.
- B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
Not applicable
- C. Dividend Restrictions
Without prior approval of its domiciliary commissioner, dividends to shareholders are limited to the greater of ten percent of surplus at December 31 of the prior year or net income for the twelve month period ending December 31 of the prior year.
- D. Dates and Amounts of Dividends Paid
Not applicable
- E. Profits that may be Paid as Ordinary Dividends to Stockholders
Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. Restrictions Placed on Unassigned Funds (Surplus)
Not applicable
- G. Amount of Advances to Surplus not Repaid
Not applicable
- H. Amount of Stock Held for Special Purposes
Not applicable
- I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period
Not applicable
- J. The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$ 44,812,746
- K. The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
Not applicable

NOTES TO FINANCIAL STATEMENTS

L. The Impact of any Restatement Due to Prior Quasi-Reorganizations

Not applicable

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) The Company, as a wholly owned subsidiary of Wellmark, is required by licensure requirements of the Blue Cross and Blue Shield Association to execute parental guarantees pursuant to which the parent guarantees to the full extent of its assets all contractual and financial obligations of the Company to its respective customers. Wellmark is also required by the Iowa Insurance Division to guarantee the obligations of the Company for services up to \$1,100,000.

(2) Detail of Other Contingent Commitments

Not applicable

(3) Guarantee Obligations

Not applicable

B. Assessments

(1) Assessments Where Amount is Known or Unknown

The Company is subject to health related assessments by the Iowa Comprehensive Health Association and the Iowa Individual Health Benefit Reinsurance Association for high risk insurance pools. The Company accrued liabilities of \$1,920,000 and \$1,986,509 for estimated health related assessments at December 31, 2021 and December 31, 2020, respectively.

(2) Assessments

Not applicable

(3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

Not applicable

C. Gain Contingencies

Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable

E. Joint and Several Liabilities

Not applicable

F. All Other Contingencies

In the ordinary course of business, the Company is involved in and subject to claims, contractual disputes and other uncertainties. The Company plans to defend its actions vigorously. Management believes that any potential resolution of these cases will not have a material impact to the Company's financial position.

While the ultimate outcome of any other claims cannot be presently determined, in the opinion of management, adequate provision has been made for any potential losses which may result from these actions and the Company expects any liability that could result will not materially affect its financial position.

NOTE 15 Leases

Not applicable

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

Not applicable

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

Not applicable

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

A. ASO Plans

Not applicable

NOTES TO FINANCIAL STATEMENTS

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 330,000,268	\$ 780,063,275	\$ 1,110,063,543
b. Gross administrative fees accrued	\$ 11,899,085	\$ 35,454,628	\$ 47,353,713
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ 350,301,757	\$ 828,497,045	\$ 1,178,798,802
e. Total net gain or loss from operations	\$ (8,402,404)	\$ (12,979,142)	\$ (21,381,546)

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

A. Fair Value Measurements

(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
Assets at Fair Value					
Cash Equivalents	\$ -	\$ -	\$ -	\$ -	\$ -
Exempt MM Mutual Funds	\$ 5,103,314	\$ -	\$ -	\$ -	\$ 5,103,314
Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial & Miscellaneous	\$ -	\$ 4,841,888	\$ -	\$ -	\$ 4,841,888
Common Stock	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial & Miscellaneous	\$ 86,689,374	\$ -	\$ -	\$ -	\$ 86,689,374
Mutual Funds	\$ 21,477,860	\$ -	\$ -	\$ -	\$ 21,477,860
Total Assets at Fair Value/NAV	\$ 113,270,548	\$ 4,841,888	\$ -	\$ -	\$ 118,112,436

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

Not applicable

(3) Policies when Transfers Between Levels are Recognized

The Company recognizes transfers between fair value hierarchy levels at the end of the reporting period.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Bonds, structured securities, and surplus notes (other invested assets) are reported within Level 2 of the fair value hierarchy; all of these securities have direct or indirect price inputs that are observable in active markets. Fair values of these fixed income instruments are based on quoted market prices where available. The Company obtains at least one price from a third party pricing service or its custodian, which also uses a pricing service. In most instances, the Company obtains more than one price and evaluates between the pricing sources for any outliers or stale prices. Assuming prices are not stale and are reasonable between sources, the Company follows a pre-established hierarchy to conclude on which pricing source to utilize.

The pricing services normally derive security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the market for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment conditions, and nonbinding broker quotes.

(5) Fair Value Disclosures for Derivative Assets and Liabilities

Not applicable

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Statutory guidance requires the disclosure of fair values for certain other financial instruments for which it is practicable to estimate fair value, whether or not such values are recognized in the statements of assets, liabilities, capital and surplus. The carrying amounts for cash, receivable for securities, accrued investment income, premium receivables, other receivables, amounts due to/from affiliates, unearned premiums, accounts payable and accrued expenses, and certain other liabilities approximate fair value because of the short-term nature of these items.

C. Aggregate Fair Value For All Financial Instruments and the Level Within the Fair Value Hierarchy in Which the Fair Value Measurements in Their Entirety Fall

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash Equivalents	\$ 5,103,314	\$ 5,103,314	\$ 5,103,314	\$ -	\$ -	\$ -	\$ -
Short-Term Investments	\$ 1,719,571	\$ 1,719,564	\$ -	\$ 1,719,571	\$ -	\$ -	\$ -
Bonds	\$ 187,342,586	\$ 181,746,052	\$ -	\$ 187,342,586	\$ -	\$ -	\$ -
Common Stock	\$ 108,167,234	\$ 108,167,234	\$ 108,167,234	\$ -	\$ -	\$ -	\$ -
Other Invested Assets	\$ 1,215,396	\$ 1,129,717	\$ -	\$ 1,215,396	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value

Not applicable

E. NAV Practical Expedient Investments

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 21 Other Items

A. Unusual or Infrequent Items

The Company recorded expense in the amounts of \$2,274,088 and \$10,288,467 during 2021 and 2020, respectively, within Incentive pool, withhold adjustments, and bonus amounts on the Statement of Revenue and Expenses for special one-time provider incentive payments.

B. Troubled Debt Restructuring

Not applicable

C. Other Disclosures

Assets in the amount of \$305,066 at December 31, 2021 were committed to purchase mortgage-backed securities in 2022.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

(1) Description of the Subprime-Mortgage-Related Risk Exposure and Related Risk Management Practices

The Company's investment policy, approved by the Board of Directors, requires the use of high quality fixed income investments to cover its contractual liabilities. The investment policy requires that the Company's fixed income portfolio, excluding non-agency mortgage-backed securities, have a minimum average quality rating of BBB+ and the total of below investment grade securities, excluding non-agency mortgage-backed securities, is limited to 10% of the total portfolio. Further, no single issue, with the exception of US Government and Agency securities, can exceed 5% of an external investment manager's portfolio at time of purchase. The Company allows certain external investment managers to purchase non-agency mortgage-backed securities, and credit quality of those securities is at manager discretion with NAIC designation 1 or 2 preferred. The Company utilizes its strategic and tactical asset allocation to manage risk exposure, through allocations to various external investment managers with varying mandates.

The Company's exposure to subprime mortgages at December 31, 2021 is 1.4% of its total portfolio. The Company is receiving principal and interest payments on the subprime mortgage securities, and the Company does not require sale of these types of assets to meet future cash flow requirements. These securities are in gross unrealized gain and loss positions of \$226,467 and \$36,769, respectively, as of December 31, 2021. While no single definition exists for subprime, these securities are considered higher risk and carry higher than prime rates of interest. In addition to the interest rates, the Company considers the FICO scores below 660, level of documentation, evidence of delinquency, foreclosure, judgments or bankruptcy and other factors that limit the borrower's ability to service the debt when determining if a security should be classified as subprime.

(2) Direct Exposure Through Investments in Subprime Mortgage Loans

Not applicable

(3) Direct Exposure Through Other Investments

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than- Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$ 4,363,740	\$ 4,391,218	\$ 4,598,042	\$ -
b. Commercial mortgage-backed securities	\$ -	\$ -	\$ -	\$ -
c. Collateralized debt obligations	\$ -	\$ -	\$ -	\$ -
d. Structured securities	\$ -	\$ -	\$ -	\$ -
e. Equity investment in SCAs *	\$ -	\$ -	\$ -	\$ -
f. Other assets	\$ -	\$ -	\$ -	\$ -
g. Total	\$ 4,363,740	\$ 4,391,218	\$ 4,598,042	\$ -

* These investments comprise 0.000% of the companies invested assets.

(4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

Not applicable

G. Retained Assets

Not applicable

H. Insurance-Linked Securities (ILS) 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

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 16, 2022 for the statutory statement issued on February 24, 2022.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 16, 2022 for the statutory statement issued on February 24, 2022.

NOTE 23 Reinsurance

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination
A. Method Used to Estimate Accrued Retrospective Premium Adjustments

The Company estimates accrued retrospective premium adjustments for individuals, small groups and large groups according to retrospective rating features pursuant to the medical loss ratio rebate requirements subject to the Public Health Service Act.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

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

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

The amount of net premiums written by the Company at December 31, 2021 that are subject to retrospective rating features was \$779,923,090, which represented 100% of the total net premiums written for the Company. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ (38,477)	\$ -	\$ -	\$ -	\$ (38,477)
(2) Medical loss ratio rebates paid	\$ 5,662,016	\$ -	\$ -	\$ -	\$ 5,662,016
(3) Medical loss ratio rebates unpaid	\$ 9,299,507	\$ -	\$ -	\$ -	\$ 9,299,507
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 9,299,507
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 4,702,459	\$ -	\$ -	\$ -	\$ 4,702,459
(8) Medical loss ratio rebates paid	\$ 10,001,966	\$ -	\$ -	\$ -	\$ 10,001,966
(9) Medical loss ratio rebates unpaid	\$ 4,000,000	\$ -	\$ -	\$ -	\$ 4,000,000
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ -
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ -
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 4,000,000

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 373,000
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 207,203
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ 35,011,000
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (33,130,598)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 207,795
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$ -
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9. ACA Reinsurance contributions – not reported as ceded premium	\$ -
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors Liabilities	\$ -
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

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 the prior year balance:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high-risk pool payments)	\$ 476,000	\$ -	\$ 2,929,710	\$ -	\$(2,453,710)	\$ -	\$ 2,453,710	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable) (including high-risk pool premium)	\$ -	\$ (15,140,285)	\$ -	\$ (16,086,592)	\$ -	\$ 946,307	\$ -	\$ (946,307)	B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 476,000	\$ (15,140,285)	\$ 2,929,710	\$ (16,086,592)	\$(2,453,710)	\$ 946,307	\$ 2,453,710	\$ (946,307)		\$ -	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 476,000	\$ (15,140,285)	\$ 2,929,710	\$ (16,086,592)	\$(2,453,710)	\$ 946,307	\$ 2,453,710	\$ (946,307)		\$ -	\$ -

Explanations of Adjustments

- A. Revised data received.
- B. Revised data received.

(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

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Claims and Claim Adjustment Expenses

The Company's reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years have decreased \$9,702,584 from \$42,325,666 in 2020. Because unpaid claims are estimated based on past experience and accumulated statistical data, the Company's actual benefit payments have varied from the original estimates.

B. Information About Significant Changes in Methodologies and Assumptions

There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Date	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
12/31/2021	\$ 23,920,000	\$ -	\$ -	\$ -	\$ -
09/30/2021	\$ 23,650,000	\$ 25,580,000	\$ -	\$ -	\$ -
06/30/2021	\$ 21,470,000	\$ 24,460,000	\$ -	\$ 22,094,310	\$ -
03/31/2021	\$ 21,530,000	\$ 21,530,000	\$ -	\$ 20,319,513	\$ -
12/31/2020	\$ 17,670,000	\$ 19,743,542	\$ -	\$ 15,891,042	\$ 3,852,500
09/30/2020	\$ 20,110,000	\$ 18,601,037	\$ -	\$ 14,748,537	\$ 3,852,500
06/30/2020	\$ 19,460,000	\$ 16,810,355	\$ -	\$ 12,957,855	\$ 3,852,500
03/31/2020	\$ 20,878,000	\$ 17,426,736	\$ -	\$ 13,574,236	\$ 3,852,500
12/31/2019	\$ 14,950,930	\$ 14,666,476	\$ -	\$ 12,948,564	\$ 1,717,913
09/30/2019	\$ 15,946,130	\$ 18,013,695	\$ -	\$ 11,956,514	\$ 6,057,181
06/30/2019	\$ 15,409,230	\$ 17,982,013	\$ -	\$ 11,938,113	\$ 6,043,900
03/31/2019	\$ 14,646,490	\$ 16,915,038	\$ -	\$ 12,964,023	\$ 3,951,015

B. Risk-Sharing Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ -
2. Date of the most recent evaluation of this liability 01/24/2022
3. Was anticipated investment income utilized in the calculation? Yes [X] No []

NOTE 31 Anticipated Salvage and Subrogation

Not applicable

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, 2 and 3.
- 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 [] No [X]
- 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.
- 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. 12/31/2016
- 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. 12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/29/2018
- 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 [X] No []
4.12 renewals? Yes [X] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [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 depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
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, 801 Grand Avenue, Des Moines, IA 50309
- 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?
Daniel J. Callahan, Senior Actuary, FSA, MAAA (employee), 1331 Grand Avenue, Des Moines, IA 50309-2901
- 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 [X] No []
- 22.2 If answer is yes:
- | | |
|--|--------------|
| 22.21 Amount paid as losses or risk adjustment | \$ 2,438,999 |
| 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 [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 63,962,242
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 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 25.03) Yes [X] No []

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information relating thereto
.....
- 25.03 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) Refer to Note 17.
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.093 Total payable for securities lending reported on the liability page. \$ 0
- 26.1 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 25.03). Yes [] No [X]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$
- 26.22 Subject to reverse repurchase agreements \$
- 26.23 Subject to dollar repurchase agreements \$
- 26.24 Subject to reverse dollar repurchase agreements \$
- 26.25 Placed under option agreements \$
- 26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$
- 26.27 FHLB Capital Stock \$
- 26.28 On deposit with states \$
- 26.29 On deposit with other regulatory bodies \$
- 26.30 Pledged as collateral - excluding collateral pledged to
an FHLB \$
- 26.31 Pledged as collateral to FHLB - including assets
backing funding agreements \$
- 26.32 Other \$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 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.
- 28.1 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]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$
29. 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 []
- 29.01 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
The Bank of New York Mellon	BNY Mellon Center, 500 Grant Street, Pittsburgh, PA 15258

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of Iowa, Inc.

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 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
NISA Investment Advisors, LLC	U.....
Metropolitan West Asset Management, LLC	U.....
William Blair Investment Management, LLC	U.....
Wellington Management Company LLP	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 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
107313	NISA Investment Advisors, LLC	549300L11G2J0W7XNY28	SEC	NO.....
104571	Metropolitan West Asset Management, LLC	5493004MDKGC001Y283	SEC	NO.....
173961	William Blair Investment Management, LLC	549300VQX7UK060A7X27	SEC	NO.....
106595	Wellington Management Company LLP	549300YHP12TEZNLX41	SEC	NO.....

30.1 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 [X] No []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
72201F-49-0	PIMCO Income Instl	21,477,860
30.2999 - Total		21,477,860

30.3 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
PIMCO Income Instl	Uniform Mortgage-Backed Security 4.000% due 09/01/2023-05/01/2051	908,771	09/30/2021
PIMCO Income Instl	Uniform Mortgage-Backed Security TBA 2.000% due 10/01/2036 - 10/01/2051	570,683	09/30/2021
PIMCO Income Instl	Credit Suisse Mortgage Capital Trust 3.281% due 07/25/2058	380,450	09/30/2021
PIMCO Income Instl	Uniform Mortgage-Backed Security 2.500% due 08/01/2027 - 09/01/2051	373,504	09/30/2021
PIMCO Income Instl	Uniform Mortgage-Backed Security 4.000% due 07/01/2046 - 09/01/2050	317,226	09/30/2021

GENERAL INTERROGATORIES

31. 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 (+)
31.1 Bonds	183,465,616	189,062,157	5,596,541
31.2 Preferred stocks	0		0
31.3 Totals	183,465,616	189,062,157	5,596,541

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

The Company obtains at least one price from a third party pricing service or its custodian, which also uses a pricing service. In most instances, the Company obtains more than one price and evaluates between the pricing sources for any outliers or stale prices. Assuming prices are not stale and are reasonable between sources, the Company follows a pre-established hierarchy to determine which pricing source to utilize.

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

32.2 If the answer to 32.1 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

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No

33.2 If no, list exceptions:

34. 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

35. 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

36. 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

37. 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 37.a - 37.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 N/A

GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$764,005

38.2 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
Blue Cross and Blue Shield Association	528,562
.....
.....

39.1 Amount of payments for legal expenses, if any?\$1,028,882

39.2 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
Nyemaster Goode	385,016
.....
.....

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

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

1 Name	2 Amount Paid
.....
.....
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

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

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	779,923,090	537,746,702
2.2 Premium Denominator	779,923,090	537,746,702
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	109,057,807	76,632,782
2.5 Reserve Denominator	109,057,807	76,632,782
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 [X] No []

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

5.2 If no, explain:
The Company retains all risk.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 9,999,999

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:
Reserves exceed all regulatory requirements and provider contracts have hold harmless provisions. The Company participates as a member of the Iowa Life & Health Insurance Guaranty Association under Iowa Code 508C.

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 12,645

8.2 Number of providers at end of reporting year 12,532

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

9.2 If yes, direct premium earned:

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

9.22 Business with rate guarantees over 36 months \$

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|--|----|------------|
| 10.21 Maximum amount payable bonuses..... | \$ | 13,839,127 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 11,040,922 |
| 10.23 Maximum amount payable withholds..... | \$ | |
| 10.24 Amount actually paid for year withholds..... | \$ | |

- 11.1 Is the reporting entity organized as:
- | | | |
|---|------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa
- 11.4 If yes, show the amount required. \$ 1,000,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
.....

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

1 Name of Service Area
Iowa
.....

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

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

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

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes No

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of Iowa, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	447,433,626	363,143,299	347,436,934	286,098,511	283,075,726
2. Total liabilities (Page 3, Line 24)	179,832,817	151,731,322	138,391,519	94,948,478	93,454,557
3. Statutory minimum capital and surplus requirement	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
4. Total capital and surplus (Page 3, Line 33)	267,600,809	211,411,977	209,045,415	191,150,033	189,621,169
Income Statement (Page 4)					
5. Total revenues (Line 8)	785,182,568	543,478,992	490,550,554	419,932,989	384,008,765
6. Total medical and hospital expenses (Line 18)	630,007,280	403,498,876	366,736,912	319,243,120	286,991,050
7. Claims adjustment expenses (Line 20)	19,531,031	15,499,238	11,944,764	9,633,440	13,045,683
8. Total administrative expenses (Line 21)	93,479,354	76,124,942	55,085,197	51,415,902	47,813,931
9. Net underwriting gain (loss) (Line 24)	42,164,903	48,355,936	56,783,681	39,640,527	36,158,101
10. Net investment gain (loss) (Line 27)	11,858,715	13,979,308	6,211,605	6,530,069	6,204,332
11. Total other income (Lines 28 plus 29)	0	0	(72,487)	0	(47,906)
12. Net income or (loss) (Line 32)	43,524,618	46,797,244	49,345,799	35,050,161	28,139,527
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	63,215,412	45,694,958	68,424,219	45,932,354	41,890,217
Risk-Based Capital Analysis					
14. Total adjusted capital	267,600,809	211,411,977	209,045,415	191,150,033	189,621,169
15. Authorized control level risk-based capital	30,014,472	21,179,272	19,346,713	16,159,819	14,064,245
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	146,392	102,486	98,071	89,859	81,802
17. Total members months (Column 6, Line 7)	1,682,118	1,223,103	1,153,190	1,006,729	969,724
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.2	74.2	74.8	76.0	74.7
20. Cost containment expenses	0.8	0.6	0.6	0.8	0.9
21. Other claims adjustment expenses	1.7	2.3	1.8	1.5	2.5
22. Total underwriting deductions (Line 23)	94.6	91.1	88.4	90.6	90.6
23. Total underwriting gain (loss) (Line 24)	5.4	8.9	11.6	9.4	9.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	40,714,283	36,432,862	34,030,323	28,359,703	30,127,096
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	34,656,400	30,676,247	34,963,910	31,489,119	28,666,336
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: _____

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Wellmark Health Plan of Iowa, Inc.
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

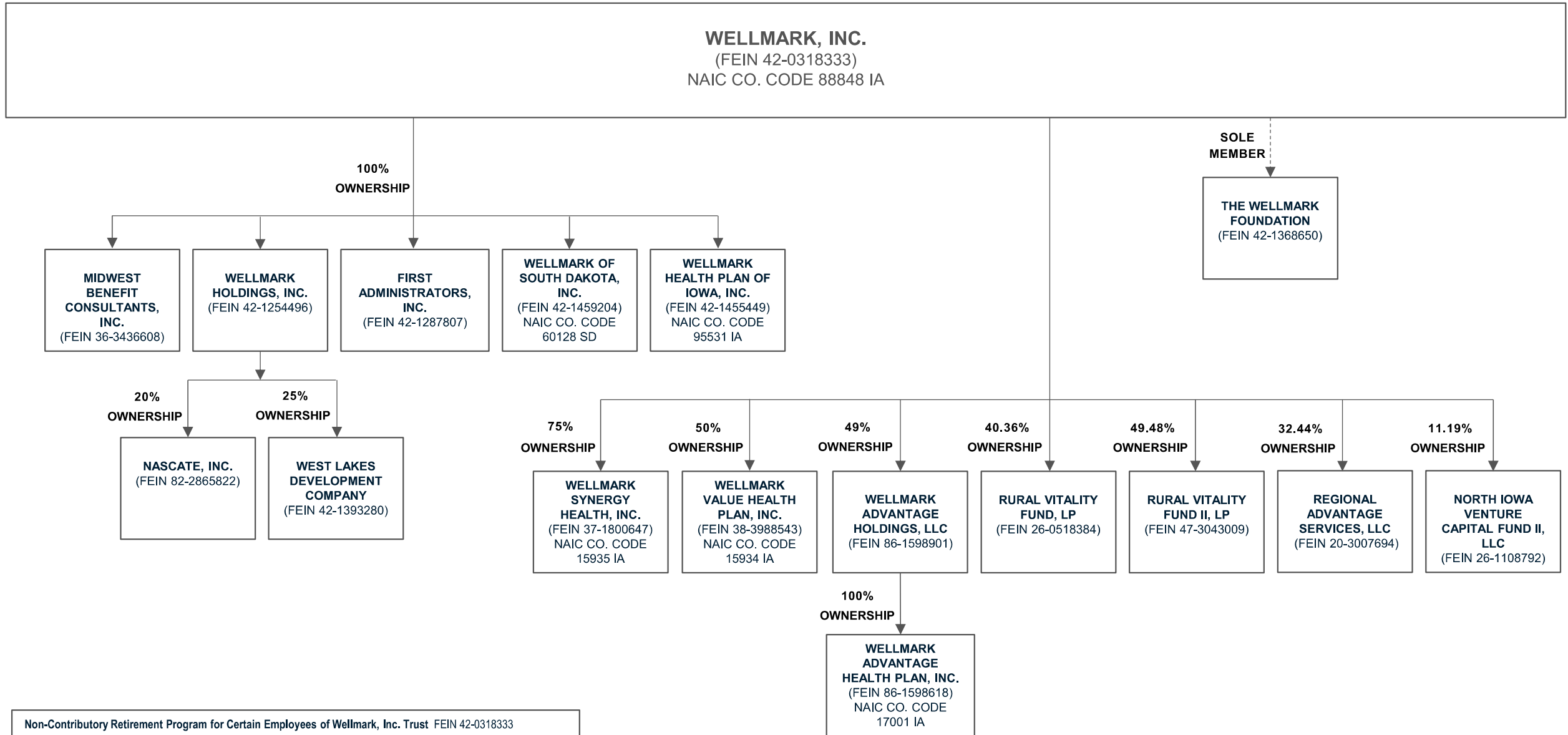
Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	779,923,090							779,923,090	
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 Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	779,923,090	0	0	0	0	0	0	779,923,090	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0		
61. Totals (Direct Business)	XXX	779,923,090	0	0	0	0	0	0	779,923,090	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	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	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.
 Accident and Health Premiums are allocated according to the location of the group or individual purchaser at the point of issue.

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



Non-Contributory Retirement Program for Certain Employees of Wellmark, Inc. Trust FEIN 42-0318333

Wellmark, Inc. Savings and Investment Plan Trust FEIN 42-0318333

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504.			0	
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

NONE