



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Wellpoint Iowa, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 15807 Employer's ID Number 47-3863197
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 04/28/2015 Commenced Business 04/01/2016

Statutory Home Office 4800 Westown Parkway, Bldg. 3, Suite 200 West Des Moines, IA, US 50266
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5800 Northampton Blvd 800-331-1476
(Street and Number) (Area Code) (Telephone Number)
Norfolk, VA, US 23502
(City or Town, State, Country and Zip Code)

Mail Address 5800 Northampton Blvd Norfolk, VA, US 23502
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 5800 Northampton Blvd 800-331-1476
(Street and Number) (Area Code) (Telephone Number)
Norfolk, VA, US 23502
(City or Town, State, Country and Zip Code)

Internet Website Address www.elevancehealth.com

Statutory Statement Contact Bette Lou Gronseth 800-331-1476
(Name) (Area Code) (Telephone Number)
bette.gronseth@elevancehealth.com
(E-mail Address) (FAX Number)

OFFICERS

Chairperson, President and CEO Teresa Thomas Hursey Secretary Kathleen Susan Kiefer
Vice President Jennifer Ann Dewane Treasurer Vincent Edward Scher

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

DIRECTORS OR TRUSTEES

Teresa Thomas Hursey Brittany Lynn Drake Jennifer Ann Dewane

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.

Signed by: Teresa Thomas Hursey
Teresa Thomas Hursey
Chairperson, President and CEO

DocuSigned by: Vincent E. Scher
Vincent Edward Scher
Treasurer

Signed by: Kathleen Kiefer
Kathleen Susan Kiefer
Secretary

Subscribed and sworn to before me this 3rd day of February, 2025
Leslie A. Sullivan

- 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.....

Leslie A. Sullivan
Notarial Seal, Iowa
Commission Number 750014
My Commission Expires November 20, 2025

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint 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)	684,347,037		684,347,037	792,548,640
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (6,351,017) , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	(6,351,017)		(6,351,017)	16,616,214
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)	48,140,197		48,140,197	25,110,877
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	726,136,217	0	726,136,217	834,275,731
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	6,016,790		6,016,790	6,356,519
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	104,776,605		104,776,605	91,552,974
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ 31,871,055) and contracts subject to redetermination (\$ 7,111,979)	38,983,034		38,983,034	4,429,039
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	4,762,202		4,762,202	2,316,623
18.1 Current federal and foreign income tax recoverable and interest thereon	4,808,670		4,808,670	0
18.2 Net deferred tax asset	9,095,696	16,689	9,079,007	5,603,968
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	634,318	634,318	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 2,237,204) and other amounts receivable	21,102,875	18,865,671	2,237,204	1,892,868
25. Aggregate write-ins for other-than-invested assets	72,987	72,987	0	21,293,114
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	916,389,394	19,589,665	896,799,729	967,720,836
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	916,389,394	19,589,665	896,799,729	967,720,836
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses	72,987	72,987	0	
2502. SIT receivable	0	0	0	21,293,114
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	72,987	72,987	0	21,293,114

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	250,031,469		250,031,469	242,125,347
2. Accrued medical incentive pool and bonus amounts	6,188,367		6,188,367	53,930,872
3. Unpaid claims adjustment expenses.....	6,623,392		6,623,392	6,480,652
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	16,903,277		16,903,277	1,375,596
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	617,279		617,279	1,143,076
9. General expenses due or accrued.....	26,501,682		26,501,682	459,379
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	2,609,133
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....			0	0
12. Amounts withheld or retained for the account of others.....	289,593		289,593	579
13. Remittances and items not allocated.....	5,229,647		5,229,647	150,950
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	53,580,215		53,580,215	171,615,414
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending	48,140,197		48,140,197	25,110,877
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans.....	169		169	1,176,242
23. Aggregate write-ins for other liabilities (including \$ 1,608,927 current).....	3,041,930	0	3,041,930	2,190,202
24. Total liabilities (Lines 1 to 23).....	417,147,217	0	417,147,217	508,368,319
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	10	10
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	450,999,990	450,999,990
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	28,652,512	8,352,517
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	479,652,512	459,352,517
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	896,799,729	967,720,836
DETAILS OF WRITE-INS				
2301. Escheat liability	1,806,687		1,806,687	1,961,651
2302. Other premium liability	1,005,603		1,005,603	0
2303. Other liabilities	222,436		222,436	21,036
2398. Summary of remaining write-ins for Line 23 from overflow page	7,204	0	7,204	207,515
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above).....	3,041,930	0	3,041,930	2,190,202
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 through 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 through 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	3,069,079	4,424,231
2. Net premium income (including \$ non-health premium income)	XXX	2,886,073,420	3,206,667,907
3. Change in unearned premium reserves and reserve for rate credits	XXX	32,591,248	20,980,858
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,918,664,668	3,227,648,765
Hospital and Medical:			
9. Hospital/medical benefits		1,800,562,385	1,938,050,856
10. Other professional services		334,375,328	333,766,680
11. Outside referrals		0	0
12. Emergency room and out-of-area		136,088,637	183,693,003
13. Prescription drugs		407,750,699	478,131,258
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		(16,747,811)	51,331,130
16. Subtotal (Lines 9 to 15)	0	2,662,029,238	2,984,972,927
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	2,662,029,238	2,984,972,927
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$77,337,495 cost containment expenses		99,846,887	119,758,470
21. General administrative expenses		56,464,533	70,755,131
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		16,864,710	0
23. Total underwriting deductions (Lines 18 through 22).....	0	2,835,205,368	3,175,486,528
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	83,459,300	52,162,237
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		35,348,510	37,974,707
26. Net realized capital gains (losses) less capital gains tax of \$ (356,082)		(6,107,492)	(3,873,289)
27. Net investment gains (losses) (Lines 25 plus 26)	0	29,241,018	34,101,418
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	463,261	450,694
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	113,163,579	86,714,349
31. Federal and foreign income taxes incurred	XXX	27,411,914	17,419,539
32. Net income (loss) (Lines 30 minus 31)	XXX	85,751,665	69,294,810
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 through 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 through 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 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous income (expense)		463,261	450,694
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	463,261	450,694

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	459,352,517	514,754,365
34. Net income or (loss) from Line 32	85,751,665	69,294,810
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(55,754)	(209,742)	63,842
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	3,435,974	(329,349)
39. Change in nonadmitted assets	522,098	(4,431,151)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(69,200,000)	(120,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	20,299,995	(55,401,848)
49. Capital and surplus end of reporting period (Line 33 plus 48)	479,652,512	459,352,517
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 through 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,869,024,216	3,227,273,631
2. Net investment income	32,018,965	36,476,478
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,901,043,181	3,263,750,109
5. Benefit and loss related payments	2,701,747,924	3,080,258,786
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	111,956,437	238,492,238
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ (356,082) tax on capital gains (losses)	34,473,635	20,616,705
10. Total (Lines 5 through 9)	2,848,177,996	3,339,367,729
11. Net cash from operations (Line 4 minus Line 10)	52,865,185	(75,617,620)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	330,537,477	240,365,895
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	140,386
12.7 Miscellaneous proceeds	0	2,970,006
12.8 Total investment proceeds (Lines 12.1 to 12.7)	330,537,477	243,476,287
13. Cost of investments acquired (long-term only):		
13.1 Bonds	225,406,108	214,313,031
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	23,029,320	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	248,435,428	214,313,031
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)	82,102,049	29,163,256
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	69,200,000	120,000,000
16.6 Other cash provided (applied)	(88,734,465)	127,676,976
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(157,934,465)	7,676,976
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)	(22,967,231)	(38,777,389)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	16,616,214	55,393,603
19.2 End of year (Line 18 plus Line 19.1)	(6,351,017)	16,616,214
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Depreciation	24,779	43,766

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	2,886,073,420	51,897,741						162,575,264	2,671,600,415					
2. Change in unearned premium reserves and reserve for rate credit	32,591,248	590,712						2,575,926	29,424,610					
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	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	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,918,664,668	52,488,453	0	0	0	0	0	165,151,190	2,701,025,025	0	0	0	0	0
8. Hospital/medical benefits	1,800,562,385	27,006,550						114,719,274	1,658,836,561					XXX
9. Other professional services	334,375,328	3,820,305						11,915,569	318,639,454					XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	136,088,637	3,547,218						26,873,800	105,667,619					XXX
12. Prescription drugs	407,750,699	10,467,988						12,752,198	384,530,513					XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(16,747,811)	2,328,530						792,537	(19,868,878)					XXX
15. Subtotal (Lines 8 to 14)	2,662,029,238	47,170,591	0	0	0	0	0	167,053,378	2,447,805,269	0	0	0	0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total medical and hospital (Lines 15 minus 16)	2,662,029,238	47,170,591	0	0	0	0	0	167,053,378	2,447,805,269	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 77,337,495 cost containment expenses	99,846,887	8,235,770						32,595,837	59,015,280					
20. General administrative expenses	56,464,533	4,657,421						18,433,310	33,373,802					
21. Increase in reserves for accident and health contracts	16,864,710							16,864,710						XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,835,205,368	60,063,782	0	0	0	0	0	234,947,235	2,540,194,351	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	83,459,300	(7,575,329)	0	0	0	0	0	(69,796,045)	160,830,674	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	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	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	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) individual	51,897,741			51,897,741
2. Comprehensive (hospital and medical) group				0
3. Medicare Supplement				0
4. Vision only				0
5. Dental only				0
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	162,575,264			162,575,264
8. Title XIX - Medicaid	2,671,600,415			2,671,600,415
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	2,886,073,420	0	0	2,886,073,420
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	2,886,073,420	0	0	2,886,073,420

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	2,670,753,230	45,890,902						160,530,992	2,464,331,336					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	2,670,753,230	45,890,902	0	0	0	0	0	160,530,992	2,464,331,336	0	0	0	0	0
2. Paid medical incentive pools and bonuses	30,994,694	2,319,538						1,406,251	27,268,905					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	250,031,469	3,928,415	0	0	0	0	0	17,912,623	228,190,431	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	250,031,469	3,928,415	0	0	0	0	0	17,912,623	228,190,431	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	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	6,188,367	22,825						648,991	5,516,551					
6. Net health care receivables (a)	(117,697)	2,878,901						873,378	(3,869,976)					
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	242,125,347	2,098,355	0	0	0	0	0	11,309,395	228,717,597	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	242,125,347	2,098,355	0	0	0	0	0	11,309,395	228,717,597	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	53,930,872	13,833						1,262,705	52,654,334					
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	2,678,777,049	44,842,061	0	0	0	0	0	166,260,842	2,467,674,146	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,678,777,049	44,842,061	0	0	0	0	0	166,260,842	2,467,674,146	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	(16,747,811)	2,328,530	0	0	0	0	0	792,537	(19,868,878)	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	83,002,203	901,522	0	0	0	0	0	4,796,598	77,304,083	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	83,002,203	901,522	0	0	0	0	0	4,796,598	77,304,083	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	167,029,266	3,026,893	0	0	0	0	0	13,116,025	150,886,348	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	167,029,266	3,026,893	0	0	0	0	0	13,116,025	150,886,348	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	250,031,469	3,928,415	0	0	0	0	0	17,912,623	228,190,431	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	250,031,469	3,928,415	0	0	0	0	0	17,912,623	228,190,431	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint 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) individual	4,465,742	41,425,160	(121,390)	4,049,804	4,344,352	2,098,355
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	11,520,191	149,010,801	254,957	17,657,665	11,775,148	11,309,395
8. Title XIX - Medicaid	194,542,371	2,269,788,965	(2,451,515)	230,641,948	192,090,856	228,717,597
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	210,528,304	2,460,224,926	(2,317,948)	252,349,417	208,210,356	242,125,347
14. Health care receivables (a)	5,713,449	12,789,356	0	0	5,713,449	18,620,502
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	23,509,484	7,485,210	3,276,621	2,911,746	26,786,105	53,930,872
17. Totals (Lines 13 - 14 + 15 + 16)	228,324,339	2,454,920,780	958,673	255,261,163	229,283,012	277,435,717

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	3,686	3,846	3,776	3,652	3,652
2. 2020	53,658	59,503	59,277	59,122	59,091
3. 2021	XXX	59,690	65,580	67,187	67,098
4. 2022	XXX	XXX	52,590	58,722	59,385
5. 2023	XXX	XXX	XXX	42,222	47,794
6. 2024	XXX	XXX	XXX	XXX	41,775

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	3,753	3,811	3,767	3,652	3,652
2. 2020	59,040	59,518	59,212	59,104	59,093
3. 2021	XXX	64,096	65,385	67,122	67,082
4. 2022	XXX	XXX	57,324	58,597	59,331
5. 2023	XXX	XXX	XXX	44,542	47,748
6. 2024	XXX	XXX	XXX	XXX	45,840

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. 2020	75,059	59,091	6,344	10.7	65,435	87.2	2	0	65,437	87.2
2. 2021	75,687	67,098	6,548	9.8	73,646	97.3	(16)	0	73,630	97.3
3. 2022	66,480	59,385	5,751	9.7	65,136	98.0	(54)	(2)	65,080	97.9
4. 2023	49,229	47,794	5,528	11.6	53,322	108.3	(45)	(1)	53,276	108.2
5. 2024	52,488	41,775	7,058	16.9	48,833	93.0	4,064	118	53,015	101.0

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020			0	0	0
3. 2021	XXX	4,868	5,861	5,705	5,733
4. 2022	XXX	XXX	52,624	59,008	59,147
5. 2023	XXX	XXX	XXX	109,395	120,596
6. 2024	XXX	XXX	XXX	XXX	146,968

Section B - Incurred Health Claims - Title XVIII

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	0	0	0	0	0
2. 2020			0	0	0
3. 2021	XXX	5,660	5,866	5,699	5,733
4. 2022	XXX	XXX	59,992	59,504	59,133
5. 2023	XXX	XXX	XXX	121,478	120,882
6. 2024	XXX	XXX	XXX	XXX	165,258

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

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. 2020		0	0	0.0	0	0.0	0	0	0	0.0
2. 2021	7,893	5,733	1,592	27.8	7,325	92.8	0	0	7,325	92.8
3. 2022	71,789	59,147	6,620	11.2	65,767	91.6	(14)	0	65,753	91.6
4. 2023	136,830	120,596	14,833	12.3	135,429	99.0	286	7	135,722	99.2
5. 2024	165,151	146,968	28,263	19.2	175,231	106.1	18,290	478	193,999	117.5

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	295,413	295,862	296,264	294,362	294,820
2.	2020	2,484,184	2,739,266	2,745,030	2,746,041	2,743,914
3.	2021	XXX	2,678,463	2,970,018	2,983,315	2,978,644
4.	2022	XXX	XXX	2,725,638	3,019,823	3,027,198
5.	2023	XXX	XXX	XXX	2,589,743	2,799,549
6.	2024	XXX	XXX	XXX	XXX	2,266,178

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	291,253	298,460	295,710	295,655	294,820
2.	2020	2,793,456	2,737,549	2,749,381	2,746,422	2,745,539
3.	2021	XXX	3,010,681	2,980,913	2,982,018	2,978,470
4.	2022	XXX	XXX	3,086,187	3,036,152	3,026,390
5.	2023	XXX	XXX	XXX	2,854,409	2,799,707
6.	2024	XXX	XXX	XXX	XXX	2,499,084

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	3,239,026	2,743,914	104,947	3.8	2,848,861	88.0	1,625	43	2,850,529	88.0
2. 2021	3,323,868	2,978,644	110,531	3.7	3,089,175	92.9	(174)	(5)	3,088,996	92.9
3. 2022	3,437,207	3,027,198	111,327	3.7	3,138,525	91.3	(808)	(21)	3,137,696	91.3
4. 2023	3,041,590	2,799,549	98,131	3.5	2,897,680	95.3	159	(81)	2,897,758	95.3
5. 2024	2,701,025	2,266,178	51,298	2.3	2,317,476	85.8	232,905	6,087	2,556,468	94.6

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint 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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	299,099	299,708	300,040	298,014	298,472
2.	2020	2,537,842	2,798,769	2,804,307	2,805,163	2,803,005
3.	2021	XXX	2,743,021	3,041,459	3,056,207	3,051,475
4.	2022	XXX	XXX	2,830,852	3,137,553	3,145,730
5.	2023	XXX	XXX	XXX	2,741,360	2,967,939
6.	2024	XXX	XXX	XXX	XXX	2,454,921

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	295,006	302,271	299,477	299,307	298,472
2.	2020	2,852,496	2,797,067	2,808,593	2,805,526	2,804,632
3.	2021	XXX	3,080,437	3,052,164	3,054,839	3,051,285
4.	2022	XXX	XXX	3,203,503	3,154,253	3,144,854
5.	2023	XXX	XXX	XXX	3,020,429	2,968,337
6.	2024	XXX	XXX	XXX	XXX	2,710,182

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2020	3,314,085	2,803,005	111,291	4.0	2,914,296	87.9	1,627	43	2,915,966	88.0
2. 2021	3,407,448	3,051,475	118,671	3.9	3,170,146	93.0	(190)	(5)	3,169,951	93.0
3. 2022	3,575,476	3,145,730	123,698	3.9	3,269,428	91.4	(876)	(23)	3,268,529	91.4
4. 2023	3,227,649	2,967,939	118,492	4.0	3,086,431	95.6	400	(75)	3,086,756	95.6
5. 2024	2,918,664	2,454,921	86,619	3.5	2,541,540	87.1	255,259	6,683	2,803,482	96.1

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	16,864,710							16,864,710					
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	38,567							38,567					
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	16,903,277	0	0	0	0	0	0	16,903,277	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	16,903,277	0	0	0	0	0	0	16,903,277	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	0	0	0	0
12. Totals (gross)	0	0	0	0	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	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 16,864,710 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 805,439 for occupancy of own building)	2,039,412	421,995	(1,021,678)	0	1,439,729
2. Salary, wages and other benefits	61,763,711	11,557,356	27,347,373	0	100,668,440
3. Commissions (less \$ ceded plus \$ assumed)	0	0	5,001,466	0	5,001,466
4. Legal fees and expenses	2,757	3,003	817,615	0	823,375
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services ...	2,138,620	782,730	4,052,408	0	6,973,758
7. Traveling expenses	1,147,407	3,659	253,275	0	1,404,341
8. Marketing and advertising	552,649	83,775	5,062,947	0	5,699,371
9. Postage, express and telephone	552,577	105,454	1,813,354	0	2,471,385
10. Printing and office supplies	76,631	2,214	182,642	0	261,487
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	38,279	422	323,214	0	361,915
13. Cost or depreciation of EDP equipment and software	1,065,964	107,595	6,692,086	0	7,865,645
14. Outsourced services including EDP, claims, and other services	3,990,318	4,732,699	9,260,967	0	17,983,984
15. Boards, bureaus and association fees	4,573	0	141,430	0	146,003
16. Insurance, except on real estate	0	0	517,265	0	517,265
17. Collection and bank service charges	0	0	35,957	0	35,957
18. Group service and administration fees	0	6	7,906	0	7,912
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	552	2	1,175,483	0	1,176,037
22. Real estate taxes	0	0	88,051	0	88,051
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(40,228,762)	0	(40,228,762)
23.2 State premium taxes	0	0	25,918,359	0	25,918,359
23.3 Regulatory authority licenses and fees	10,006	190	44,703	0	54,899
23.4 Payroll taxes	3,706,374	682,371	1,579,910	0	5,968,655
23.5 Other (excluding federal income and real estate taxes)	0	0	46,377	0	46,377
24. Investment expenses not included elsewhere	0	0	0	622,996	622,996
25. Aggregate write-ins for expenses	247,665	4,025,921	7,352,185	0	11,625,771
26. Total expenses incurred (Lines 1 to 25)	77,337,495	22,509,392	56,464,533	622,996	(a) 156,934,416
27. Less expenses unpaid December 31, current year	0	6,623,392	26,501,682	0	33,125,074
28. Add expenses unpaid December 31, prior year	0	6,480,652	459,379	0	6,940,031
29. Amounts receivable relating to uninsured plans, prior year	0	0	2,316,623	0	2,316,623
30. Amounts receivable relating to uninsured plans, current year	0	0	4,762,202	0	4,762,202
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	77,337,495	22,366,652	32,867,809	622,996	133,194,952
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses	247,665	4,025,921	7,352,185	0	11,625,771
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	247,665	4,025,921	7,352,185	0	11,625,771

(a) Includes management fees of \$ 157,674,393 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 1,940,121	2,201,928
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 31,382,567	30,780,182
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		0
2.21 Common stocks of affiliates		0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans		0
6. Cash, cash equivalents and short-term investments	(e) 2,900,014	2,900,014
7. Derivative instruments	(f) 0	0
8. Other invested assets		0
9. Aggregate write-ins for investment income	88,531	89,382
10. Total gross investment income	36,311,233	35,971,506
11. Investment expenses		(g) 622,996
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		622,996
17. Net investment income (Line 10 minus Line 16)		35,348,510
DETAILS OF WRITE-INS		
0901. Miscellaneous Income	(7)	(7)
0902. Securities Lending	88,538	89,389
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	88,531	89,382
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 4,705,687 accrual of discount less \$ 1,046,851 amortization of premium and less \$ 1,035,616 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 \$ 0 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	(411,889)	0	(411,889)	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(6,051,685)	0	(6,051,685)	(265,496)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(6,463,574)	0	(6,463,574)	(265,496)	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	16,689		(16,689)
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	634,318	676,325	42,007
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	18,865,671	19,327,704	462,033
25. Aggregate write-ins for other-than-invested assets	72,987	107,734	34,747
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	19,589,665	20,111,763	522,098
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	19,589,665	20,111,763	522,098
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 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses	72,987	64,077	(8,910)
2502. Miscellaneous Receivables	0	43,657	43,657
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	72,987	107,734	34,747

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	262,183	259,158	244,762	246,232	247,307	3,069,079
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	262,183	259,158	244,762	246,232	247,307	3,069,079
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 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

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

The accompanying financial statements of Wellpoint Iowa, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Iowa Insurance Division ("IID"). The Company employed no permitted practices in preparing the accompanying statutory financial statements.

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2024</u>	<u>2023</u>
<u>Net Income</u>					
(1) Wellpoint Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 85,751,665</u>	<u>\$ 69,294,810</u>
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(4) NAIC SAP (1-2-3=4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 85,751,665</u>	<u>\$ 69,294,810</u>
<u>Surplus</u>					
(5) Wellpoint Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$479,652,512</u>	<u>\$ 459,352,517</u>
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u> </u>	<u> </u>	<u> </u>	<u> —</u>	<u> —</u>
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$479,652,512</u>	<u>\$ 459,352,517</u>

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

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

NOTES TO FINANCIAL STATEMENTS

C. Accounting Policies

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

The Company provides administrative services to various customers on an uninsured basis. Under these arrangements, the customer retains the risk of funding payments for health benefits provided, and the Company may be subject to credit risk of the customer from the time of the Company's claim payment until the Company receives the claim reimbursement. In accordance with SSAP No. 47, *Uninsured Plans*, these claims payments and subsequent reimbursements are excluded from the Company's statutory statement of revenue and expenses. Administrative fees for administering these arrangements are recognized as administrative services are performed and recorded as a reduction to general administrative expenses.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (3) The Company has no investments in common stocks of unaffiliated companies.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no investment in residual tranche bonds and preferred stocks.
- (6) The Company has no mortgage loans - real estate.
- (7) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (8) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (9) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (10) The Company has no derivative instruments.
- (11) The Company recognizes losses from other-than-temporary impairments ("OTTI") of investments in accordance with Statements of Standard Accounting Practice ("SSAP") No. 26, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (12) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (13) Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates

NOTES TO FINANCIAL STATEMENTS

and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.

- (14) The Company has not modified its capitalization policy from the prior period.
- (15) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.
- (16) The Company sells policies where premiums vary based on loss experience or premium stabilization programs. Retrospectively rated refunds include minimum medical loss ratio (“MLR”) rebates per the Affordable Care Act (“ACA”). Risk adjustment programs transfer premiums from insurers that enroll members with relatively lower health risks to insurers that enroll members with relatively higher health risks. Reserves for rate credits, risk adjustment programs or policy rating refunds are reported in aggregate policy reserves. Accrued retrospective premiums are reported in premiums receivable.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the years ended December 31, 2024 and 2023.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable.

B. Statutory Merger

Not applicable.

C. Assumption Reinsurance

Not applicable.

D. Impairment Loss

Not applicable.

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

Not applicable.

4. Discontinued Operations

The Company had no operations that were discontinued during 2024 or 2023.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2024 or 2023.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2024 or 2023.

D. Loan-Backed Securities

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2024 and 2023.
- (3) The Company did not recognize OTTI on its loan-backed securities at December 31, 2024 and 2023.
- (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	\$	(364,766)
2.	12 Months or Longer	\$	(3,632,427)
 - b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$	26,759,066
2.	12 Months or Longer	\$	75,207,864
- (5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at December 31, 2024 or 2023.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company did not enter into repurchase agreements at December 31, 2024 or 2023.
- (2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company's Investment Policy.

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Received

a. Aggregate amount collateral received

	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$ 46,961,030
(b) 30 days or less	—
(c) 31 to 60 days	—
(d) 61 to 90 days	—
(e) Greater than 90 days	—
(f) Sub-total	<u>46,961,030</u>
(g) Securities received	<u>1,179,167</u>
(h) Total collateral received	<u>\$ 48,140,197</u>

2. Dollar repurchase agreement - Not applicable.

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged \$ 48,140,197

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

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

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

	<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$ —	\$ —
(b) 30 days or less	18,436,933	18,439,672
(c) 31 to 60 days	12,237,567	12,239,263
(d) 61 to 90 days	1,098,858	1,098,767
(e) 91 to 120 days	7,922,768	7,923,189
(f) 121 to 180 days	4,385,894	4,389,170
(g) 181 to 365 days	2,879,010	2,880,117
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	<u>\$ 46,961,030</u>	<u>\$ 46,970,178</u>
(l) Securities received	<u>1,179,167</u>	<u>1,179,167</u>
(m) Total collateral reinvested	<u>\$ 48,140,197</u>	<u>\$ 48,149,345</u>

2. Dollar repurchase agreement - Not applicable.

b. Not applicable.

(6) Not applicable.

(7) Not applicable.

NOTES TO FINANCIAL STATEMENTS

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at December 31, 2024 or 2023.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2024 or 2023.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2024 or 2023.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2024 or 2023.

J. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2024 or 2023.

K. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	0.00 %	0.00 %
b. Collateral held under security lending agreements	48,140,197	25,110,877	23,029,320	—	48,140,197	5.25 %	5.37 %
c. Subject to repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
d. Subject to reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
e. Subject to dollar repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
g. Placed under option contracts	—	—	—	—	—	0.00 %	0.00 %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
i. FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %
j. On deposit with states	—	—	—	—	—	0.00 %	0.00 %
k. On deposit with other regulatory bodies	—	—	—	—	—	0.00 %	0.00 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	0.00 %	0.00 %
m. Pledged as collateral not captured in other categories	—	—	—	—	—	0.00 %	0.00 %
n. Other restricted assets	—	—	—	—	—	0.00 %	0.00 %
o. Total Restricted Assets	\$48,140,197	\$25,110,877	\$23,029,320	\$ —	\$48,140,197	5.25 %	5.37 %

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

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

(2) Not applicable.

(3) Not applicable.

NOTES TO FINANCIAL STATEMENTS

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

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets **
a. Cash	\$ —	\$ —	— %	— %
b. Schedule D, Part 1	—	—	—	—
c. Schedule D, Part 2 Section 1	—	—	—	—
d. Schedule D, Part 2 Section 2	—	—	—	—
e. Schedule B	—	—	—	—
f. Schedule A	—	—	—	—
g. Schedule BA, Part 1	—	—	—	—
h. Schedule DL, Part 1	48,140,197	48,149,344	5.25 %	5.37 %
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 48,140,197	\$ 48,149,344	5.25 %	5.37 %

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

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

	<u>1</u>	<u>2</u>
	<u>Amount</u>	<u>% of Liability to Total Liabilities *</u>
k. Recognized Obligation to Return Collateral Asset	\$ 48,140,197	11.54 %

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

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2024 and 2023.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2024 and 2023.

O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2024 and 2023.

P. Short Sales

The Company did not have any short sales at December 31, 2024 and 2023.

Q. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs	2
(2) Aggregate Amount of Investment Income \$	196,763

NOTES TO FINANCIAL STATEMENTS

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

The Company did not participate in a cash pool at December 31, 2024 or 2023.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

The Company did not have any aggregate collateral loans with qualifying investment collateral at December 31, 2024 or 2023.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

B. Not applicable.

7. Investment Income

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

B. At December 31, 2024 and 2023 there was no nonadmitted accrued investment income.

C. At December 31, 2024 and 2023 the gross, nonadmitted and admitted amounts for interest income due and accrued are as follows:

Interest Income Due and Accrued	2024	2023
1. Gross	\$ 6,016,790	\$ 6,356,519
2. Nonadmitted	\$ —	\$ —
3. Admitted	\$ 6,016,790	\$ 6,356,519

D. At December 31, 2024 and 2023 the Company had no aggregate deferred interest.

E. At December 31, 2024 and 2023, the Company had no cumulative amounts of paid-in-kind (“PIK”) interest included in the current principal balance.

8. Derivative Instruments

The Company has no derivative instruments.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

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

	12/31/2024		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 9,801,250	\$ 862,409	\$ 10,663,659
(b) Statutory Valuation Allowance Adjustments	—	260,765	260,765
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	9,801,250	601,644	10,402,894
(d) Deferred Tax Assets Nonadmitted	—	16,689	16,689
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	9,801,250	584,955	10,386,205
(f) Deferred Tax Liabilities	772,310	534,888	1,307,198
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 9,028,940	\$ 50,067	\$ 9,079,007

	12/31/2023		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 6,494,802	\$ —	\$ 6,494,802
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	6,494,802	—	6,494,802
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	6,494,802	—	6,494,802
(f) Deferred Tax Liabilities	60,874	829,960	890,834
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 6,433,928	\$ (829,960)	\$ 5,603,968

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 3,306,448	\$ 862,409	\$ 4,168,857
(b) Statutory Valuation Allowance Adjustments	—	260,765	260,765
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	3,306,448	601,644	3,908,092
(d) Deferred Tax Assets Nonadmitted	—	16,689	16,689
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	3,306,448	584,955	3,891,403
(f) Deferred Tax Liabilities	711,436	(295,072)	416,364
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 2,595,012	\$ 880,027	\$ 3,475,039

NOTES TO FINANCIAL STATEMENTS

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

12/31/2024		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 9,484,849	\$ —	\$ 9,484,849
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	19,428	50,067	\$ 69,495
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	19,428	50,067	\$ 69,495
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	70,586,026
(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.	296,973	534,888	\$ 831,861
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 9,801,250</u>	<u>\$ 584,955</u>	<u>\$ 10,386,205</u>

12/31/2023		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 6,145,554	\$ —	\$ 6,145,554
(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)	23,874	—	23,874
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	23,874	—	23,874
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	68,062,282
(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.	325,374	—	325,374
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 6,494,802</u>	<u>\$ —</u>	<u>\$ 6,494,802</u>

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

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 3,339,295	\$ —	\$ 3,339,295
(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)	(4,446)	50,067	45,621
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(4,446)	50,067	45,621
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	2,523,744
(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.	(28,401)	534,888	506,487
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 3,306,448</u>	<u>\$ 584,955</u>	<u>\$ 3,891,403</u>

NOTES TO FINANCIAL STATEMENTS

	2024	2023
(3) (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	482 %	411 %

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 470,873,505	\$ 453,748,549
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	12/31/2024		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital

Impact of Tax-Planning Strategies

(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 9,801,250	\$ 601,644	\$ 6,494,802	\$ —	\$ 3,306,448	\$ 601,644
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00 %	11.10 %	0.00 %	0.00 %	0.00 %	11.10 %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 9,801,250	\$ 584,955	\$ 6,494,802	\$ —	\$ 3,306,448	\$ 584,955
4. Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %

(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____	No <u> X </u>
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B. The Company has no unrecognized deferred tax liabilities at December 31, 2024 and 2023.

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

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 27,411,914	\$ 17,419,539	\$ 9,992,375
(b) Foreign	—	—	—
(c) Subtotal	27,411,914	17,419,539	9,992,375
(d) Federal income tax expense on net capital gains	(356,082)	(1,128,566)	772,484
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	<u>\$ 27,055,832</u>	<u>\$ 16,290,973</u>	<u>\$ 10,764,859</u>
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 743,813	\$ 888,665	\$ (144,852)
(2) Unearned premium reserve	25,926	48,009	(22,083)
(3) Policyholder reserves	1,701,000	1,512,000	189,000
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—

NOTES TO FINANCIAL STATEMENTS

(7)	Fixed assets	312,598	330,058	(17,460)
(8)	Compensation and benefits accrual	—	—	—
(9)	Pension accrual	—	—	—
(10)	Receivables - nonadmitted	3,415,776	3,521,971	(106,195)
(11)	Net operating loss carry-forward	—	—	—
(12)	Tax credit carry-forward	—	—	—
(13)	Other	3,602,137	194,099	3,408,038
	(99) Subtotal (sum of 2a1 through 2a13)	9,801,250	6,494,802	3,306,448
(b)	Statutory valuation allowance adjustment	—	—	—
(c)	Nonadmitted	—	—	—
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	9,801,250	6,494,802	3,306,448
(e)	Capital			
	(1) Investments	66,756	—	66,756
	(2) Net capital loss carry-forward	795,653	—	795,653
	(3) Real estate	—	—	—
	(4) Other	—	—	—
	(99) Subtotal (2e1+2e2+2e3+2e4)	862,409	—	862,409
(f)	Statutory valuation allowance adjustment	260,765	—	260,765
(g)	Nonadmitted	16,689	—	16,689
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	584,955	—	584,955
(i)	Admitted deferred tax assets (2d + 2h)	\$ 10,386,205	\$ 6,494,802	\$ 3,891,403

(1)	(2)	(3)
12/31/2024	12/31/2023	(Col 1-2) Change

(3)	Deferred Tax Liabilities:			
(a)	Ordinary			
	(1) Investments	\$ 764,557	\$ —	\$ 764,557
	(2) Fixed assets	—	—	—
	(3) Deferred and uncollected premium	—	—	—
	(4) Policyholder reserves	—	—	—
	(5) Other	7,753	60,874	(53,121)
	(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	772,310	60,874	711,436
(b)	Capital			
	(1) Investments	534,888	829,960	(295,072)
	(2) Real estate	—	—	—
	(3) Other	—	—	—
	(99) Subtotal (3b1+3b2+3b3)	534,888	829,960	(295,072)
(c)	Deferred tax liabilities (3a99 + 3b99)	\$ 1,307,198	\$ 890,834	\$ 416,364
(4)	Net deferred tax assets/liabilities (2i - 3c)	\$ 9,079,007	\$ 5,603,968	\$ 3,475,039

The table above includes market discount under deferred tax liabilities as ordinary investments for 2024. Market discount had been netted with capital investments in 2023. This change did not materially impact any amounts presented in the financial statements. The difference of market discount netted with capital investments is immaterial in the prior year presented above.

NOTES TO FINANCIAL STATEMENTS

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

	<u>2024</u>	<u>2023</u>
Tax expense computed using federal statutory rate	\$ 23,689,574	\$ 17,973,014
Change in nonadmitted assets	113,145	(963,532)
Tax exempt income and dividend received deduction net of proration	(459,609)	(459,781)
Prior year true-up and adjustments	10,521	67,767
Valuation allowance	260,765	—
Other, net	5,462	2,854
Total	<u>\$ 23,619,858</u>	<u>\$ 16,620,322</u>
Federal income taxes incurred	\$ 27,055,832	\$ 16,290,973
Change in net deferred income taxes	(3,435,974)	329,349
Total statutory income taxes	<u>\$ 23,619,858</u>	<u>\$ 16,620,322</u>

E. Operating loss carryforwards:

- (1) The Company has no operating loss carryforwards and no corporate alternative minimum tax ("AMT") credit carryforwards as of December 31, 2024 or 2023.
- (2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2024	\$ 26,921,111	\$ —	\$ 26,921,111
2023	16,176,537	—	16,176,537
2022	N/A	—	—

- (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2024 and 2023.

- F.** The following companies will be included in the consolidated federal income tax return with their parent Elevance Health, Inc. ("Elevance Health") as of December 31, 2024 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes, including corporate AMT, with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations, including separate corporate AMT calculations, with credit for net operating losses and capital losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

Albion Medical Group of Nevada, P.C.	Colorado State Infusion, Inc.
Albion Medical Partners of California, P.C.	Community Care Health Plan of Kansas, Inc.
Albion Medical Partners of California West, P.C.	Community Care Health Plan of Nebraska, Inc.
Albion Medical Partners of Illinois, S.C.	Community Care Health Plan of Nevada, Inc.
Alliance Care Management, LLC	Community Insurance Company
Amerigroup Mississippi, Inc.	CompCare Health Services Insurance Corporation
Amerigroup Pennsylvania, Inc.	Crossroads Acquisition Corp.
AMGP Georgia Managed Care Company, Inc.	DeCare Analytics, LLC
Anthem Benefits Agency, Inc.	DeCare Dental Health International, LLC

NOTES TO FINANCIAL STATEMENTS

Anthem Blue Cross Life and Health Insurance Company	DeCare Dental Networks, LLC
Anthem Financial, Inc.	DeCare Dental, LLC
Anthem HealthChoice Assurance, Inc.	Designated Agent Company, Inc.
Anthem HealthChoice HMO, Inc.	Elevance Health, Inc
Anthem Health Plans of Kentucky, Inc.	Elevance Health Information Technology Services, Inc.
Anthem Health Plans of Maine, Inc.	ELV Holding Company 2, LLC
Anthem Health Plans of New Hampshire, Inc.	ELV Holding Company 3, LLC
Anthem Health Plans of Virginia, Inc.	ELV Holding Company 4, LLC
Anthem Health Plans, Inc.	Federal Government Solutions, LLC
Anthem Holding Corp.	Freedom Health, Inc.
Anthem HP, LLC	Freedom SPV, Inc.
Anthem Insurance Companies, Inc.	Golden West Health Plan, Inc.
Anthem Kentucky Managed Care Plan, Inc.	HaloCare Specialty Therapeutics, LLC
Anthem Southeast, Inc.	Healthkeepers, Inc.
APR, LLC	HealthLink Administrators, Inc.
Arcus Enterprises, Inc.	HealthLink, Inc.
Associated Group, Inc.	HealthSun Health Plan, Inc.
AUMSI UM Services, Inc.	Healthy Alliance Life Insurance Company
Beacon Health Financing, LLC	HMO Colorado, Inc.
Beacon Health Options Holdco, Inc.	HMO Missouri, Inc.
Beacon Health Vista Parent, Inc.	IEC Group Holdings, Inc.
BioPlus Parent, LLC	IEC Group, Inc. d/b/a AmeriBen
BioPlus Specialty Holding Company, LLC	Innovative Pharmacy Services, LLC
BioPlus Specialty Infusion Holdings, Inc.	LDNR Pharmacy, Inc.
BioPlus Specialty Pharmacy Holdings, Inc.	Living Complete Technologies, Inc.
BioPlus Specialty Pharmacy Holdings I, Inc.	Massachusetts Behavioral Health Partnership
BioPlus Specialty Pharmacy Holdings II, Inc.	Matthew Thornton Health Plan, Inc.
BioPlus Specialty Pharmacy, Inc.	Missouri Care, Incorporated
BioPlus Specialty Pharmacy LA, LLC	Nash Holding Company, LLC
Blue Cross Blue Shield Healthcare Plan of	National Government Services, Inc.
Blue Cross Blue Shield of Wisconsin	New England Research Institutes, Inc.
Blue Cross of California	Optimum Healthcare, Inc.
Blue Cross of California Partnership Plan, Inc.	OPTIONS Health Care, Inc.
Carebridge Holding Company, LLC	Paragon Healthcare, Inc.
Carelon Behavioral Care, Inc.	Paragon Holding Company, LLC
Carelon Behavioral Health Holdings, Inc.	Paragon Infusion Care Inc.
Carelon Behavioral Health, Inc.	Pathwrite, Inc.
Carelon Behavioral Health IPA, Inc.	PHI Parent, LLC
Carelon Behavioral Health of California, Inc.	RightCHOICE Managed Care, Inc.
Carelon Behavioral Health Strategies IPA, LLC	Rocky Mountain Hospital and Medical Service, Inc.
Carelon Digital Platforms, Inc.	RSV QOZB LTSS, Inc.
Carelon Global Solutions U.S., Inc.	SellCore, Inc.
Carelon Health Federal Services, Inc.	Simply Healthcare Plans, Inc.
Carelon Health, Inc.	Southeast Services, Inc.
Carelon Health IPA of California	State Sponsored Services, Inc.
Carelon Health IPA of New York, Inc.	The Elevance Health Companies, Inc.
Carelon Health of Arizona, Inc.	The Elevance Health Companies of California, Inc.
Carelon Health of California, Inc.	TrustSolutions, LLC
Carelon Health of Nevada, Inc.	WellPoint California Services, Inc.
Carelon Health of New Jersey, Inc.	Wellpoint Corporation
Carelon Health of Pennsylvania, Inc.	Wellpoint Delaware, Inc.
Carelon Health Solutions, Inc.	WellPoint Dental Services, Inc.
Carelon Holdings I, Inc.	Wellpoint District of Columbia, Inc.
Carelon, Inc.	WellPoint Federal Corporation
Carelon Insights, Inc.	WellPoint Health Solutions, Inc.
Carelon Management Services, Inc.	WellPoint Holding Corporation
Carelon Medical Benefits Management, Inc.	Wellpoint Illinois Services, Inc.
Carelon Medical Partners, P.C.	Wellpoint Insurance Company
Carelon Medical Partners of Arizona, P.C.	WellPoint Insurance Services, Inc.
Carelon Medical Partners of Colorado, P.C.	Wellpoint Iowa, Inc.

NOTES TO FINANCIAL STATEMENTS

Carelon Medical Partners of Kansas, P.A.	Wellpoint IPA Holding Company, Inc.
Carelon Medical Partners of New York, P.C.	Wellpoint Life and Health Insurance Company
Carelon Medical Partners of North Carolina, P.C.	Wellpoint Maryland, Inc.
Carelon Medical Partners of Texas, P.A.	Wellpoint National Services, Inc.
Carelon Palliative Care, Inc.	Wellpoint New Jersey, Inc.
Carelon Post Acute Solutions, Inc.	Wellpoint New Mexico, Inc.
Carelon Research, Inc.	Wellpoint Ohio, Inc.
CarelonRx, Inc.	Wellpoint South Carolina, Inc.
CarelonRx Pharmacy, Inc.	Wellpoint Specialty Services, Inc.
Caremax Pharmacy of Loudon, Inc.	Wellpoint Tennessee, Inc.
CareMore Health of Arizona, Inc.	Wellpoint Texas, Inc.
CareMore Health Plan of Texas, Inc.	Wellpoint Washington, Inc.
Centers Plan for Healthy Living LLC	Wellpoint West Virginia, Inc.
Cerulean Companies, Inc.	WestCare, Inc.
Claim Management Services, Inc.	Wisconsin Collaborative Insurance Company

G. The Company has a state tax loss contingency related to a prior year. For the years ended December 31, 2024 and 2023, the Company recognized net interest expense of \$0 and \$0, respectively, that is netted with general administrative expenses. The Company has accrued \$0 and \$0 for the payment of interest at December 31, 2024 and 2023, respectively.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

(1) On August 16, 2022, the U.S. government enacted the Inflation Reduction Act which includes a new corporate AMT of 15% on the adjusted financial statement of income ("AFSI") of corporations with average AFSI exceeding \$1.0 billion over a three-year period. The corporate AMT is effective beginning after December 31, 2022. The controlled group of corporations, of which the Company is a member, has determined it is an applicable corporation for purposes of determining if the corporate AMT exceeds the regular federal income tax payable. The controlled group has determined that it does not expect to be subject to the corporate AMT in 2024.

The Company is an applicable reporting entity, not individually as an unaffiliated corporation, but as a member of a tax-controlled group of corporations. The Company does not expect to be subject to the corporate AMT in 2024.

(2) An accounting policy election has been made to disregard corporate AMT when evaluating the need for a valuation allowance for its regular tax deferred tax assets.

(3) The controlled group of corporations, of which the Company is a member, has not made any material modifications to the methodology used to project the corporate AMT liability.

(4) Does the Company's tax-planning strategies include the use of corporate AMT?
 Yes _____ No X

NOTES TO FINANCIAL STATEMENTS

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

A. Nature of the Relationship

The Company is a Iowa domiciled stock insurance company and is a wholly-owned subsidiary of Wellpoint Corporation (“WLP”), which is an indirect wholly-owned subsidiary of Elevance Health, a publicly traded company.

B. Significant Transactions for Each Period

The Board of Directors of the Company declared an ordinary dividend in the amount of \$69,200,000 on November 19, 2024. The Company paid the dividend to its parent company, WLP, on December 5, 2024.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$120,000,000 on November 17, 2023. The Company paid the dividend to its parent company, WLP, on December 4, 2023.

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

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

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

D. Amounts Due to or from Related Parties

At December 31, 2024 and 2023, the Company reported no amounts due from affiliates. At December 31, 2024 and 2023, the Company reported \$53,580,215 and \$171,615,414 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. Management and Service Contracts and Cost Sharing Arrangements

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

In addition, the Company is party to the Fair Market Value (“FMV”) Services Attachment, to the master administrative services agreement with affiliates, the costs and expenses related to certain services including behavioral health, palliative care, utilization management, payment integrity services, subrogation services as well as health and wellness programs are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2024 or 2023. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

NOTES TO FINANCIAL STATEMENTS

F. Guarantees or Contingencies for Related Parties

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

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

WLP owns all outstanding shares of the Company. The Company's ultimate parent is Elevance Health.

H. Amount Deducted for Investment in Upstream Company

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

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

At December 31, 2024 and 2023, the Company did not have investments in affiliates.

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

Not applicable.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

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

M. All SCA Investments

The Company has no SCA Investments.

N. Investment in Insurance SCAs

The Company does not have investments in Insurance SCAs.

O. SCA or SSAP 48 Entity Loss Tracking

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

11. Debt

A. Capital Notes and Other Debt

The Company had no capital notes or other debt outstanding at December 31, 2024 and 2023.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB agreements outstanding at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

C. All Other Debt

The Company had no other debt outstanding at December 31, 2024 and 2023.

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

A. Defined Benefit Plan

Not applicable - See Note 12G.

B. Not applicable - See Note 12G.

C. Not applicable - See Note 12G

D. Not applicable - See Note 12G.

E. Defined Contribution Plans

Not applicable - See Note 12G.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

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

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

During 2024 and 2023, the Company was allocated the following costs or (credits) for these retirement benefits:

	<u>2024</u>	<u>2023</u>
Defined contribution plan	3,376,107	3,429,415
Stock incentive compensation plan	1,768,918	1,984,809

H. Post Employment Benefits and Compensated Absences

Not applicable.

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

Not applicable.

NOTES TO FINANCIAL STATEMENTS

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

A. Outstanding Shares

As of December 31, 2024, the Company has 1,000 shares of \$.01 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restrictions

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

D. Dividends Paid

See Footnote 10B.

E. Maximum Ordinary Dividend During 2025

Within the limitations of (C) above, the Company may pay \$28,652,511 in ordinary dividends during 2025 without restrictions, other than state notification requirements.

F. Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2024.

G. Mutual Surplus Advances

Not applicable.

H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2024.

I. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2024.

J. Changes in Unassigned Funds

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was \$(251,130) at December 31, 2024.

NOTES TO FINANCIAL STATEMENTS

K. Surplus Notes

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

L. Restatement due to Prior Quasi-reorganizations

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

M. Quasi-reorganizations over Prior 10 Years

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

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company had no contingent commitments at December 31, 2024 or 2023.

B. Assessments

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

(2) Not applicable.

(3) Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2024 or 2023.

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

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

From time to time, the Company and certain of its subsidiaries are parties to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like Health Maintenance Organizations (“HMOs”) and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, Preferred Provider Organizations and other plans. The Company is, in the ordinary course of business, subject to the claims of their enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

The Company is involved in pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative

NOTES TO FINANCIAL STATEMENTS

proceedings. These investigations, audits and reviews and administrative proceedings include routine and special investigations by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

The Company has no other known material contingencies.

Provisions for uncollectible amounts

At December 31, 2024 and 2023, the Company reported admitted assets of \$148,521,841 and \$98,298,636, respectively, in premiums receivable and amounts receivable relating to uninsured plans. The receivables are not deemed to be uncollectible; therefore, no provision for uncollectible amounts have been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

15. Leases**A. Lessee Operating Lease**

(1) The Company leases office space, office equipment, EDP equipment, and software under various noncancelable operating leases. Certain leases have the right to renew. There are no escalation clauses for any lease. Related lease expense for 2024 and 2023 was \$140,233 and \$151,136, respectively.

The Company reevaluated its future office space needs and determined that it would permanently cease use of space under certain operating leases. The Company did not have any lease exit cost liabilities as of December 31, 2024 and 2023.

(2) At December 31, 2024, the minimum aggregate rental commitments are as follows:

	<u>Year Ending December 31</u>	<u>Operating Leases</u>
1. 2025	\$	259,648
2. 2026		131,296
3. 2027		—
4. 2028		—
5. 2029		—
6. Thereafter		—
7. Total (sum of 1 through 6)	<u>\$</u>	<u>390,944</u>

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

B. Lessor Leases

(1) The Company has not entered into any operating leases as a lessor.

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

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

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

NOTES TO FINANCIAL STATEMENTS

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2024, there were no significant concentrations.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales**

Not applicable at December 31, 2024 and 2023.

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2024 the fair value of securities loaned was \$47,074,052 and the carrying value of securities loaned was \$46,728,472.

(2) - (7) Not applicable.

C. Wash Sales

(1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

(2) At December 31, 2024 and 2023, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**A. Administrative Services Only ("ASO") Plans**

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2024 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ (23,681,724)	\$ —	\$ (23,681,724)
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ (23,681,724)	\$ —	\$ (23,681,724)
d. Total claim payment volume	\$ 1,144,044,630	\$ —	\$ 1,144,044,630

B. Administrative Services Contract ("ASC") Plans

Not applicable at December 31, 2024.

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

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

NOTES TO FINANCIAL STATEMENTS

(2)	Receivable from	Related to	2024	2023
	Federal government	Medicare cost sharing and reinsurance programs	\$ 4,762,202	\$ 2,316,623

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or similarly structured cost-based reimbursement arrangements, the Company has recorded no allowances and reserves for the adjustment of recorded revenues and receivables.

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

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2024 and 2023.

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
Industrial and misc	\$ —	\$ 2,678,105	\$ —	\$ —	\$ 2,678,105
Total bonds	\$ —	\$ 2,678,105	\$ —	\$ —	\$ 2,678,105
Total assets at fair value/NAV	\$ —	\$ 2,678,105	\$ —	\$ —	\$ 2,678,105

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

There are no investments in Level 3 as of December 31, 2024 and 2023.

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

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

NOTES TO FINANCIAL STATEMENTS

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

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

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2024 and 2023.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$671,276,218	\$ 684,347,037	\$ —	\$ 668,896,155	\$ 2,380,063	\$ —	\$ —
Securities Lending Collateral	48,149,344	48,140,197	—	48,149,344	—	—	—

D. Not Practicable to Estimate Fair Value

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

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

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

Not applicable at December 31, 2024 and 2023.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2024 and 2023.

C. Other Disclosures

Not applicable at December 31, 2024 and 2023.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2024 and 2023.

E. State Transferable and Non-Transferable Tax Credits

The Company did not have state transferable or non-transferable tax credits at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

F. Subprime Mortgage-Related Risk Exposure

- (1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Elevance Health Investment Impairment Review Committee.
- (2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2024 or 2023.
- (3) At December 31, 2024, the Company's subprime mortgage-related risk exposure is detailed below:

	Actual Cost	Book/ Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$ 2,246,840	\$ 2,250,431	\$ 2,196,191	\$ —
b. Commercial mortgage-backed securities	—	—	—	—
c. Collateralized debt obligations	—	—	—	—
d. Structured securities	—	—	—	—
e. Equity investments in SCAs	—	—	—	—
f. Other assets	—	—	—	—
g. Total	\$ 2,246,840	\$ 2,250,431	\$ 2,196,191	\$ —

- (4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2024 or 2023.

G. Retained Assets

The Company does not have retained assets at December 31, 2024 and 2023.

H. Insurance-Linked Securities Contracts

Not applicable.

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

Not applicable.

22. Events Subsequent

Subsequent events have been considered through February 27, 2025 for the statutory statement issued on February 28, 2025. There were no events occurring subsequent to December 31, 2024 requiring recognition or disclosure.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

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

Yes () No (X)

If yes, give full details.

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

Yes () No (X)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

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

Yes () No (X)

If yes, give full details.

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

Yes () No (X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

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

Not applicable

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

NOTES TO FINANCIAL STATEMENTS

Yes () No (X)

If yes, give full details.

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2024 and 2023.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2024 and 2023.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2024 and 2023.

E. Reinsurance Credit

(1) Not applicable.

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A.** The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.
- B.** The Company records accrued retrospective premium as an adjustment to earned premium.
- C.** All of the Company's premiums written in 2024 and 2023 were subject to retrospective rating features.
- D.** In accordance with the NAIC SAP, medical loss ratio rebates in accordance with the Federal 2010 Patient Protection and Affordable Care Act and Public Health Service Act ("ACA Act" or "ACA"), are to be reported in accordance with SSAP No. 66 - *Retrospectively Rated Contracts* ("SSAP No. 66"). A retrospectively rated contract is one that has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company based the incurred and unpaid liability amounts reported below based on its underwriting experience; actuarial, tax, and accounting estimates and assumptions at the financial statement date; as well as regulations and guidance available that is not final and subject to change prior to settlement. Accordingly, the Company's use of estimates and assumptions in the preparation of the statutory based financial statements and related footnote disclosures may differ from actual results. Hence, the amounts reported herein are for financial reporting purposes solely and not intended to be used for settlement purposes.

NOTES TO FINANCIAL STATEMENTS

Medical loss ratio rebates accrued pursuant to the ACA Act are as follows:

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Year Reporting:					
(1) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ (4,014,512)	\$ (4,014,512)
(2) Medical loss ratio rebates paid	—	—	—	97,587	97,587
(3) Medical loss ratio rebates unpaid	—	—	—	—	—
(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	—
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ —	\$ —
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss ratio rebates unpaid	—	—	—	—	—
(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	\$ —

E. Risk-Sharing Provisions of the ACA

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

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

Not applicable.

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

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$41,608,874 during 2024. This is approximately 14.7% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$283,916,369 as of December 31, 2023. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2024. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

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

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2024 and 2023.

27. Structured Settlements

Not applicable at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 2,237,204	\$ 7,369,870	\$ 5,132,667	\$ —	\$ —
9/30/2024	2,377,819	6,993,364	6,946,453	—	—
6/30/2024	2,164,971	6,266,476	6,224,835	41,641	—
3/31/2024	1,723,307	5,882,027	5,795,163	86,865	—
12/31/2023	\$ 1,892,868	\$ 5,761,118	\$ 5,715,257	\$ 45,861	\$ —
9/30/2023	2,188,980	6,063,735	6,018,111	45,623	—
6/30/2023	2,292,964	5,706,747	5,637,286	69,461	—
3/31/2023	2,040,477	4,895,671	4,862,405	33,266	—
12/31/2022	2,151,339	16,130,858	16,115,310	15,548	—
9/30/2022	9,275,075	23,379,044	23,365,410	13,634	—
6/30/2022	8,548,380	15,048,979	15,037,698	11,281	—
3/31/2022	1,505,654	3,680,628	3,679,669	959	—

B. Risk Sharing Receivables

Not applicable at December 31, 2024 and 2023.

29. Participating Policies

Not applicable at December 31, 2024 and 2023.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 16,864,710
2. Date of the most recent evaluation of this liability	<u>December 31, 2024</u>
3. Was anticipated investment income utilized in the calculation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

The Company had no liabilities related to premium deficiency reserves as of December 31, 2023.

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$3,156,000 and \$2,583,000 at December 31, 2024 and 2023, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 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 [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001156039
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 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. 12/31/2022
- 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). 06/24/2024
- 3.4 By what department or departments?
Iowa Insurance Division
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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 depository institution holding company? 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, 111 Monument Circle Suite 4000, Indianapolis, IN 46204
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Adrian Rosen, FSA, MAAA, Actuarial Director, 740 W. Peachtree St. NW Atlanta, GA 30308
- 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 [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
1.Changes to lobbying section to clarify that the policies in the section apply to foreign government officials as well as domestic, 2.Changes to the Gifts and Special Courtesies section to ensure language on the process for requesting an exception to the prohibition on gifts to government officials, 3.Changes to the Code of Conduct to strengthen and clarify the scope and guiding principles for human rights and the grievance process, 4.Added provisions for the use of Generative AI and Large Language Models (LLMs) and expanded to clarify that vendors / suppliers are required to adhere to RAI policies and guidelines, 5.Added references to the Ireland Criminal Justice Act.
- 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 or is likely to 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.....\$0
 - 20.12 To stockholders not officers.....\$0
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 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.....\$0
 - 20.22 To stockholders not officers.....\$0
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 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.....\$0
 - 21.22 Borrowed from others.....\$0
 - 21.23 Leased from others\$0
 - 21.24 Other\$0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$0
 - 22.22 Amount paid as expenses\$0
 - 22.23 Other amounts paid\$0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$
- 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 []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

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) See Notes 5E and 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. \$ 48,140,197
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 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
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A
- 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
- 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 \$ 48,149,344
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 48,140,197
- 25.093 Total payable for securities lending reported on the liability page \$ 48,140,197

- 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
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 0
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 26.32 Other \$ 0

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

LINES 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
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0
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 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
JP Morgan Chase Bank, N.A	383 Madison Ave, New York, NY 10179

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint 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. This includes both primary and sub-advisors. 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
Elevance Health, Inc.	I.....
Robert W. Baird & Co	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 Securities Exchange Commission	5 Investment Management Agreement (IMA) Filed
8158	Robert W. Baird & Co	549300772UJHRD6L053	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 [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

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
.....

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	684,347,037	671,276,218	(13,070,819)
31.2 Preferred stocks	0		0
31.3 Totals	684,347,037	671,276,218	(13,070,819)

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

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

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 [X] 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 [X] 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 [X] 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 [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

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 [X]

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 [X] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

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

40.2 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	2
Name	Amount Paid

41.1 Amount of payments for legal expenses, if any? \$784,631

41.2 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	2
Name	Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ 64,300

42.2 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	2
Name	Amount Paid
Carney & Appleby Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2024 Annual Statement.	60,000

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	2,918,664,668	3,227,648,765
2.2 Premium Denominator	2,918,664,668	3,227,648,765
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	273,123,113	297,431,815
2.5 Reserve Denominator	273,123,113	297,431,815
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

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

3.2 If yes, give particulars:
.....

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

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

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

5.2 If no, explain:
No contractual or regulatory obligation to purchase reinsurance.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$

5.32 Medical Only \$

5.33 Medicare Supplement \$

5.34 Dental & Vision \$

5.35 Other Limited Benefit Plan \$

5.36 Other \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Physician and hospital contracts contain provisions, including hold harmless agreements, to protect members and dependents against insolvency.

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

7.2 If no, give details
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 38,437

8.2 Number of providers at end of reporting year 42,021

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 [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$ 6,188,367
 - 10.22 Amount actually paid for year bonuses.....\$ 30,994,695
 - 10.23 Maximum amount payable withholds.....\$
 - 10.24 Amount actually paid for year withholds.....\$

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
 - 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
 - 11.14 A Mixed Model (combination of above)? Yes [X] No []
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa
- 11.4 If yes, show the amount required. \$ 195,439,932
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
- 200% of Company Action Level

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

1 Name of Service Area
Statewide
.....

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Wellpoint Iowa, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	896,799,729	967,720,836	1,037,304,286	969,746,559	876,535,768
2. Total liabilities (Page 3, Line 24)	417,147,217	508,368,319	522,549,921	468,615,213	381,946,923
3. Statutory minimum capital and surplus requirement	195,439,932	220,768,822	249,933,684	244,249,512	229,998,100
4. Total capital and surplus (Page 3, Line 33)	479,652,512	459,352,517	514,754,365	501,131,346	494,588,845
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,918,664,668	3,227,648,765	3,575,476,553	3,407,447,299	3,314,084,433
6. Total medical and hospital expenses (Line 18)	2,662,029,238	2,984,972,927	3,183,961,714	3,032,274,237	2,848,655,529
7. Claims adjustment expenses (Line 20)	99,846,887	119,758,470	124,404,629	118,308,699	111,703,020
8. Total administrative expenses (Line 21)	56,464,533	70,755,131	92,272,966	80,631,143	123,449,099
9. Net underwriting gain (loss) (Line 24)	83,459,300	52,162,237	174,837,244	176,233,220	230,276,785
10. Net investment gain (loss) (Line 27)	29,241,018	34,101,418	2,630,520	18,309,197	16,818,017
11. Total other income (Lines 28 plus 29)	463,261	450,694	652,059	725,831	868,026
12. Net income or (loss) (Line 32)	85,751,665	69,294,810	136,678,788	154,358,558	188,387,801
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	52,865,185	(75,617,620)	205,974,527	233,410,255	133,520,975
Risk-Based Capital Analysis					
14. Total adjusted capital	479,652,512	459,352,517	514,754,365	501,131,346	494,588,845
15. Authorized control level risk-based capital	97,719,966	110,384,411	124,966,842	122,124,756	114,999,050
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	247,307	262,183	458,050	446,615	420,905
17. Total members months (Column 6, Line 7)	3,069,079	4,424,231	5,513,847	5,290,776	4,869,966
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)	91.2	92.5	89.0	89.0	86.0
20. Cost containment expenses	2.6	2.7	2.5	2.5	2.4
21. Other claims adjustment expenses	0.8	1.0	1.0	1.0	1.0
22. Total underwriting deductions (Line 23)	97.1	98.4	95.1	94.8	93.1
23. Total underwriting gain (loss) (Line 24)	2.9	1.6	4.9	5.2	6.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	229,283,012	337,265,640	318,735,978	262,397,801	295,006,503
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	277,435,717	372,721,575	338,277,089	310,560,918	298,846,218
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		0	0		0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

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

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	162,575,264	2,671,600,415	51,897,741					2,886,073,420	
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	0	162,575,264	2,671,600,415	51,897,741	0	0	0	2,886,073,420	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	162,575,264	2,671,600,415	51,897,741	0	0	0	2,886,073,420	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:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. 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.

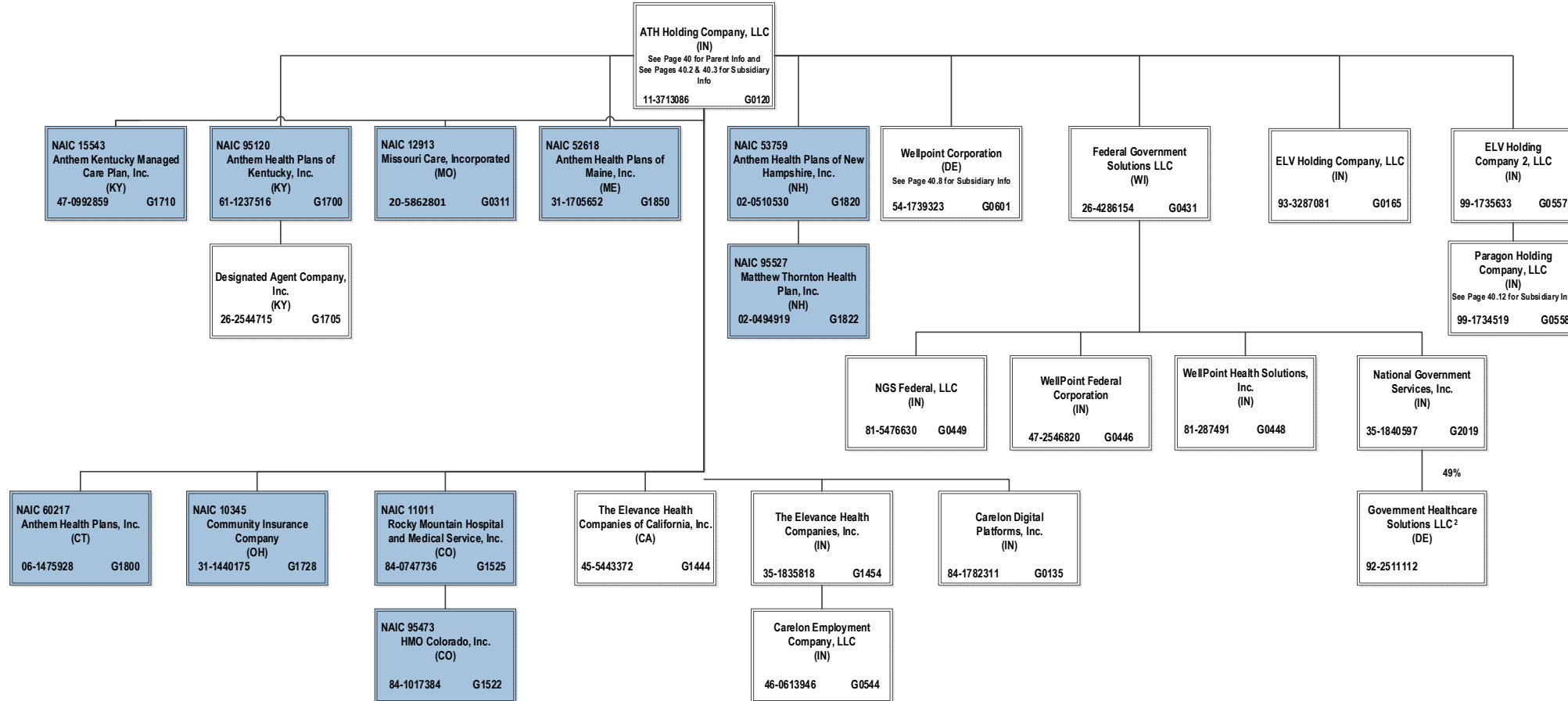
N/A

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

PART 1 – ORGANIZATIONAL CHART

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

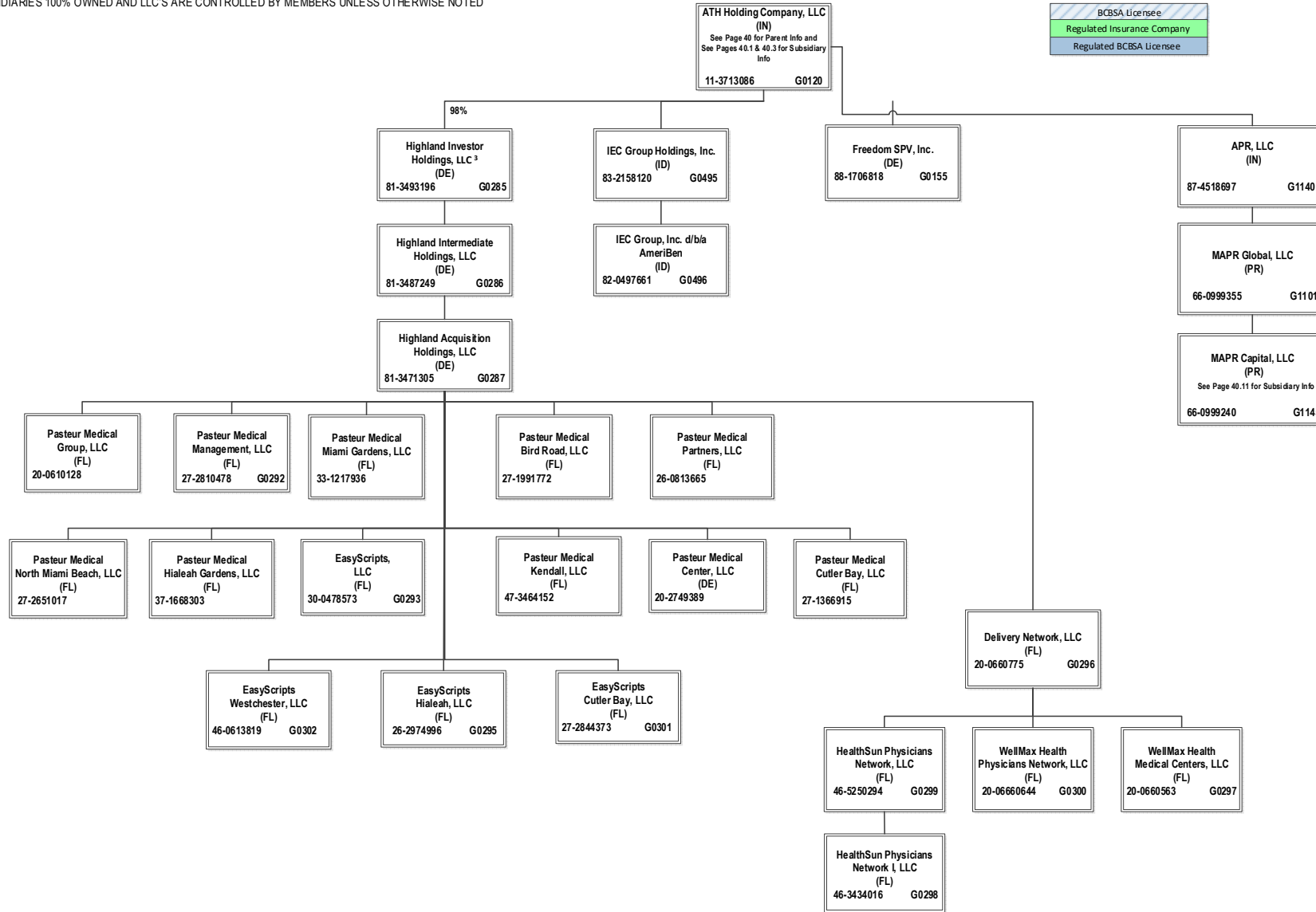


² Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)

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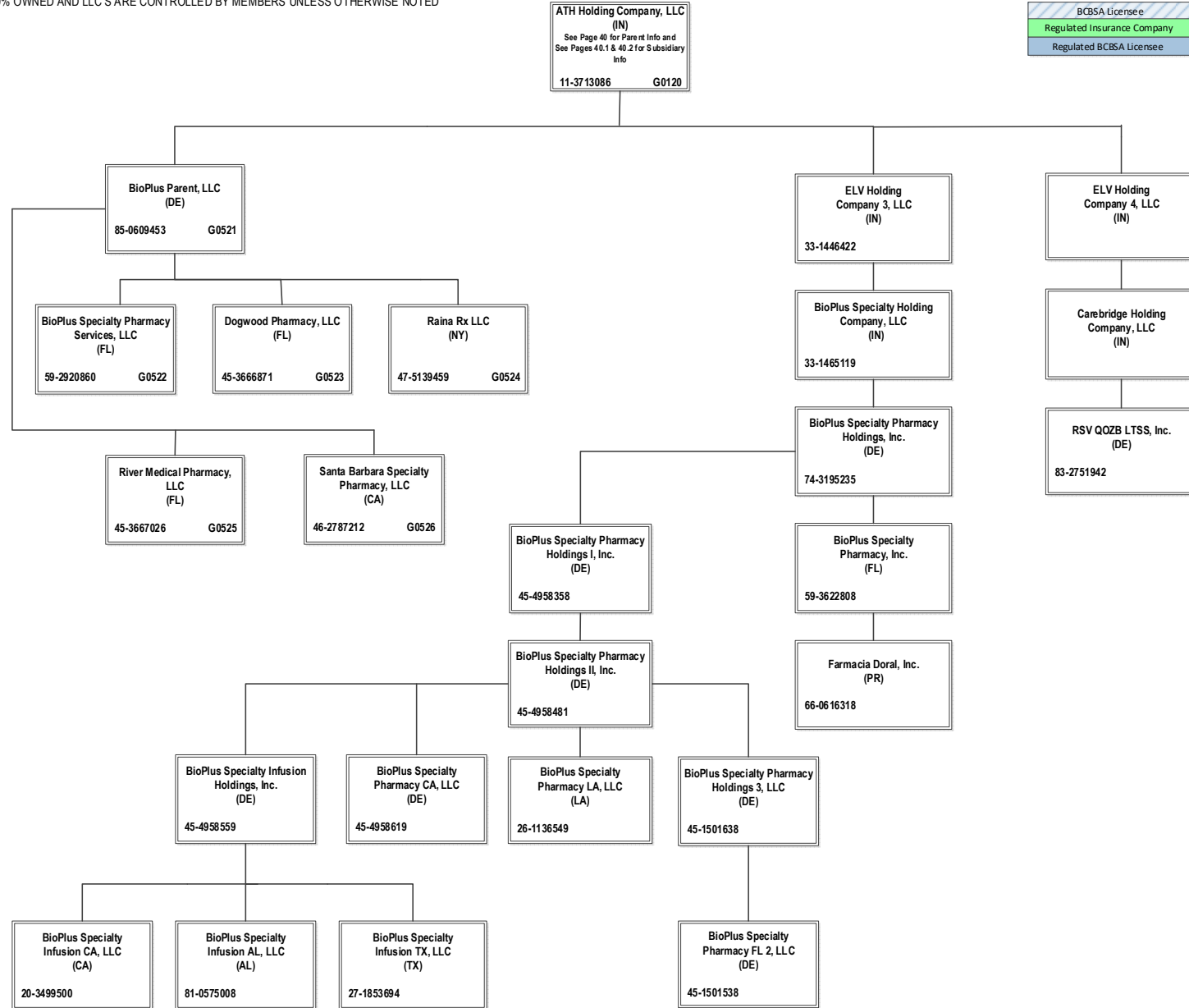


³ ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Wellpoint Corporation holds the remaining 2% interest.

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

PART 1 – ORGANIZATIONAL CHART

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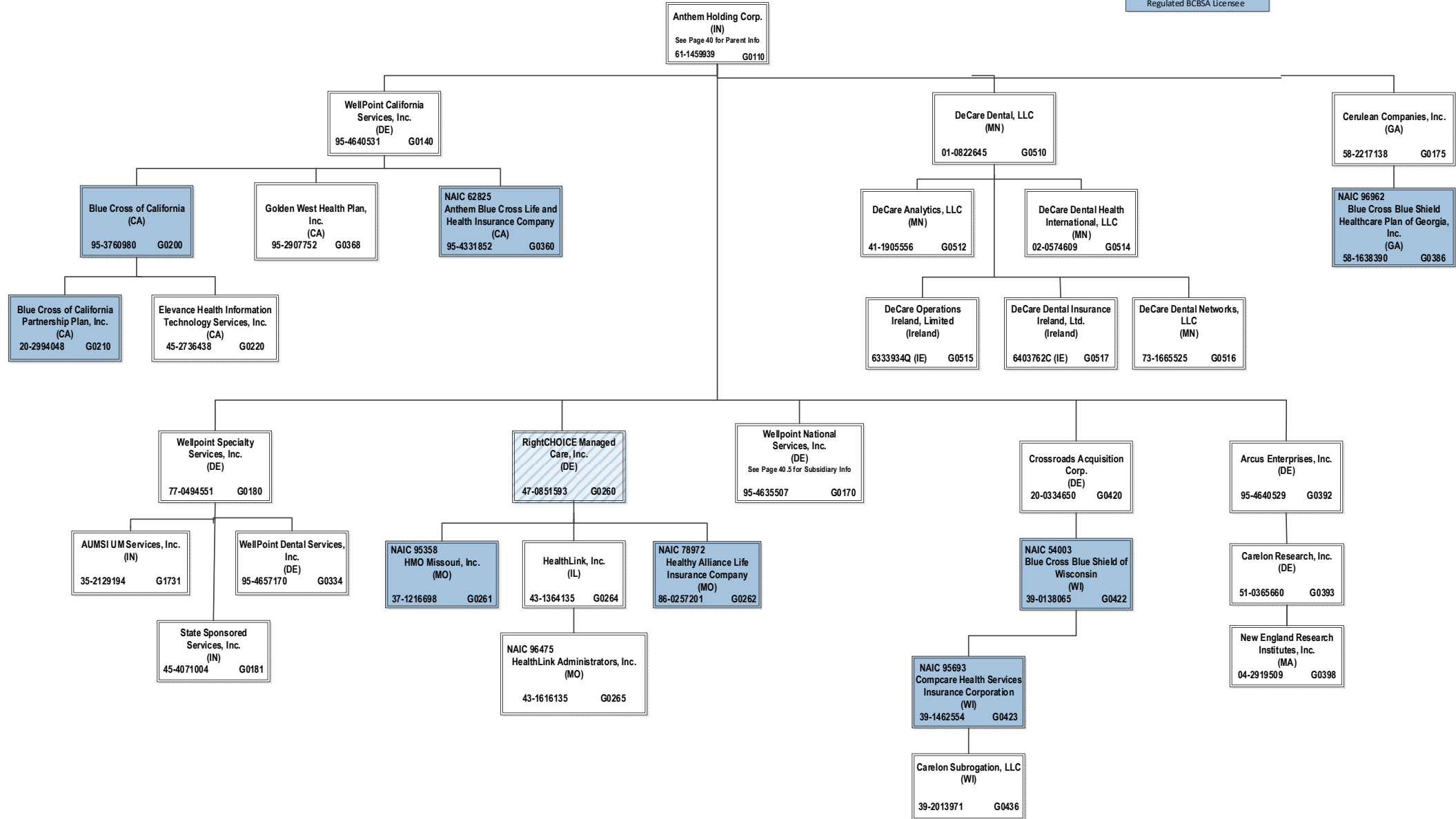
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Regulated BCBSA Licensee

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PART 1 – ORGANIZATIONAL CHART

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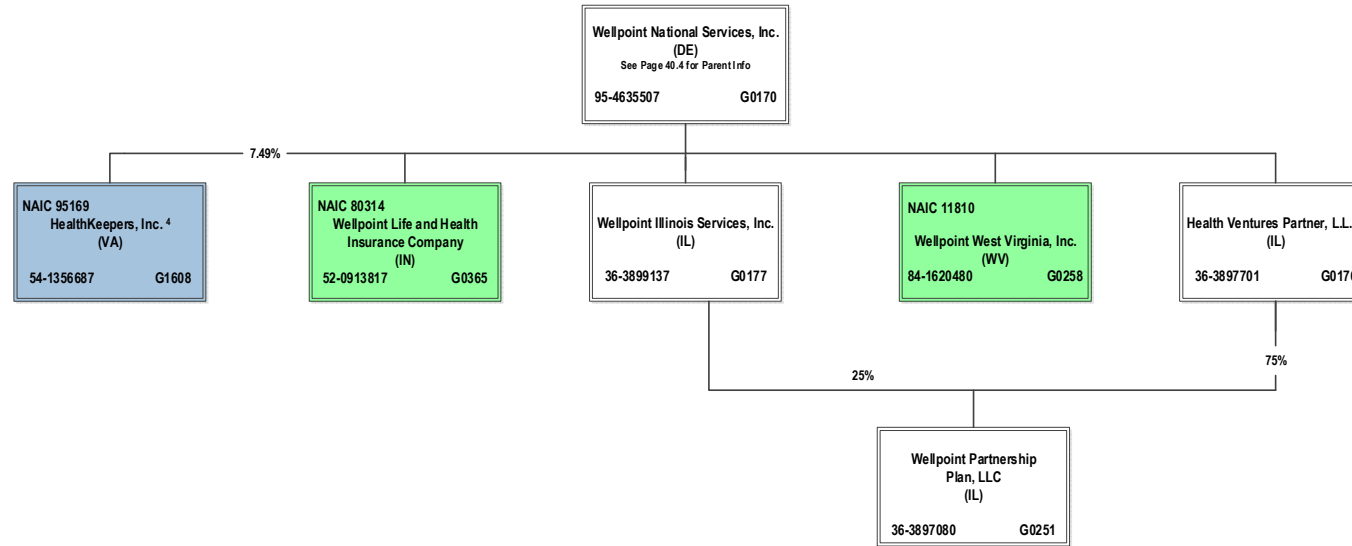


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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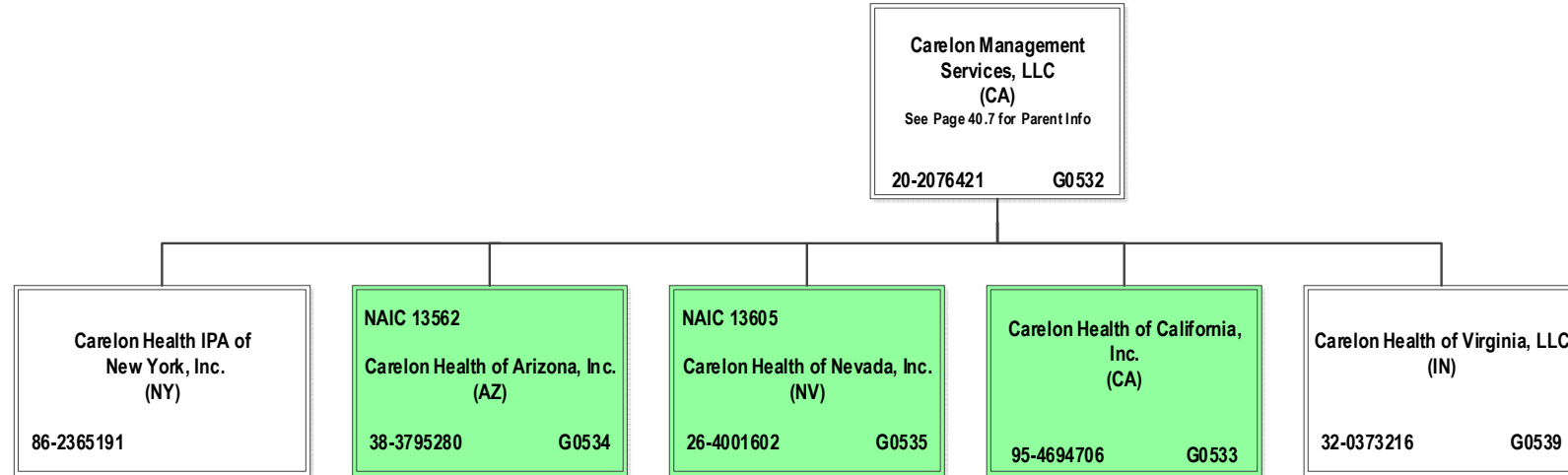
⁴ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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

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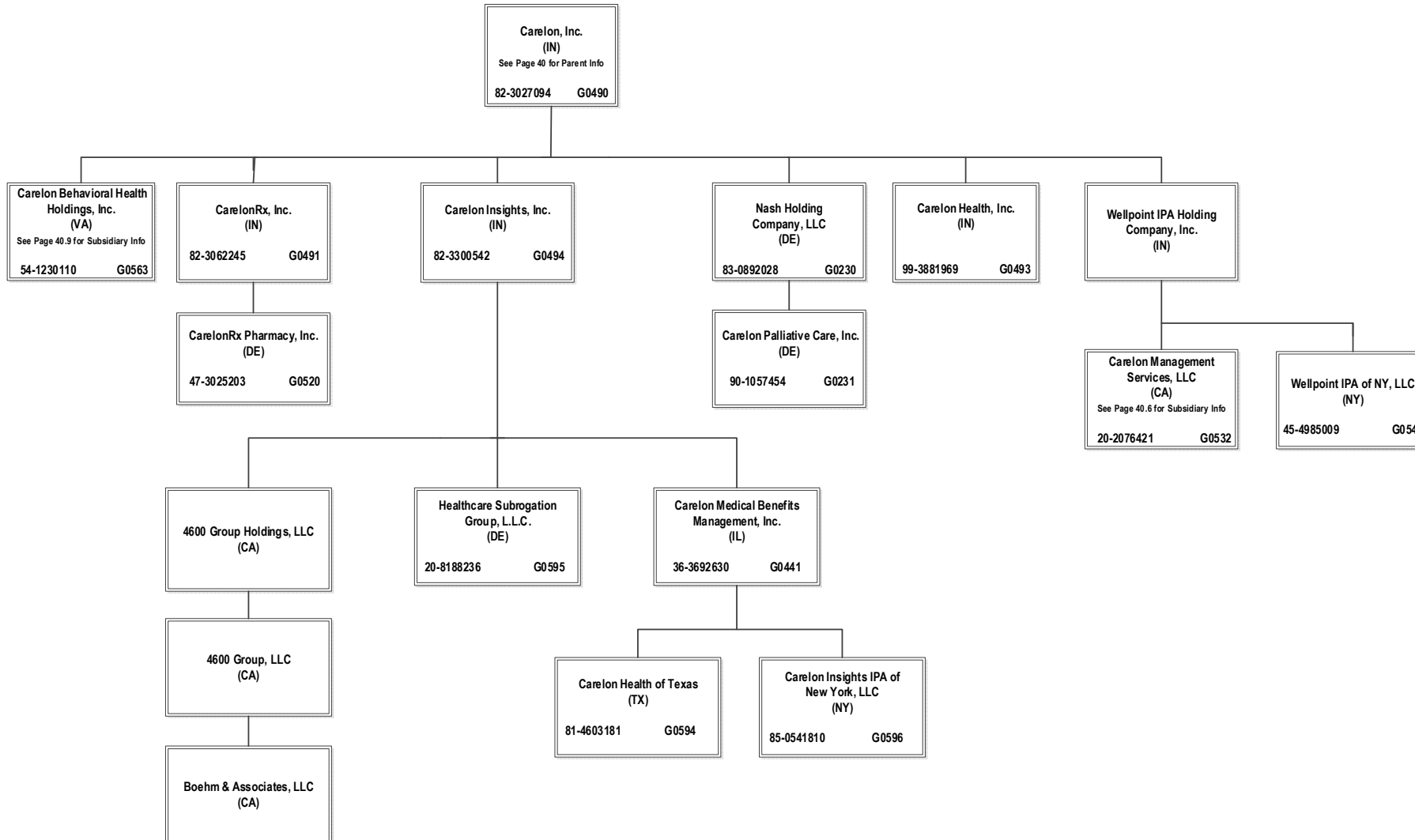
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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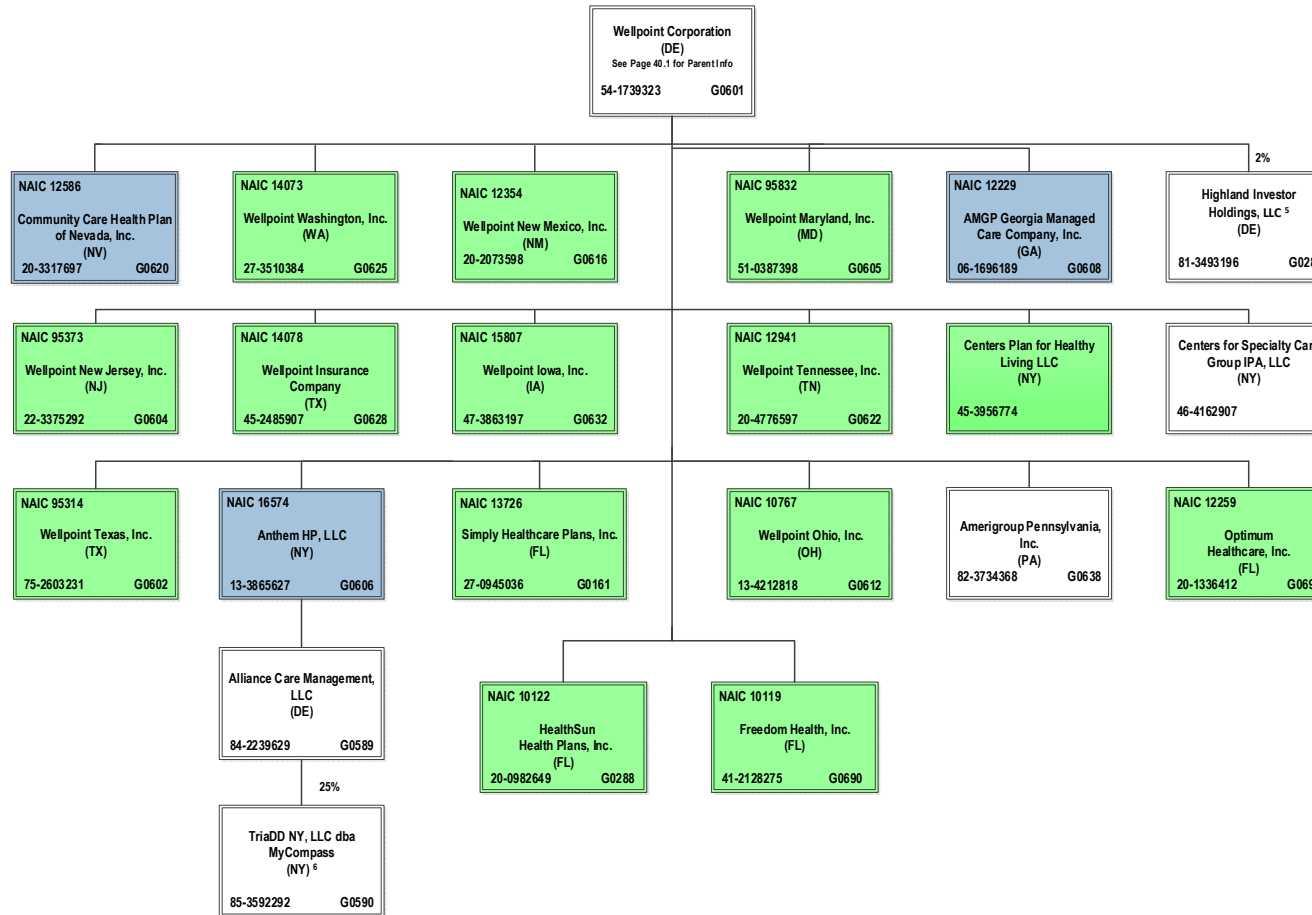


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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BCBSA Licensee
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40.8

⁵ Wellpoint Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

⁶ TriaDD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

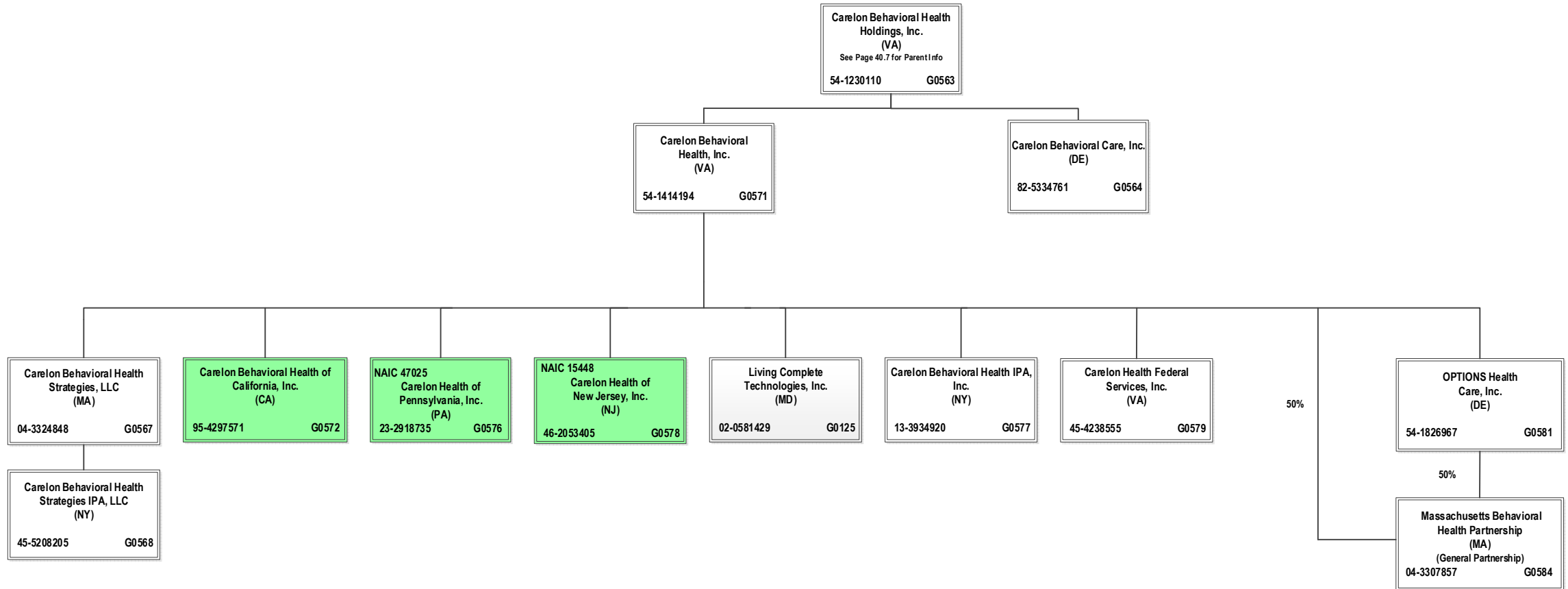
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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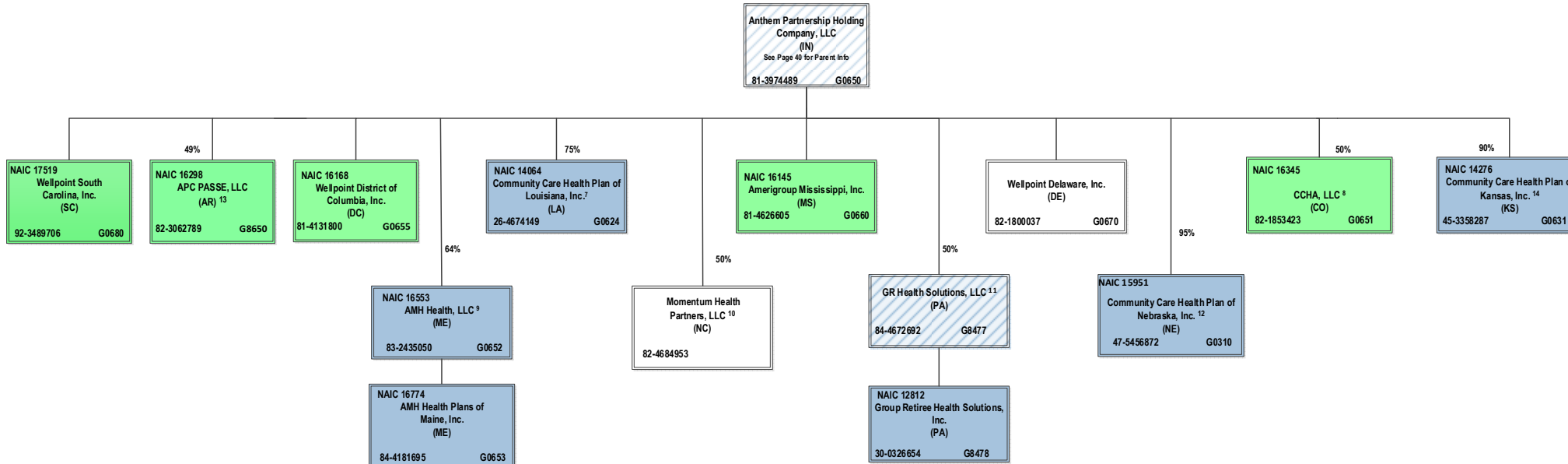
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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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⁷ Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

⁸ CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

⁹ AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

¹⁰ Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

¹¹ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹² Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

¹³ APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

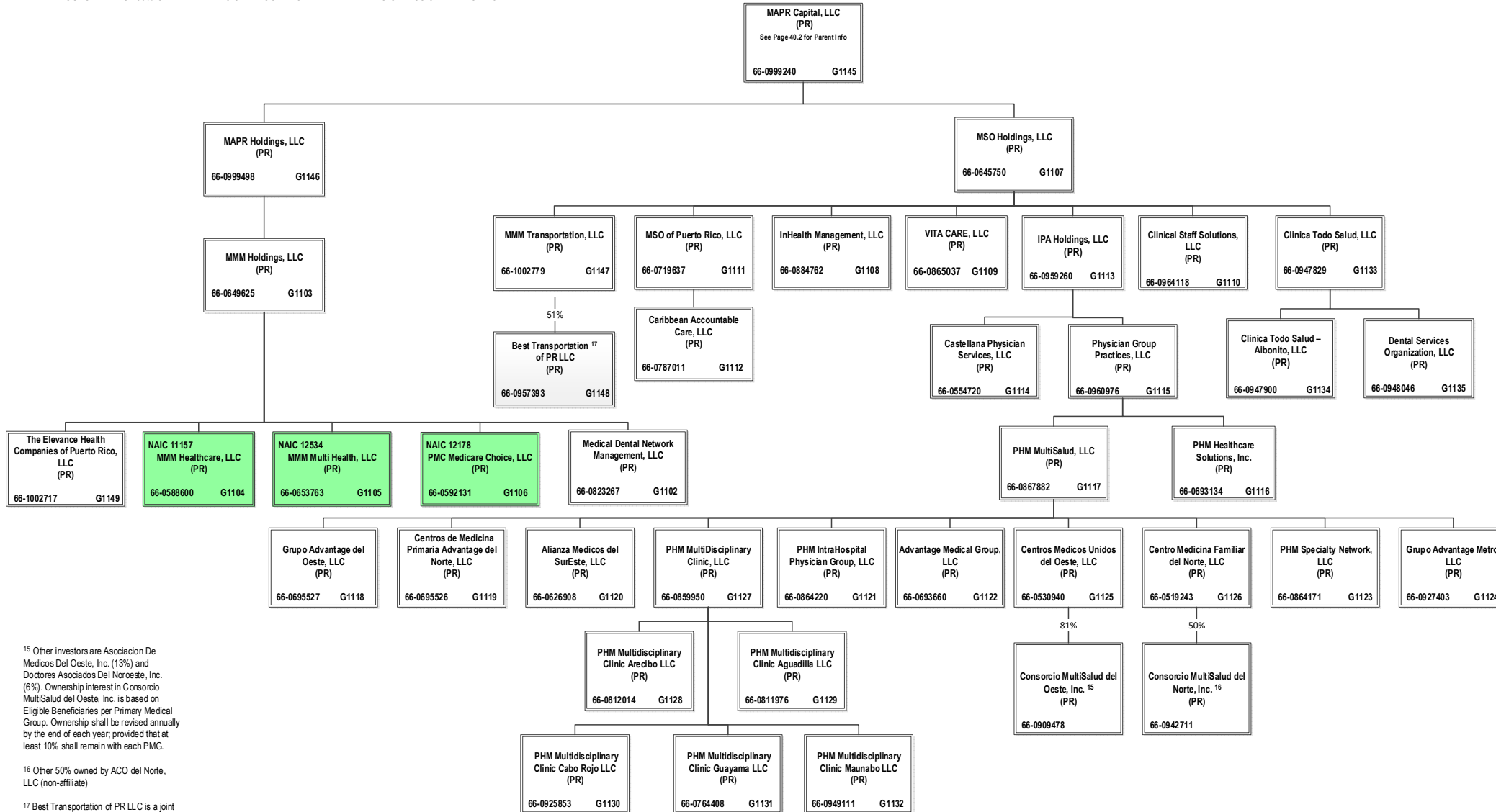
¹⁴ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

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PART 1 – ORGANIZATIONAL CHART

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¹⁵ Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (6%). Ownership interest in Consorcio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

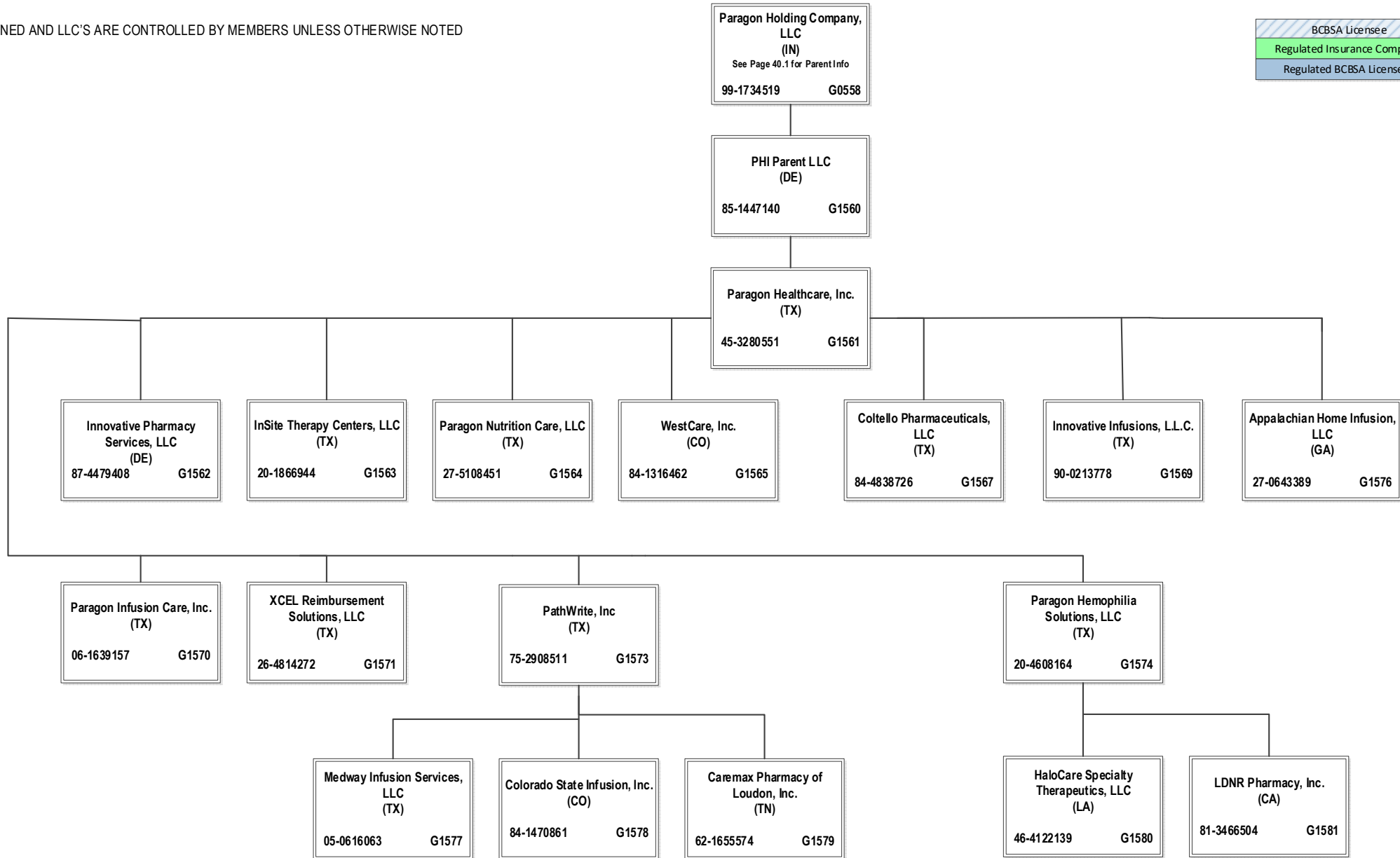
¹⁶ Other 50% owned by ACO del Norte, LLC (non-affiliate)

¹⁷ Best Transportation of PR LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by Jossue A. Galguera Vizcaino, individually

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PART 1 – ORGANIZATIONAL CHART

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OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Medicare Part D overpayment	7,204		7,204	207,515
2397. Summary of remaining write-ins for Line 23 from overflow page	7,204	0	7,204	207,515