

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025 OF THE CONDITION AND AFFAIRS OF THE

Wellmark Value Health Plan, Inc.

NAI	C Group Code 0770 0770 NAIC Comp	pany Code <u>15934</u> Emplo	yer's ID Number38-3988543
Organized under the Laws of	lowa	, State of Domicile or Po	ort of Entry IA
Country of Domicile	United	States of America	
Licensed as business type:	Health Mair	ntenance Organization	
Is HMO Federally Qualified?	res[] No [X]		
Incorporated/Organized	01/07/2016	Commenced Busines	os01/01/2017
Statutory Home Office	1331 Grand Avenue		Des Moines, IA, US 50309-2901
	(Street and Number)	(0	City or Town, State, Country and Zip Code)
Main Administrative Office _		Grand Avenue	
De	•	et and Number)	515-376-4500
	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)	(0	City or Town, State, Country and Zip Code)
Primary Location of Books and		1 Grand Avenue	
De	(Stre es Moines, IA, US 50309-2901	et and Number)	515-376-4500
(City or	Town, State, Country and Zip Code)		(Area Code) (Telephone Number)
Internet Website Address	www	v.wellmark.com	
Statutory Statement Contact	Ashley Ariel Arellano		515-376-6307
,	(Name)	·	(Area Code) (Telephone Number)
	arellanoaa@wellmark.com (E-mail Address)		515-376-9054 (FAX Number)
	,	OFFICERS	,
		Chief Compliance	&
President & Treasurer _		Privacy Offic	er Peter Rienhart Kitundu
Secretary _	Scott Andrew Sundstrom		
		OTHER	
	DIRECTO	RS OR TRUSTEES	
David Se	th Brown Jason	Richard Humphrey	Kyle Christopher Lattina
State of	lowa		
County of	Polk SS:		
*			
all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	ets were the absolute property of the said reporting d exhibits, schedules and explanations therein contain I reporting entity as of the reporting period stated abo unual Statement Instructions and Accounting Practic ifferences in reporting not related to accounting p scope of this attestation by the described officers al	entity, free and clear from any ned, annexed or referred to, is a ve, and of its income and dedu- res and Procedures manual ex- ractices and procedures, acco so includes the related corresp	d reporting entity, and that on the reporting period stated above, liens or claims thereon, except as herein stated, and that this full and true statement of all the assets and liabilities and of the ctions therefrom for the period ended, and have been completed expet to the extent that: (1) state law may differ; or, (2) that state riding to the best of their information, knowledge and belief, onding electronic filing with the NAIC, when required, that is an may be requested by various regulators in lieu of or in addition
David Seth Br President & Trea		ndrew Sundstrom Secretary	
Subscribed and sworn to before day of	e me this	b. If no, 1. State the amount of the control of th	endment number ges attached

ASSETS

	, 10	OLIO	Current Statement Date	2	4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	0	0	0	0
2.	Stocks:				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				Admitted Assets (Cols. 1 - 2)
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less				_
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5.	Cash (\$				
	(\$0) and short-term				
	investments (\$0)	2.123.983	l0	2.123.983	2.101.417
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives			0	_
8.	Other invested assets			0	0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets			0	0
	Aggregate write-ins for invested assets			0	0
	Subtotals, cash and invested assets (Lines 1 to 11)				2,101,417
	Title plants less \$0 charged off (for Title insurers				
	only)	0	0	0	0
14.	Investment income due and accrued	0	0	0	0
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums, 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 (\$0)	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans			0	0
	Current federal and foreign income tax recoverable and interest thereon			0	
	Net deferred tax asset	000000000000000000000000000000000000000		36,000	-
	Guaranty funds receivable or on deposit				
	Electronic data processing equipment and software	0	0	0	0
21.	Furniture and equipment, including health care delivery assets	2			_
00	(\$				
	Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates				_
	Health care (\$0) and other amounts receivable				
	Aggregate write-ins for other-than-invested assets				0 n
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				2 140 417
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
28.	Accounts	2,159,983	0	9 200 90 9	
20.	DETAILS OF WRITE-INS	2,100,000		2,100,000	2,140,417
1101.		200000000000000000000000000000000000000			
1101.					
1103.					
	Summary of remaining write-ins for Line 11 from overflow page			0	0
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	, , , , , , , , , , , , , , , , , , , ,				
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAI		Current Period	,,,	Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	0	0	0	0
2.	Accrued medical incentive pool and bonus amounts	0	0	0	0
3.	Unpaid claims adjustment expenses			0	0
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	0	0	0	0
5.	Aggregate life policy reserves		0	0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				0
	General expenses due or accrued				
9.			0	0	0
10.1					
	(including \$0 on realized gains (losses))				
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				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	8,898	0	8,898	21,078
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending				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
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans	6,845	0	6,845	862
23.	Aggregate write-ins for other liabilities (including \$0				
	current)				0
24.	Total liabilities (Lines 1 to 23)	30 , 126	0	30 , 126	34,474
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	1,000,000	1,000,000
27.	Preferred capital stock	XXX	XXX	0	0
28.	Gross paid in and contributed surplus	xxx	xxx	0	0
29.	Surplus notes				0
30.	Aggregate write-ins for other-than-special surplus funds				0
31.	Unassigned funds (surplus)				
32.	Less treasury stock, at cost:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,100,010
52.	•				
	32.1	2004	2007		0
					0
	32.20 shares preferred (value included in Line 27	A 147 MATERIA	1000 000		
	\$0)				0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		2,105,943
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,159,983	2,140,417
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0			0
2501.	Totale (Enter 2001 through 2000 place 2000)(Enter 20 dasoro)				
2501.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		PROPERTY OF THE PROPERTY OF TH			l l
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
				•	***

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REV	Curre To	ent Year Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	0	0	0
2.	Net premium income (including \$0 non-health				
	premium income)			0	0
3.	Change in unearned premium reserves and reserve for rate credits			0	0
4.	Fee-for-service (net of \$ medical expenses)			0	0
5.	Risk revenue				0
6.	Aggregate write-ins for other health care related revenues			0	0
7.	Aggregate write-ins for other non-health revenues			0	0
8.	Total revenues (Lines 2 to 7)	XXX	. 0	0	0
	Hospital and Medical:				
9.	Hospital/medical benefits			2,438	0
10.	Other professional services				0
11.	Outside referrals			0	0
12.	Emergency room and out-of-area			0	0
13.	Prescription drugs				0
14.	Aggregate write-ins for other hospital and medical			0	0
15.	Incentive pool, withhold adjustments and bonus amounts				0
16.	Subtotal (Lines 9 to 15)	0	·0	2,438	0
	Less:				
17.	Net reinsurance recoveries				0
18.	Total hospital and medical (Lines 16 minus 17)				0
19.	Non-health claims (net)	0	· 0	0	0
20.	Claims adjustment expenses, including \$0 cost				
	containment expenses				0
21.	General administrative expenses	0	(6,097)	13,842	251,025
22.	Increase in reserves for life and accident and health contracts				
	(including \$0 increase in reserves for life only).	0	0	0	0
23.	Total underwriting deductions (Lines 18 through 22)				251,025
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,097	(16,280)	(251,025)
25.	Net investment income earned	0	22,817	70,644	151,968
26.	Net realized capital gains (losses) less capital gains tax of				
	\$	0	0	0	0
27.	Net investment gains (losses) (Lines 25 plus 26)	0	22,817	70,644	151,968
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$0)				
	(amount charged off \$0)]	0	0	0	0
29.	Aggregate write-ins for other income or expenses	0	0	0	(30,725)
30.	Net income or (loss) after capital gains tax and before all other federal				
	income taxes (Lines 24 plus 27 plus 28 plus 29)			00000000000000000000000000000000000000	(129,782)
31.	Federal and foreign income taxes incurred		100 Part 1994 1990	9000 - 2000 W	13,000
32.	Net income (loss) (Lines 30 minus 31)	XXX	26,914	43,364	(142,782)
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		xxx			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.		XXX			
0702.		XXX			
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page				0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
	, , , , , ,			0	0
1401.					
1402.					
1403	500000000000000000000000000000000000000				
1498.	Summary of remaining write-ins for Line 14 from overflow page			0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.	Other Expense	0	·0	0	(30,725
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0		0	(30,725

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX		Continue	
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
	SALTIAL AND COLL 200 ACCOUNT			
33.	Capital and surplus prior reporting year	2,105,943	7,055,182	7,055,182
34.	Net income or (loss) from Line 32	26,914	43,364	(142,782)
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
520,000	Change in unauthorized and certified reinsurance		,,,,	
40	Change in treasury stock			
41.	Change in surplus notes			
42.				
43.	Cumulative effect of changes in accounting principles	0	0	0
44.	Capital Changes:			
	44.1 Paid in		50 98 96 00	
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	(1,000,000)	(1,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	23,914	(4,950,373)	(4,949,239
49.	Capital and surplus end of reporting period (Line 33 plus 48)	2,129,857	2,104,809	2,105,943
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income	22,817	70,644	151,968
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	22,817	70,644	151,968
5.	Benefit and loss related payments	0	2,438	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	(12,080)	(34,886)	20,229
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$	151	0	31,466
10.	Total (Lines 5 through 9)	(11,929)	(32,448)	51,695
	· · · · · · · · · · · · · · · · · · ·	34,746	103,092	
11.	Net cash from operations (Line 4 minus Line 10)	34,740	103,092	100,273
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			0
	12.2 Stocks			0
	12.3 Mortgage loans	I		
	12.4 Real estate			
	12.5 Other invested assets			0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	I .		
	13.2 Stocks		0	0
	13.3 Mortgage loans			0
	13.4 Real estate		0	0
	13.5 Other invested assets		0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase/(decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
16.	Cash from Financing and Miscellaneous Sources Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds		0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders		1,000,000	1,000,000
	16.6 Other cash provided (applied)	(12,180)	966,897	986,366
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(12,180)	(4,033,103)	(4,013,634)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	22,566	(3,930,011)	(3,913,361
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	2,101,417	6,014,778	6,014,778
	19.2 End of period (Line 18 plus Line 19.1)	2,123,983	2,084,767	2,101,417

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

Exhibit of Premiums, Enrollment and Utilization ${f N} \ {f O} \ {f N} \ {f E}$

Claims Payable - Aging Analysis of Unpaid Claims

NONE

Underwriting and Investment Exhibit

NONE

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Wellmark Value Health Plan, 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 lowa. 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 #	2025	2024
NET INCOME (1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	xxx	\$ 26,914	\$ (142,782)
(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	\$ 26,914	\$ (142,782)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,129,857	\$ 2,105,943
State Prescribed Practices that are an increase/ (6) (decrease) from NAIC SAP:					
State Permitted Practices that are an increase/ (7) (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 2,129,857	\$ 2,105,943

- 3. Use of Estimates in the Preparation of the Financial Statements No significant change.
- C. Accounting Policy Not Applicable.
- 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. As of January 1, 2021, the Company no longer offered contracts for covered health care services.

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

Not Applicable.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable.

NOTE 7 Investment Income

Not Applicable.

NOTE 8 Derivative Instruments

Not Applicable.

NOTE 9 Income Taxes

No significant change.

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

No significant change.

NOTE 11 Debt

Not Applicable.

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

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

NOTE 14 Liabilities, Contingencies and Assessments

No significant change.

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

Not applicable.

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

Not Applicable.

NOTE 20 Fair Value Measurements

Not Applicable.

NOTE 21 Other Items

Not Applicable.

NOTE 22 Events Subsequent

The Company has evaluated all events occurring after March 31, 2025 through May 13, 2025, the date the quarterly statement was available to be issued, to determine whether any event required either recognition or disclosure in the Company's quarterly statement. No items requiring recognition or disclosure were identified.

NOTE 23 Reinsurance

Not Applicable.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable.

NOTE 26 Intercompany Pooling Arrangements

Not Applicable.

NOTE 27 Structured Settlements

Not Applicable.

NOTE 28 Health Care Receivables

Not Applicable.

NOTE 29 Participating Policies

Not Applicable

NOTE 30 Premium Deficiency Reserves

Not Applicable

NOTE 31 Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the Domicile, as required by the Model Act?			Yes [] No [X]
1.2	If yes, has the report been filed with the domiciliary state?			Yes [] No []
2.1	Has any change been made during the year of this statement in the charter reporting entity?			Yes [] No [X]
2.2	If yes, date of change:		·····		
3.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer?			Yes [X] No []
3.2	Have there been any substantial changes in the organizational chart since	e the prior quarter end?		Yes [X] No []
3.3	If the response to 3.2 is yes, provide a brief description of those changes. Wellmark Holdings, LLC sold all shares of Nascate, Inc. back to Nascate, dissolved effective December 31, 2024.	Inc. effective December 31, 2024. Rural Vita			
3.4	Is the reporting entity publicly traded or a member of a publicly traded ground	up?		Yes [] No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issu	sued by the SEC for the entity/group	<u>-</u>		
4.1	Has the reporting entity been a party to a merger or consolidation during the	he period covered by this statement?		Yes [] No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	domicile (use two letter state abbreviation) for	any entity that has		
	1 Name of Entity	NAIC Company Code State	3 of Domicile		
5.	If the reporting entity is subject to a management agreement, including thi in-fact, or similar agreement, have there been any significant changes reg If yes, attach an explanation.	ird-party administrator(s), managing general a garding the terms of the agreement or principa	agent(s), attorney- als involved? Yes [į] No [X] N/A []
6.1	State as of what date the latest financial examination of the reporting entit	ty was made or is being made		12/3	31/2021
6.2	State the as of date that the latest financial examination report became av date should be the date of the examined balance sheet and not the date the			12/3	31/2021
6.3	State as of what date the latest financial examination report became avail- the reporting entity. This is the release date or completion date of the example.	mination report and not the date of the exami	nation (balance sheet	03/2	20/2023
6.4	By what department or departments? lowa Insurance Division				
6.5	Have all financial statement adjustments within the latest financial examin statement filed with Departments?			[] No [] N/A [X]
6.6	Have all of the recommendations within the latest financial examination re	eport been complied with?		[] No [] N/A [X]
7.1	Has this reporting entity had any Certificates of Authority, licenses or regis revoked by any governmental entity during the reporting period?			Yes [] No [X]
7.2	If yes, give full information:				
8.1	Is the company a subsidiary of a bank holding company regulated by the F			Yes [] No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding com				
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 (cil regulatory services agency [i.e. the Federal Reserve Board (FRB), the Off Insurance Corporation (FDIC) and the Securities Exchange Commission (fice of the Comptroller of the Currency (OCC)	, the Federal Deposit		
	1 Affiliate Name	2 Location (City, State)	3 4 5 FRB OCC FDI		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	sonal and professional		Yes [X] No []
	(c) Compliance with applicable governmental laws, rules and regulations;(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and			
	(e) Accountability for adherence to the code.			
9.11	If the response to 9.1 is No, please explain:			
9.2	Has the code of ethics for senior managers been amended?			Yes [] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] No [X]
	FINANCIAL			
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement If yes, indicate any amounts receivable from parent included in the Page 2 amount:			
	INVESTMENT			
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or ot use by another person? (Exclude securities under securities lending agreements.)			Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:			0
13.	Amount of real estate and mortgages held in short-term investments:			
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			
14.2	If yes, please complete the following:			
		1 Prior Year-End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		0	\$0
	Preferred Stock			\$0
	Common Stock			\$0
	Short-Term Investments			\$0
	Mortgage Loans on Real Estate			\$0 \$0
14.20	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	.φ \$	n	\$0
	Total Investment in Parent included in Lines 14.21 to 14.26 above			\$0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [] No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.		Yes [] No [] N/A [X]
16	For the reporting entity's security lending program, state the amount of the following as of the current statement do	to:		
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		ď	0
	16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Faits 1 and 2			
	16.3 Total payable for securities lending reported on the liability page.			

GENERAL INTERROGATORIES

17. 17.1	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity 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	[]	No [X]
		1				2				
	The Company only hel	Name of Cust d cash as of Mar		i		Custodian Addr	ess			
17.2		or all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, cation and a complete explanation:								
	1 2 3 Complete Explanation(s)									
17.3 17.4	The state of the s	Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?						Yes [1	No [X]
	1 Old Custo	dian	2 New Custodian	Date	3 of Change		4 Reason			
17.5	make investment decis	sions on behalf of	ivestment advisors, investment mai the reporting entity. This includes the easuch. ["that have access to	both primary a the investme	and sub-adviso	ors. For assets t	hat are managed internal			
			1 n or Individual	2 Affiliat	tion					
		ıs/individuals liste	d in the table for Question 17.5, do more than 10% of the reporting en	any firms/ind				Yes	[]	No [X]
			d with the reporting entity (i.e. designt aggregate to more than 50% of the					Yes	[]	No [X]
17.6	For those firms or individuals below.	viduals listed in th	e table for 17.5 with an affiliation co	ode of "A" (aff	iliated) or "U"	(unaffiliated), pr	ovide the information for t	the		
	1		2		}	3	4		Inves	5 tment gement
	Central Registration Depository Number		Name of Firm or Individual		Legal Entity	Identifier (LEI)	Registered With			ement Filed
18.1 18.2	Have all the filing requ If no, list exceptions:	irements of the P	urposes and Procedures Manual of	f the NAIC Inv	estment Analy	rsis Office been	followed?			No []
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to per available. r is current on all an actual expect	eporting entity is certifying the follow mit a full credit analysis of the secu contracted interest and principal pa ation of ultimate payment of all con 5GI securities?	rity does not e ayments. tracted interes	exist or an NAI	C CRP credit ra	ating for an FE or PL	Yes	[]	No [X]
20.	a. The security was b. The reporting en c. The NAIC Desig on a current priv d. The reporting en	s purchased prior tity is holding cap nation was derive ate letter rating h tity is not permitte	reporting entity is certifying the folion to January 1, 2018. In the commensurate with the NAIC Experience to the credit rating assigned by the insurer and available for each to share this credit rating of the PLGI securities?	Designation re y an NAIC CR examination b PL security with	ported for the P in its legal on by state insura th the SVO.	security. capacity as a NF nce regulators.	RSRO which is shown	Yes	r 1	No [X]
21.	By assigning FE to a S FE fund: a. The shares were b. The reporting en	Schedule BA non-	registered private fund, the reportin					.55		1
	January 1, 2019 d. The fund only or e. The current repo in its legal capac	tity is holding cap a public credit ra predominantly horted NAIC Design ity as an NRSRO	to January 1, 2019. ital commensurate with the NAIC E ting(s) with annual surveillance ass olds bonds in its portfolio. nation was derived from the public of nual surveillance assigned by an NA	signed by an N	, NAIC CRP in it) with annual s	s legal capacity				

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages: 1.1 A&H loss percent Yes [] No [X] 2.1 Do you act as a custodian for health savings accounts? 2.2 Yes [] No [X] Do you act as an administrator for health savings accounts? 2.3 2.4 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X] 3. If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of 3.1

domicile of the reporting entity? ...

Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

			Show	<u>ring A</u> ll New <u>Reins</u> urar	nce <u>Tr</u> eaties	 Current Yea 	<u>r t</u> o Date			
1	2	3	4				7	8	9	10
	,									Effective
									Certified	Date of
NAIC						Ty	Type of		Reinsurer	Certified
Company	ID	Effective			Dicilia	Reinance	Business		Rating	Reinsurer
Code	Number	Date	Name of Reinsurer		Judiction	C	Ceded	Type of Reinsurer	(1 through 6)	Rating

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only 10 Federal Employees Health Life and Annuity Premiums & Other Active Status Accident and Health Property/ Casualty Total Columns 2 Renefite CHIP Title Deposit-Type Premiums States, etc. (a) Title XVIII Title XIX XXI **Premiums** sideration Premiums Through 8 Contracts .0 .0 ..0 .0 .0 ..0 ΑL .0 2. Alaska .0 0 3. Arizona ΑZ .0 .0 .0 .0 .0 .0 .0 0 0 4. Arkansas AR N 0 0 0 0 0 0 0 0 0 5. California CA N. .0 .0 .0 .0 .0 .0 .0 .0 0 6. Colorado ... CO .0 .N... .0 .0 .0 .0 .0 .0 .0 0 Connecticut CT .0 .0 .0 .0 .0 .0 .0 .0 0 .N. DE .0 .0 .0 .0 .0 .0 .0 0 0 District of Columbia DC 9. .0 0 .0 .0 .0 .0 .0 .0 0 10. Florida . 0 0 0 .0 0 .0 .0 0 0 11. Georgia .. GA N 0 0 0 0 0 0 0 0 0 12. Hawaii HI N. .0 .0 .0 0 .0 0 0 0 0 13. Idaho .. .0 0 ID N. .0 .0 .0 .0 .0 .0 .0 14. Illinois .0 .0 .0 .0 .0 .0 .0 .0 .0 IL N. 15. .0 .0 .0 .0 .0 .0 .0 .0 0 IN N. 16. .0 0 .0 .0 .0 .0 .0 0 0 17. Kansas KS .0 .0 .0 .0 .0 .0 .0 .0 0 18 Kentucky. ΚY N. 0 0 0 0 0 0 0 0 0 19. Louisiana LA N. .0 .0 .0 .0 .0 .0 .0 0 0 20. Maine .. .0 .0 ME .N... .0 .0 .0 .0 .0 .0 .0 21. Maryland ... MD .0 .0 .0 .0 .0 .0 .0 .0 .0 .N. 22. .0 .0 .0 .0 .0 .0 .0 .0 0 MA 23. Michigan .0 .0 0 .0 .0 0 .0 .0 24. Minnesota MN .0 .0 .0 .0 .0 .0 .0 .0 0 25. Mississippi MS N 0 0 0 0 0 0 0 0 0 26. Missouri MO N 0 0 0 0 0 0 0 0 0 27. Montana MT .0 0 N. .0 .0 .0 .0 .0 .0 .0 Nebraska NE 28. .0 N. .0 .0 .0 .0 .0 .0 .0 0 29 .0 .0 .0 .0 .0 .0 .0 .0 0 NV 30. New Hampshire NH .0 0 .0 .0 .0 .0 .0 .0 0 31. New Jersey .. 0 .0 .0 .0 0 .0 .0 .0 0 32 New Mexico NM N 0 0 0 0 0 0 0 0 0 33. New York NY N. .0 .0 .0 .0 .0 .0 .0 0 0 34. North Carolina NC .0 .0 .N... .0 .0 .0 .0 .0 .0 .0 35. North Dakota ND .0 .0 .0 .0 .0 0 .N. .0 .0 .0 36. ОН .0 .0 .0 .0 .0 .0 .0 .0 .0 37. Oklahoma .0 .0 0 .0 .0 0 .0 38 Oregon ... OR .0 .0 .0 .0 .0 .0 .0 .0 0 39. Pennsylvania PΑ N 0 0 0 0 0 0 0 0 0 40. Rhode Island RI N. .0 .0 .0 .0 .0 .0 .0 .0 0 41. South Carolina0 SC .N.. .0 .0 .0 .0 .0 .0 .0 .0 42. South Dakota0 SD .0 .0 .0 .0 .0 .0 .0 0 .N. 43. .0 .0 .0 .0 .0 .0 .0 .0 0 TN 44. .0 0 .0 .0 .0 .0 .0 .0 0 ΤX 45. Utah . UT N. 0 0 0 .0 0 .0 .0 0 0 46. Vermont ... VT N 0 0 0 0 0 0 0 0 0 47. Virginia VA N. .0 .0 .0 0 .0 0 0 0 0 48. Washington0 0 WA .N... .0 .0 .0 .0 .0 .0 .0 49. West Virginia WV .0 .0 .0 .0 .0 0 N. .0 .0 .0 50. Wisconsin WI .0 .0 .0 .0 .0 .0 .0 .0 0 51. Wyoming .0 0 .0 .0 .0 .0 .0 0 0 .N. 52 American Samoa AS N. .0 .0 .0 .0 .0 .0 .0 .0 0 53 Guam GU N 0 0 0 0 0 0 0 0 0 Puerto Rico 54. PR N. .0 .0 .0 .0 .0 .0 .0 0 0 U.S. Virgin Islands .. VI 55. .N... .0 .0 .0 .0 .0 .0 .0 .0 .0 56. Northern Mariana MP .0 .0 .0 .0 .0 .0 .0 .0 0 Islands . .N. 57. Canada. CAN .0 .0 .0 .0 .0 .0 .0 .0 .0 ..N... 58. Aggregate Other .0 .0 .0 OT XXX. .0 .0 .0 0. .0 0 59. Subtotal. .0 .0 .0 .0 .0 .0 .0 .0 .0 .XXX. 60. Reporting Entity Contributions for Employe Benefit Plans XXX 0 .0 .0 .0 .0 .0 .0 0 0 61 Totals (Direct Business) XXX 0 0 0 0 0 0 0 0 0 DETAILS OF WRITE-INS 58001 58002 XXX 58003. XXX. 58998. Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through XXX .0 .0 .0 .0 .0 .0 .0 .0 0 58999.

(a) Active Status Counts:	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1	4. Q - Qualified - Qualified or accredited reinsurer 0
2. R - Registered - Non-domiciled RRGs0	5. N - None of the above - Not allowed to write business in the state 56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0	

0

0

0

0

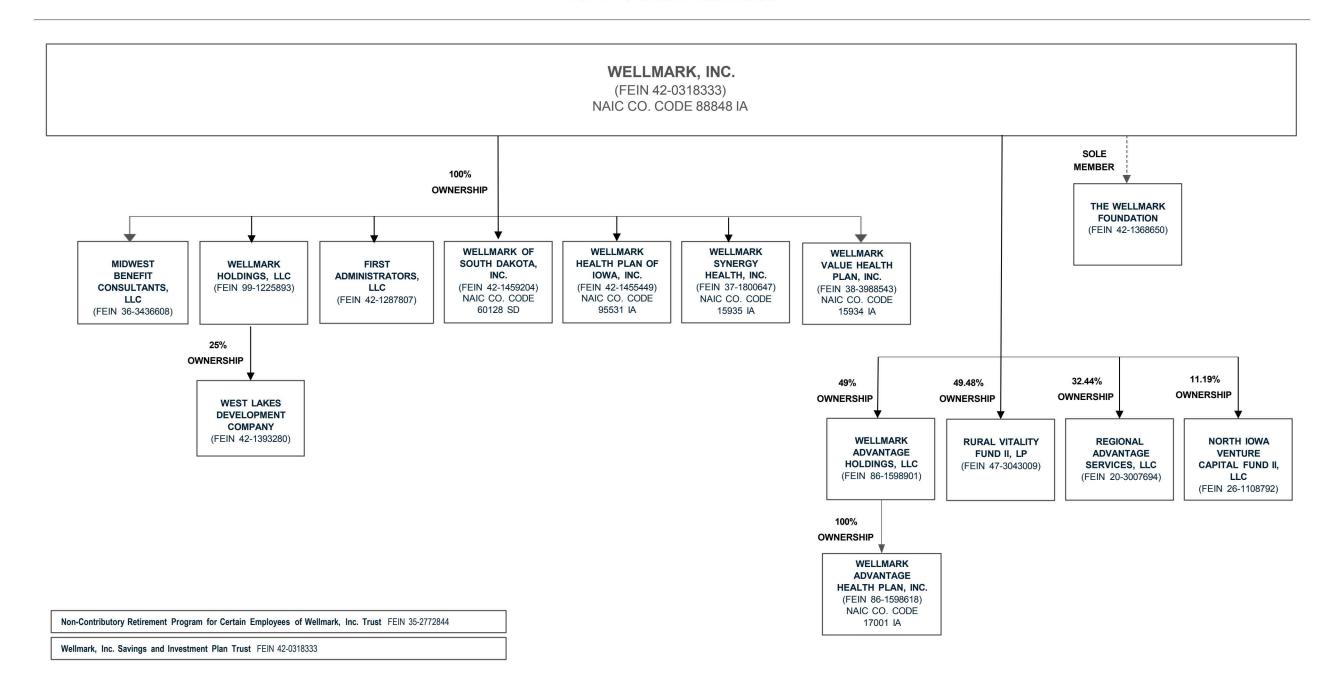
0

58003 plus 58998)(Line 58

above)

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

	17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0770	Wellmark Group	88848	42-0318333				Wellmark, Inc.	IA	UDP			0.000	Wellmark, Inc.	NO	
. 0770	Wellmark Group	60128	42-1459204				Wellmark of South Dakota, Inc.	SD	IA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	NO	
. 0770	Wellmark Group	95531	42-1455449				Wellmark Health Plan of Iowa, Inc	IA	[A	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc	NO	
. 0770	Wellmark Group	15935	37-1800647				Wellmark Synergy Health, Inc.	IA	IA	Wellmark, Inc	Ownership	100.000	Wellmark, Inc	NO	
. 0770	Wellmark Group	15934	38-3988543				Wellmark Value Health Plan, Inc	IA	RE	Wellmark, Inc	Ownership	100.000	Wellmark, Inc		
		00000	36-3436608				Midwest Benefit Consultants, LLC	IA	NIA	Wellmark, Inc	Ownership	100.000	Wellmark, Inc	YES	
		00000	42-1287807				First Administrators, LLC	IA	NI A		Ownership	100.000	Wellmark, Inc		
		00000	99-1225893				Wellmark Holdings, LLC	IA	NI A	Wellmark, Inc	Ownership		Wellmark, Inc		
		00000	42-1393280				West Lakes Development Company	IA	NI A	Wellmark Holdings, LLC	Ownership		Wellmark, Inc	NO	
													Blue Cross Blue Shield of Michigan		
		00000	86-1598901			***************************************	Wellmark Advantage Holdings, LLC	DE	NI A	Wellmark, Inc.	Ownership		Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan	17001	00 4500040				W 1/			W. I	0		Blue Cross Blue Shield of Michigan	110	
. 05/2	Mutual Insurance Company	cocco state also coco	86-1598618		•••••		Wellmark Advantage Health Plan, Inc			Wellmark Advantage Holdings, LLC			Mutual Insurance Company		
			47-3043009				Rural Vitality Fund II, LP				Ownership	49.480	Wellmark, Inc	NO	
			20-3007694			***************************************	Regional Advantage Services, LLC	DE		Wellmark, Inc.	Ownership		Wellmark, Inc.		
			26-1108792					IA			Ownership		Wellmark, Inc.		
		00000	42-1368650					IA	OTH	Wellmark, Inc	Management	0.000	Wellmark, Inc.	NO	1
		00000	35-2772844				Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust	l IA	OTH	Wellmark, Inc	Management	0.000	Wellmark, Inc	NO	١ ,
**** ******		00000	33-2112644				Wellmark, Inc. Savings and Investment Plan	IA	VIR	weilmark, inc	management	0.000	Weilmark, Inc.	NO	2
		00000	42-0318333	-3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-			Trust	14	отн	Wellmark, Inc	Management	0.000	Wellmark, Inc.	NO	3
****		00000	72 00 10000	***************************************			Trust			merimark, me.	management	0.000	merrinark, me.	140	0
			1	1	L	l .	l .	1	I.	l .		1	10	1	1

Asterisk	Explanation
1	Wellmark, Inc. is the sole member of The Wellmark Foundation.
2	The Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust was established in 2014.
3	The Wellmark, Inc. Savings and Investment Plan Trust was established in 2014.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
2.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

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

NONE

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

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

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

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month	Fnd	Depository	Balances
IVIOLITI	\perp	DEDOSITORY	Dalalices

Month End Depository Balances										
1	2	3	4	5	Book Balance at End of Each Month			9		
					During Current Quarter					
			Amount of	Amount of	6	7	8			
	Restricted		Interest Received	Interest Accrued						
	Asset	Rate of	During Current	at Current						
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*		
Bankers Trust - Savings Des Moines, IA		4 . 342	22,817	0	2, 109, 115	2, 116, 103	2,123,983	XXX.		
0199998. Deposits in 0 depositories that do not										
exceed the allowable limit in any one depository (See					-	_				
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX		
0199999. Totals - Open Depositories	XXX	XXX	22,817	0	2,109,115	2,116,103	2,123,983	XXX		
0299998. Deposits in 0 depositories that do not										
exceed the allowable limit in any one depository (See										
instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX		
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX		
0399999. Total Cash on Deposit	XXX	XXX	22,817	0	2,109,115	2,116,103	2,123,983	XXX		
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX		
0599999. Total - Cash	XXX	XXX	22,817	0	2,109,115	2,116,103	2,123,983	XXX		

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE