



QUARTERLY STATEMENT  
AS OF JUNE 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
WELLMARK SYNERGY HEALTH, INC.

NAIC Group Code 0770, 0770 NAIC Company Code 15935 Employer's ID Number 37-1800647  
(Current) (Prior)  
Organized under the Laws of IA State of Domicile or Port of Entry IA  
Country of Domicile US  
Licensed as business type: HEALTH MAINTENANCE ORGANIZATION Is HMO Federally Qualified? NO  
Incorporated/Organized 01/07/2016 Commenced Business 01/01/2017  
Statutory Home Office 1331 GRAND AVENUE DES MOINES, IA, US 50309-2901  
Main Administrative Office 1331 GRAND AVENUE  
DES MOINES, IA, US 50309-2901 515-376-4500  
(Telephone Number)  
Mail Address 1331 GRAND AVENUE DES MOINES, IA, US 50309-2901  
Primary Location of Books and  
Records 1331 GRAND AVENUE  
DES MOINES, IA, US 50309-2901 515-376-4500  
(Telephone Number)  
Internet Website Address WWW.WELLMARK.COM  
Statutory Statement Contact ASHLEY ARIEL ARELLANO 515-376-6307  
(Telephone Number)  
ARELLANOAA@WELLMARK.COM 515-376-9054  
(E-Mail Address) (Fax Number)

OFFICERS

JOHN THOMAS CLENDENIN, PRESIDENT CHRISTA DANEEN KUENNEN, TREASURER  
SCOTT ANDREW SUNDSTROM, SECRETARY PETER RIENHART KITUNDU, CHIEF COMPLIANCE & PRIVACY  
OFFICER  
DIRECTORS OR TRUSTEES  
JOHN THOMAS CLENDENIN CHRISTA DANEEN KUENNEN  
KYLE CHRISTOPHER LATTINA

State of IOWA  
County of POLK SS

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.

x John Thomas Clendenin x Scott Andrew Sundstrom x Christa Daneen Kuennen  
JOHN THOMAS CLENDENIN SCOTT ANDREW SUNDSTROM CHRISTA DANEEN KUENNEN  
PRESIDENT SECRETARY TREASURER

Subscribed and sworn to before me

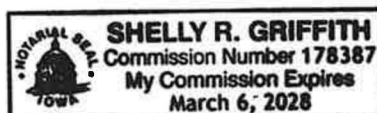
this 12th day of  
August, 2025

x Shelly R. Griffith

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: \_\_\_\_\_  
2. Date filed: \_\_\_\_\_  
3. Number of pages attached: \_\_\_\_\_



ASSETS

|                      |   | Current Statement Date |                       |   | 4<br><br>December 31<br>Prior Year Net<br>Admitted Assets |
|----------------------|---|------------------------|-----------------------|---|---|
|                      |   | 1                      | 2                     | 3                                       |   |
|                      |   | Assets                 | Nonadmitted<br>Assets | Net Admitted<br>Assets<br>(Cols. 1 - 2) |   |
| 1.                   | Bonds.....  |                        |                       |   |   |
| 2.                   | Stocks:   |                        |                       |   |   |
| 2.1                  | Preferred stocks.....   |                        |                       |   |   |
| 2.2                  | Common stocks.....  |                        |                       |   |   |
| 3.                   | Mortgage loans on real estate:  |                        |                       |   |   |
| 3.1                  | First liens.....  |                        |                       |   |   |
| 3.2                  | Other than first liens.....   |                        |                       |   |   |
| 4.                   | Real estate:  |                        |                       |   |   |
| 4.1                  | Properties occupied by the company (less \$.....0 encumbrances).....  |                        |                       |   |   |
| 4.2                  | Properties held for the production of income (less \$.....0 encumbrances).....  |                        |                       |   |   |
| 4.3                  | Properties held for sale (less \$.....0 encumbrances).....  |                        |                       |   |   |
| 5.                   | Cash (\$.....2,769,364), cash equivalents (\$.....0) and short-term investments (\$.....0).....   | 2,769,364              | —                     | 2,769,364                               | 2,715,466   |
| 6.                   | Contract loans (including \$.....0 premium notes).....  |                        |                       |   |   |
| 7.                   | Derivatives.....  |                        |                       |   |   |
| 8.                   | Other invested assets.....  |                        |                       |   |   |
| 9.                   | Receivables for securities.....   |                        |                       |   |   |
| 10.                  | Securities lending reinvested collateral assets.....  |                        |                       |   |   |
| 11.                  | Aggregate write-ins for invested assets.....  |                        |                       |   |   |
| 12.                  | Subtotals, cash and invested assets (Lines 1 to 11).....  | 2,769,364              | —                     | 2,769,364                               | 2,715,466   |
| 13.                  | Title plants less \$.....0 charged off (for Title insurers only).....   |                        |                       |   |   |
| 14.                  | Investment income due and accrued.....  |                        |                       |   |   |
| 15.                  | Premiums and considerations:  |                        |                       |   |   |
| 15.1                 | Uncollected premiums and agents' balances in the course of collection.....  |                        |                       |   |   |
| 15.2                 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... |                        |                       |   |   |
| 15.3                 | Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....  |                        |                       |   |   |
| 16.                  | Reinsurance:  |                        |                       |   |   |
| 16.1                 | Amounts recoverable from reinsurers.....  |                        |                       |   |   |
| 16.2                 | Funds held by or deposited with reinsured companies.....  |                        |                       |   |   |
| 16.3                 | Other amounts receivable under reinsurance contracts.....   |                        |                       |   |   |
| 17.                  | Amounts receivable relating to uninsured plans.....   |                        |                       |   |   |
| 18.1                 | Current federal and foreign income tax recoverable and interest thereon.....  |                        |                       |   |   |
| 18.2                 | Net deferred tax asset.....   |                        |                       |   |   |
| 19.                  | Guaranty funds receivable or on deposit.....  |                        |                       |   |   |
| 20.                  | Electronic data processing equipment and software.....  |                        |                       |   |   |
| 21.                  | Furniture and equipment, including health care delivery assets (\$.....0).....  |                        |                       |   |   |
| 22.                  | Net adjustment in assets and liabilities due to foreign exchange rates.....   |                        |                       |   |   |
| 23.                  | Receivables from parent, subsidiaries and affiliates.....   |                        |                       |   |   |
| 24.                  | Health care (\$.....0) and other amounts receivable.....  |                        |                       |   |   |
| 25.                  | Aggregate write-ins for other-than-invested assets.....   |                        |                       |   |   |
| 26.                  | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....                                 | 2,769,364              | —                     | 2,769,364                               | 2,715,466   |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....  |                        |                       |   |   |
| 28.                  | Total (Lines 26 and 27).....  | 2,769,364              | —                     | 2,769,364                               | 2,715,466   |
| Details of Write-Ins |   |                        |                       |   |   |
| 1101.                | .....   |                        |                       |   |   |
| 1102.                | .....   |                        |                       |   |   |
| 1103.                | .....   |                        |                       |   |   |
| 1198.                | Summary of remaining write-ins for Line 11 from overflow page.....  |                        |                       |   |   |
| 1199.                | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....   |                        |                       |   |   |
| 2501.                | .....   |                        |                       |   |   |
| 2502.                | .....   |                        |                       |   |   |
| 2503.                | .....   |                        |                       |   |   |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page.....  |                        |                       |   |   |
| 2599.                | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....   |                        |                       |   |   |

LIABILITIES, CAPITAL AND SURPLUS

|   | Current Period |           |           | Prior Year |
|---|----------------|-----------|-----------|------------|
|   | 1              | 2         | 3         | 4          |
|   | Covered        | Uncovered | Total     | Total      |
| 1. Claims unpaid (less \$.....0 reinsurance ceded) .....  |                |           |           |            |
| 2. Accrued medical incentive pool and bonus amounts .....   |                |           |           |            |
| 3. Unpaid claims adjustment expenses .....  |                |           |           |            |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....            |                |           |           |            |
| 5. Aggregate life policy reserves .....   |                |           |           |            |
| 6. Property/casualty unearned premium reserve .....   |                |           |           |            |
| 7. Aggregate health claim reserves .....  |                |           |           |            |
| 8. Premiums received in advance .....   |                |           |           |            |
| 9. General expenses due or accrued .....  |                |           |           |            |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....                            | 42,000         | –         | 42,000    | 29,000     |
| 10.2 Net deferred tax liability .....   |                |           |           |            |
| 11. Ceded reinsurance premiums payable .....  |                |           |           |            |
| 12. Amounts withheld or retained for the account of others .....  |                |           |           |            |
| 13. Remittances and items not allocated .....   |                |           |           |            |
| 14. Borrowed money (including \$.....0 current ) and interest thereon \$.....0 (including \$.....0 current) .....   |                |           |           |            |
| 15. Amounts due to parent, subsidiaries and affiliates .....  |                |           |           |            |
| 16. Derivatives .....   |                |           |           |            |
| 17. Payable for securities .....  |                |           |           |            |
| 18. Payable for securities lending .....  |                |           |           |            |
| 19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) ..... |                |           |           |            |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies .....  |                |           |           |            |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....   |                |           |           |            |
| 22. Liability for amounts held under uninsured plans .....  |                |           |           |            |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current) .....  |                |           |           |            |
| 24. Total liabilities (Lines 1 to 23) .....   | 42,000         | –         | 42,000    | 29,000     |
| 25. Aggregate write-ins for special surplus funds .....   | XXX            | XXX       |           |            |
| 26. Common capital stock .....  | XXX            | XXX       | 1,000,000 | 1,000,000  |
| 27. Preferred capital stock .....   | XXX            | XXX       |           |            |
| 28. Gross paid in and contributed surplus .....   | XXX            | XXX       |           |            |
| 29. Surplus notes .....   | XXX            | XXX       |           |            |
| 30. Aggregate write-ins for other-than-special surplus funds .....  | XXX            | XXX       |           |            |
| 31. Unassigned funds (surplus) .....  | XXX            | XXX       | 1,727,364 | 1,686,466  |
| 32. Less treasury stock, at cost:   |                |           |           |            |
| 32.1 0 shares common (value included in Line 26 \$.....0) .....   | XXX            | XXX       |           |            |
| 32.2 0 shares preferred (value included in Line 27 \$.....0) .....  | XXX            | XXX       |           |            |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....  | XXX            | XXX       | 2,727,364 | 2,686,466  |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) .....  | XXX            | XXX       | 2,769,364 | 2,715,466  |
| Details of Write-Ins  |                |           |           |            |
| 2301. ....  |                |           |           |            |
| 2302. ....  |                |           |           |            |
| 2303. ....  |                |           |           |            |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....   |                |           |           |            |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....  |                |           |           |            |
| 2501. ....  | XXX            | XXX       |           |            |
| 2502. ....  | XXX            | XXX       |           |            |
| 2503. ....  | XXX            | XXX       |           |            |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | XXX            | XXX       |           |            |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....  | XXX            | XXX       |           |            |
| 3001. ....  | XXX            | XXX       |           |            |
| 3002. ....  | XXX            | XXX       |           |            |
| 3003. ....  | XXX            | XXX       |           |            |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....   | XXX            | XXX       |           |            |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....  | XXX            | XXX       |           |            |

STATEMENT OF REVENUE AND EXPENSES

|  | Current Year to Date |         | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|---------|--------------------|------------------------------|
|  | 1                    | 2       | 3                  | 4                            |
|  | Uncovered            | Total   | Total              | Total                        |
| 1. Member Months.....  | XXX                  |         |                    |                              |
| 2. Net premium income (including \$.....0 non-health premium income).....  | XXX                  |         |                    |                              |
| 3. Change in unearned premium reserves and reserve for rate credits.....   | XXX                  |         |                    |                              |
| 4. Fee-for-service (net of \$.....0 medical expenses).....   | XXX                  |         |                    |                              |
| 5. Risk revenue.....   | XXX                  |         |                    |                              |
| 6. Aggregate write-ins for other health care related revenues.....   | XXX                  |         |                    |                              |
| 7. Aggregate write-ins for other non-health revenues.....  | XXX                  |         |                    |                              |
| 8. Total revenues (Lines 2 to 7).....  | XXX                  |         |                    |                              |
| <b>Hospital and Medical:</b>   |                      |         |                    |                              |
| 9. Hospital/medical benefits.....  |                      |         |                    |                              |
| 10. Other professional services.....   |                      |         |                    |                              |
| 11. Outside referrals.....   |                      |         |                    |                              |
| 12. Emergency room and out-of-area.....  |                      |         |                    |                              |
| 13. Prescription drugs.....  |                      |         |                    |                              |
| 14. Aggregate write-ins for other hospital and medical.....  |                      |         |                    |                              |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                      |         |                    |                              |
| 16. Subtotal (Lines 9 to 15).....  |                      |         |                    |                              |
| <b>Less:</b>   |                      |         |                    |                              |
| 17. Net reinsurance recoveries.....  |                      |         |                    |                              |
| 18. Total hospital and medical (Lines 16 minus 17).....  |                      |         |                    |                              |
| 19. Non-health claims (net).....   |                      |         |                    |                              |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses.....  |                      |         |                    |                              |
| 21. General administrative expenses.....   | -                    | 5,875   | 5,578              | 5,878                        |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....     |                      |         |                    |                              |
| 23. Total underwriting deductions (Lines 18 through 22).....   | -                    | 5,875   | 5,578              | 5,878                        |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23).....  | XXX                  | (5,875) | (5,578)            | (5,878)                      |
| 25. Net investment income earned.....  | -                    | 59,773  | 72,263             | 140,499                      |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0.....  |                      |         |                    |                              |
| 27. Net investment gains (losses) (Lines 25 plus 26).....  | -                    | 59,773  | 72,263             | 140,499                      |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]..... |                      |         |                    |                              |
| 29. Aggregate write-ins for other income or expenses.....  |                      |         |                    |                              |
| 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                  | 53,898  | 66,685             | 134,621                      |
| 31. Federal and foreign income taxes incurred.....   | XXX                  | 13,000  | 14,000             | 29,000                       |
| 32. Net income (loss) (Lines 30 minus 31).....   | XXX                  | 40,898  | 52,685             | 105,621                      |
| <b>Details of Write-Ins</b>  |                      |         |                    |                              |
| 0601.....  | XXX                  |         |                    |                              |
| 0602.....  | XXX                  |         |                    |                              |
| 0603.....  | XXX                  |         |                    |                              |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....  | XXX                  |         |                    |                              |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....   | XXX                  |         |                    |                              |
| 0701.....  | XXX                  |         |                    |                              |
| 0702.....  | XXX                  |         |                    |                              |
| 0703.....  | XXX                  |         |                    |                              |
| 0798. Summary of remaining write-ins for Line 7 from overflow page.....  | XXX                  |         |                    |                              |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....   | XXX                  |         |                    |                              |
| 1401.....  |                      |         |                    |                              |
| 1402.....  |                      |         |                    |                              |
| 1403.....  |                      |         |                    |                              |
| 1498. Summary of remaining write-ins for Line 14 from overflow page.....   |                      |         |                    |                              |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....  |                      |         |                    |                              |
| 2901.....  |                      |         |                    |                              |
| 2902.....  |                      |         |                    |                              |
| 2903.....  |                      |         |                    |                              |
| 2998. Summary of remaining write-ins for Line 29 from overflow page.....   |                      |         |                    |                              |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....  |                      |         |                    |                              |



STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

|                           |   | 1                       | 2                     | 3                                  |
|---------------------------|---|-------------------------|-----------------------|------------------------------------|
|                           |   | Current Year To<br>Date | Prior Year To<br>Date | Prior Year<br>Ended<br>December 31 |
| CAPITAL & SURPLUS ACCOUNT |   |                         |                       |                                    |
| 33.                       | Capital and surplus prior reporting year.....   | 2,686,466               | 2,580,845             | 2,580,845                          |
| 34.                       | Net income or (loss) from Line 32.....  | 40,898                  | 52,685                | 105,621                            |
| 35.                       | Change in valuation basis of aggregate policy and claim reserves.....                   |                         |                       |                                    |
| 36.                       | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0..... |                         |                       |                                    |
| 37.                       | Change in net unrealized foreign exchange capital gain or (loss).....                   |                         |                       |                                    |
| 38.                       | Change in net deferred income tax.....  |                         |                       |                                    |
| 39.                       | Change in nonadmitted assets.....   | —                       |                       |                                    |
| 40.                       | Change in unauthorized and certified reinsurance.....                                   |                         |                       |                                    |
| 41.                       | Change in treasury stock.....   |                         |                       |                                    |
| 42.                       | Change in surplus notes.....  |                         |                       |                                    |
| 43.                       | Cumulative effect of changes in accounting principles.....                              |                         |                       |                                    |
| 44.                       | Capital Changes:  |                         |                       |                                    |
|                           | 44.1 Paid in.....   |                         |                       |                                    |
|                           | 44.2 Transferred from surplus (Stock Dividend).....                                     |                         |                       |                                    |
|                           | 44.3 Transferred to surplus.....  |                         |                       |                                    |
| 45.                       | Surplus adjustments:  |                         |                       |                                    |
|                           | 45.1 Paid in.....   |                         |                       |                                    |
|                           | 45.2 Transferred to capital (Stock Dividend).....                                       |                         |                       |                                    |
|                           | 45.3 Transferred from capital.....  |                         |                       |                                    |
| 46.                       | Dividends to stockholders.....  |                         |                       |                                    |
| 47.                       | Aggregate write-ins for gains or (losses) in surplus.....                               |                         |                       |                                    |
| 48.                       | Net change in capital and surplus (Lines 34 to 47).....                                 | 40,898                  | 52,685                | 105,621                            |
| 49.                       | Capital and surplus end of reporting period (Line 33 plus 48).....                      | 2,727,364               | 2,633,530             | 2,686,466                          |
| Details of Write-Ins      |   |                         |                       |                                    |
| 4701.                     | .....   |                         |                       |                                    |
| 4702.                     | .....   |                         |                       |                                    |
| 4703.                     | .....   |                         |                       |                                    |
| 4798.                     | Summary of remaining write-ins for Line 47 from overflow page.....                      |                         |                       |                                    |
| 4799.                     | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....                         |                         |                       |                                    |

CASH FLOW

|  | 1                    | 2                  | 3                               |
|--|----------------------|--------------------|---------------------------------|
|  | Current Year To Date | Prior Year To Date | Prior Year Ended<br>December 31 |
| <b>Cash from Operations</b>  |                      |                    |                                 |
| 1. Premiums collected net of reinsurance .....   |                      |                    |                                 |
| 2. Net investment income .....   | 59,773               | 72,263             | 140,499                         |
| 3. Miscellaneous income .....  |                      |                    |                                 |
| 4. Total (Lines 1 to 3) .....  | 59,773               | 72,263             | 140,499                         |
| 5. Benefit and loss related payments .....   |                      |                    |                                 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                             |                      |                    |                                 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 5,875                | 5,578              | 5,878                           |
| 8. Dividends paid to policyholders .....   |                      |                    |                                 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....                 | –                    |                    | 29,000                          |
| 10. Total (Lines 5 through 9) .....  | 5,875                | 5,578              | 34,878                          |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | 53,898               | 66,685             | 105,621                         |
| <b>Cash from Investments</b>   |                      |                    |                                 |
| 12. Proceeds from investments sold, matured or repaid:   |                      |                    |                                 |
| 12.1 Bonds .....   |                      |                    |                                 |
| 12.2 Stocks .....  |                      |                    |                                 |
| 12.3 Mortgage loans .....  |                      |                    |                                 |
| 12.4 Real estate .....   |                      |                    |                                 |
| 12.5 Other invested assets .....   |                      |                    |                                 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                    |                      |                    |                                 |
| 12.7 Miscellaneous proceeds .....  | –                    |                    |                                 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....  | –                    |                    |                                 |
| 13. Cost of investments acquired (long-term only):   |                      |                    |                                 |
| 13.1 Bonds .....   |                      |                    |                                 |
| 13.2 Stocks .....  |                      |                    |                                 |
| 13.3 Mortgage loans .....  |                      |                    |                                 |
| 13.4 Real estate .....   |                      |                    |                                 |
| 13.5 Other invested assets .....   |                      |                    |                                 |
| 13.6 Miscellaneous applications .....  | –                    |                    |                                 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....   | –                    |                    |                                 |
| 14. Net increase/(decrease) in contract loans and premium notes .....  |                      |                    |                                 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  | –                    |                    |                                 |
| <b>Cash from Financing and Miscellaneous Sources</b>   |                      |                    |                                 |
| 16. Cash provided (applied):   |                      |                    |                                 |
| 16.1 Surplus notes, capital notes .....  |                      |                    |                                 |
| 16.2 Capital and paid in surplus, less treasury stock .....  | –                    |                    |                                 |
| 16.3 Borrowed funds .....  |                      |                    |                                 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....  |                      |                    |                                 |
| 16.5 Dividends to stockholders .....   |                      |                    |                                 |
| 16.6 Other cash provided (applied) .....   |                      |                    |                                 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) ..... | –                    |                    |                                 |
| <b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>   |                      |                    |                                 |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                | 53,898               | 66,685             | 105,621                         |
| 19. Cash, cash equivalents and short-term investments:   |                      |                    |                                 |
| 19.1 Beginning of year .....   | 2,715,466            | 2,609,845          | 2,609,845                       |
| 19.2 End of period (Line 18 plus Line 19.1) .....  | 2,769,364            | 2,676,530          | 2,715,466                       |
| Note: Supplemental disclosures of cash flow information for non-cash transactions:                                       |                      |                    |                                 |
| 20.0001. ....  |                      |                    |                                 |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

|  | 1     | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5           | 6           | 7   | 8                       | 9                     | 10         | 11                   | 12                | 13           | 14                   |
|--|-------|---------------------------------------|-------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|----------------------|
|  |       | 2                                     | 3     |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
|  | Total | Individual                            | Group | Medicare<br>Supplement | Vision Only | Dental Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other Health | Other Non-<br>Health |
| Total Members at end of:   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 1. Prior Year .....  |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 2. First Quarter .....   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 3. Second Quarter .....  |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 4. Third Quarter .....   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 5. Current Year .....  |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 6. Current Year Member Months .....                                |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| Total Member Ambulatory Encounters for<br>Period:                  |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 7. Physician .....   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 8. Non-Physician .....   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 9. Total .....   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 10. Hospital Patient Days Incurred .....                           |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 11. Number of Inpatient Admissions .....                           |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 12. Health Premiums Written (a) .....                              |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 13. Life Premiums Direct .....                                     |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 14. Property/Casualty Premiums Written .....                       |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 15. Health Premiums Earned .....                                   |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 16. Property/Casualty Premiums Earned .....                        |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 17. Amount Paid for Provision of Health<br>Care Services .....     |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |
| 18. Amount Incurred for Provision of<br>Health Care Services ..... |       |                                       |       |                        |             |             |   |                         |                       |            |                      |                   |              |                      |

NONE

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)  
Aging Analysis of Unpaid Claims

| 1   | 2           | 3            | 4            | 5             | 6             | 7     |
|---|-------------|--------------|--------------|---------------|---------------|-------|
| Account   | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported)  |             |              |              |               |               |       |
| 0899999 – Accrued medical incentive pool and bonus amounts..... |             |              |              |               |               |       |

NONE



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business  | Claims Paid Year to Date                                    |                                       | Liability End of Current Quarter          |                                       | 5   | 6  |
|---|---|---------------------------------------|---|---------------------------------------|---|--|
|   | 1   | 2                                     | 3   | 4                                     |   |  |
|   | On Claims Incurred<br>Prior to January 1 of<br>Current Year | On Claims Incurred<br>During the Year | On Claims Unpaid<br>Dec. 31 of Prior Year | On Claims Incurred<br>During the Year | Claims Incurred in Prior<br>Years (Columns 1 + 3) | Estimated Claim<br>Reserve and<br>Claim Liability<br>Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual..... |   |                                       |   |                                       |   |  |
| 2. Comprehensive (hospital and medical) group.....      |   |                                       |   |                                       |   |  |
| 3. Medicare Supplement.....                             |   |                                       |   |                                       |   |  |
| 4. Vision only.....                                     |   |                                       |   |                                       |   |  |
| 5. Dental only.....                                     |   |                                       |   |                                       |   |  |
| 6. Federal Employees Health Benefits Plan.....          |   |                                       |   |                                       |   |  |
| 7. Title XVIII – Medicare.....                          |   |                                       |   |                                       |   |  |
| 8. Title XIX – Medicaid.....                            |   |                                       |   |                                       |   |  |
| 9. Credit A&H.....                                      |   |                                       |   |                                       |   |  |
| 10. Disability income.....                              |   |                                       |   |                                       |   |  |
| 11. Long-term care.....                                 |   |                                       |   |                                       |   |  |
| 12. Other health.....                                   |   |                                       |   |                                       |   |  |
| 13. Health subtotal (Lines 1 to 12).....                |   |                                       |   |                                       |   |  |
| 14. Health care receivables (a).....                    |   |                                       |   |                                       |   |  |
| 15. Other non-health.....                               |   |                                       |   |                                       |   |  |
| 16. Medical incentive pools and bonus amounts.....      |   |                                       |   |                                       |   |  |
| 17. Totals (Lines 13-14+15+16).....                     |   |                                       |   |                                       |   |  |

NONE

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

|   | SSAP # | F/S Page | F/S Line # | 06/30/2025          | 12/31/2024          |
|---|--------|----------|------------|---------------------|---------------------|
| Net Income  |        |          |            |                     |                     |
| (1) State basis (Page 4, Line 32, Columns 2 & 4)                                | XXX    | XXX      | XXX        | \$ 40,898           | \$ 105,621          |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: |        |          |            |                     |                     |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP:  |        |          |            |                     |                     |
| (4) NAIC SAP (1-2-3=4)  | XXX    | XXX      | XXX        | <u>\$ 40,898</u>    | <u>\$ 105,621</u>   |
| Surplus   |        |          |            |                     |                     |
| (5) State basis (Page 3, Line 33, Columns 3 & 4)                                | XXX    | XXX      | XXX        | \$ 2,727,364        | \$ 2,686,466        |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: |        |          |            |                     |                     |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP:  |        |          |            |                     |                     |
| (8) NAIC SAP (5-6-7=8)  | XXX    | XXX      | XXX        | <u>\$ 2,727,364</u> | <u>\$ 2,686,466</u> |

B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

C. Accounting Policy - Not Applicable

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern and has concluded that there are no events or circumstances that raise any doubt about the Company's ability to continue as a going concern. As of January 1, 2019, the Company no longer offered contracts for covered health care services.

2. Accounting Changes and Corrections of Errors - Not Applicable
3. Business Combinations and Goodwill - Not Applicable
4. Discontinued Operations - Not Applicable
5. Investments - Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable
7. Investment Income - Not Applicable
8. Derivative Instruments - Not Applicable
9. Income Taxes - No Significant Changes
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes
11. Debt - Not Applicable
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes
14. Liabilities, Contingencies and Assessments - No Significant Changes
15. Leases - Not Applicable
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable
20. Fair Value Measurements - Not Applicable
21. Other Items - Not Applicable
22. Events Subsequent

The Company has evaluated all events occurring after June 30, 2025 through August 12, 2025, the date the quarterly statement was available to be issued, to determine whether any event required either recognition or disclosure in the Company's quarterly statement. No items requiring recognition or disclosure were identified.
23. Reinsurance - Not Applicable
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable
25. Change in Incurred Claims and Claim Adjustment Expenses - Not Applicable
26. Intercompany Pooling Arrangements - Not Applicable

Notes to the Financial Statements

- 27. Structured Settlements - Not Applicable
- 28. Health Care Receivables - Not Applicable
- 29. Participating Policies - Not Applicable
- 30. Premium Deficiency Reserves - Not Applicable
- 31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 2.2 If yes, date of change:.....
- 3.1 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  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... YES
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
WELLMARK HOLDINGS, LLC ACQUIRED A 13% INTEREST IN EVIO PHARMACY SOLUTIONS, LLC EFFECTIVE FEBRUARY 28, 2025.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of 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              | 2                 | 3                 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
|                |                   |                   |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....12/31/2021
- 6.2 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.....12/31/2021
- 6.3 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).....03/20/2023
- 6.4 By what department or departments?  
IOWA INSURANCE DIVISION.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 7.1 Has this 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?..... NO
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

| 1              | 2                      | 3   | 4   | 5    | 6   |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
|                |                        |     |     |      |     |



GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

- 9.1 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
- (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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? NO
- 14.2 If yes, please complete the following:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End Book / Adjusted Carrying Value | Current Quarter Book / Adjusted Carrying Value |
| 14.21 Bonds   | \$  | \$   |
| 14.22 Preferred Stock   |   |  |
| 14.23 Common Stock  |   |  |
| 14.24 Short-Term Investments  |   |  |
| 14.25 Mortgage Loans on Real Estate   |   |  |
| 14.26 All Other   |   |  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) |   |  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above                       |   |  |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? N/A  
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
- 16.3 Total payable for securities lending reported on the liability page \$
17. 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*? NO

- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

| 1  | 2                 |
|--|-------------------|
| Name of Custodian(s)                           | Custodian Address |
| THE COMPANY ONLY HELD CASH AS OF JUNE 30, 2025 |                   |

- 17.2 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       | 2           | 3                       |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
|         |             |                         |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO
- 17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

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

17.5 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.

| 1                          | 2           |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
|                            |             |

17.5097 For those firms/individuals listed in the table for Question 17.5, 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?.....NO.....

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?.....NO.....

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1   | 2                          | 3                             | 4               | 5  |
|---|----------------------------|-------------------------------|-----------------|--|
| Central<br>Registration<br>Depository<br>Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment<br>Management<br>Agreement<br>(IMA) Filed |
|   |                            |                               |                 |  |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?.....YES.....

18.2 If no, list exceptions:  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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?.....NO.....

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....NO.....

21. 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?.....NO.....

GENERAL INTERROGATORIES  
PART 2 – HEALTH

1. Operating Percentages:

1.1 A&H loss percent..... – %  
1.2 A&H cost containment percent..... – %  
1.3 A&H expense percent excluding cost containment expenses..... – %
- 2.1 Do you act as a custodian for health savings accounts?.....NO.....  
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....\$.....  
2.3 Do you act as an administrator for health savings accounts?.....NO.....  
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....\$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....NO.....  
3.1 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?.....NO.....

**SCHEDULE S - CEDED REINSURANCE**  
Showing All New Reinsurance Treaties - Current Year to Date

| 1                 | 2         | 3              | 4                 | 5                        | 6                         | 7                      | 8                 | 9  | 10   |
|-------------------|-----------|----------------|-------------------|--------------------------|---------------------------|------------------------|-------------------|--|--|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |

NONE



SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

|                      |   | 1                 | Direct Business Only       |                      |                    |                |   |  |                             |                           |                          |
|----------------------|---|-------------------|----------------------------|----------------------|--------------------|----------------|---|--|-----------------------------|---------------------------|--------------------------|
|                      |   |                   | 2                          | 3                    | 4                  | 5              | 6   | 7  | 8                           | 9                         | 10                       |
| States, Etc.         |   | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Plan Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | Deposit – Type Contracts |
| 1.                   | Alabama   | AL N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 2.                   | Alaska  | AK N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 3.                   | Arizona   | AZ N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 4.                   | Arkansas  | AR N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 5.                   | California  | CA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 6.                   | Colorado  | CO N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 7.                   | Connecticut   | CT N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 8.                   | Delaware  | DE N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 9.                   | District of Columbia  | DC N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 10.                  | Florida   | FL N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 11.                  | Georgia   | GA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 12.                  | Hawaii  | HI N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 13.                  | Idaho   | ID N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 14.                  | Illinois  | IL N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 15.                  | Indiana   | IN N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 16.                  | Iowa  | IA L              |                            |                      |                    |                |   |  |                             |                           |                          |
| 17.                  | Kansas  | KS N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 18.                  | Kentucky  | KY N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 19.                  | Louisiana   | LA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 20.                  | Maine   | ME N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 21.                  | Maryland  | MD N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 22.                  | Massachusetts   | MA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 23.                  | Michigan  | MI N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 24.                  | Minnesota   | MN N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 25.                  | Mississippi   | MS N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 26.                  | Missouri  | MO N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 27.                  | Montana   | MT N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 28.                  | Nebraska  | NE N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 29.                  | Nevada  | NV N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 30.                  | New Hampshire   | NH N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 31.                  | New Jersey  | NJ N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 32.                  | New Mexico  | NM N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 33.                  | New York  | NY N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 34.                  | North Carolina  | NC N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 35.                  | North Dakota  | ND N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 36.                  | Ohio  | OH N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 37.                  | Oklahoma  | OK N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 38.                  | Oregon  | OR N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 39.                  | Pennsylvania  | PA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 40.                  | Rhode Island  | RI N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 41.                  | South Carolina  | SC N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 42.                  | South Dakota  | SD N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 43.                  | Tennessee   | TN N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 44.                  | Texas   | TX N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 45.                  | Utah  | UT N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 46.                  | Vermont   | VT N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 47.                  | Virginia  | VA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 48.                  | Washington  | WA N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 49.                  | West Virginia   | WV N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 50.                  | Wisconsin   | WI N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 51.                  | Wyoming   | WY N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 52.                  | American Samoa  | AS N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 53.                  | Guam  | GU N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 54.                  | Puerto Rico   | PR N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 55.                  | U.S. Virgin Islands   | VI N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 56.                  | Northern Mariana Islands                                      | MP N              |                            |                      |                    |                |   |  |                             |                           |                          |
| 57.                  | Canada  | CAN N             |                            |                      |                    |                |   |  |                             |                           |                          |
| 58.                  | Aggregate Other Alien   | OT XXX            |                            |                      |                    |                |   |  |                             |                           |                          |
| 59.                  | Subtotal  | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 60.                  | Reporting entity contributions for employee benefits plans    | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 61.                  | Total (Direct Business)                                       | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| Details of Write-Ins |   |                   |                            |                      |                    |                |   |  |                             |                           |                          |
| 58001.               |   | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 58002.               |   | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 58003.               |   | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 58998.               | Summary of remaining write-ins for Line 58 from overflow page | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |
| 58999.               | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX               |                            |                      |                    |                |   |  |                             |                           |                          |

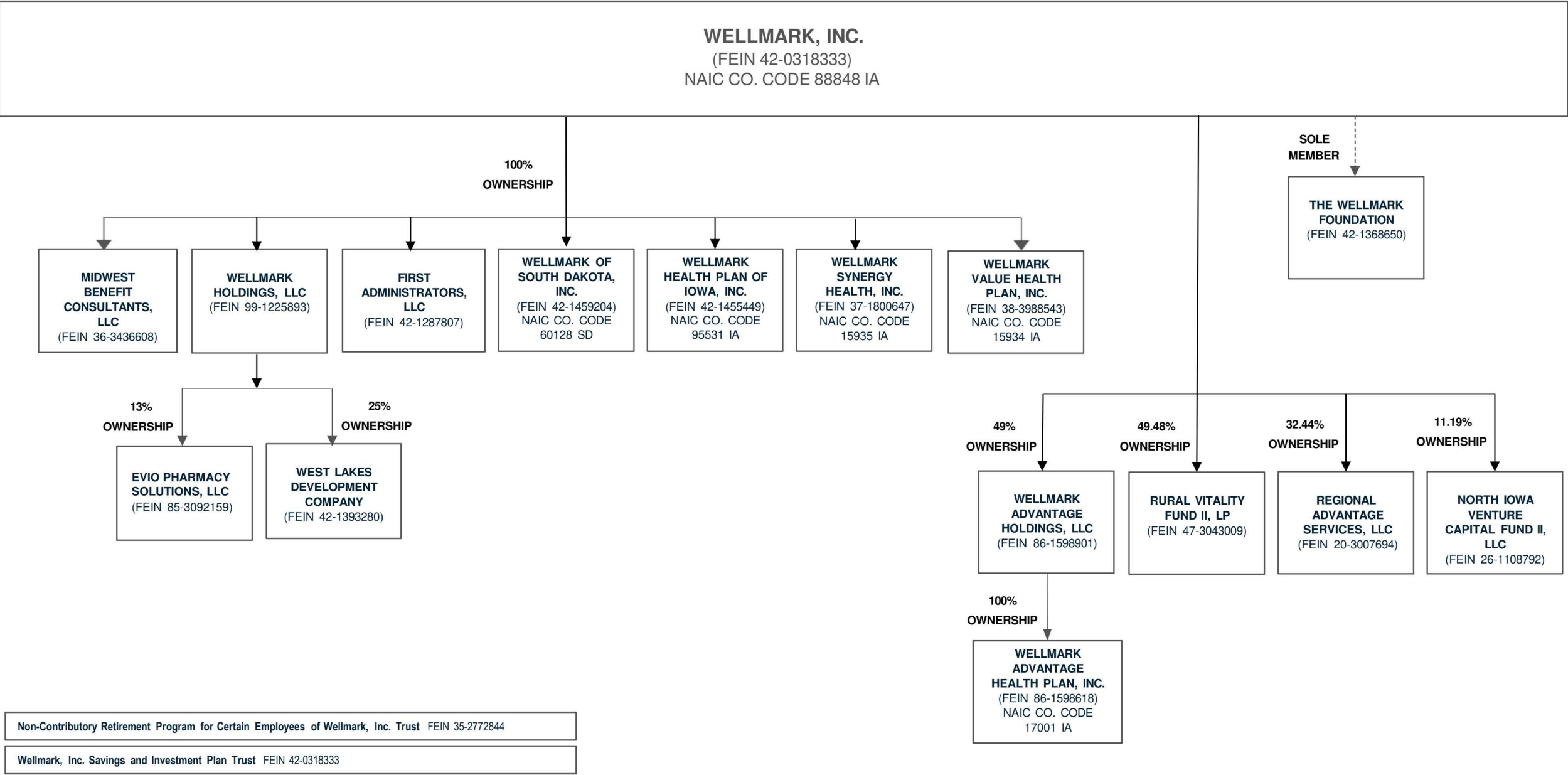
(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... 1 ..... 4. Q – Qualified - Qualified or accredited reinsurer ..... – .....  
2. R – Registered – Non-domiciled RRGs ..... – ..... 5. N – None of the above - Not allowed to write business in the state ..... 56 .....  
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... – .....

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

PART 1 – ORGANIZATIONAL CHART

15



SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2  | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14  | 15                                  | 16 |
|------------|--|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|---|-------------------------------------|----|
| Group Code | Group Name   | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates                                       | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s)                | Is an SCA Filing Required? (Yes/No) | *  |
| 0770       | WELLMARK GROUP   | 88848             | 42-0318333 |              |     |  | WELLMARK, INC.  | IA                   | UDP                              |  |  | —  | WELLMARK, INC.  | NO                                  |    |
| 0770       | WELLMARK GROUP   | 60128             | 42-1459204 |              |     |  | WELLMARK OF SOUTH DAKOTA, INC.  | SD                   | IA                               | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | NO                                  |    |
| 0770       | WELLMARK GROUP   | 95531             | 42-1455449 |              |     |  | WELLMARK HEALTH PLAN OF IOWA, INC.  | IA                   | IA                               | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | NO                                  |    |
| 0770       | WELLMARK GROUP   | 15935             | 37-1800647 |              |     |  | WELLMARK SYNERGY HEALTH, INC.   | IA                   | RE                               | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | NO                                  |    |
| 0770       | WELLMARK GROUP   | 15934             | 38-3988543 |              |     |  | WELLMARK VALUE HEALTH PLAN, INC   | IA                   | IA                               | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 36-3436608 |              |     |  | MIDWEST BENEFIT CONSULTANTS, LLC  | IA                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | YES                                 |    |
|            |  | 00000             | 42-1287807 |              |     |  | FIRST ADMINISTRATORS, LLC   | IA                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | YES                                 |    |
|            |  | 00000             | 99-1225893 |              |     |  | WELLMARK HOLDINGS, LLC  | IA                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 100.0                                      | WELLMARK, INC.  | YES                                 |    |
|            |  | 00000             | 85-3092159 |              |     |  | EVIO PHARMACY SOLUTIONS, LLC  | IA                   | NIA                              | WELLMARK HOLDINGS, LLC                         | OWNERSHIP  | 13.0                                       | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 42-1393280 |              |     |  | WEST LAKES DEVELOPMENT COMPANY  | IA                   | NIA                              | WELLMARK HOLDINGS, LLC                         | OWNERSHIP  | 25.0                                       | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 86-1598901 |              |     |  | WELLMARK ADVANTAGE HOLDINGS, LLC  | DE                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 49.0                                       | BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY | NO                                  |    |
| 0572       | BCBS OF MICHIGAN MUTUAL INSURANCE CO.  | 17001             | 86-1598618 |              |     |  | WELLMARK ADVANTAGE HEALTH PLAN, INC.  | IA                   | IA                               | WELLMARK ADVANTAGE HOLDINGS, LLC               | OWNERSHIP  | 100.0                                      | BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY | NO                                  |    |
|            |  | 00000             | 47-3043009 |              |     |  | RURAL VITALITY FUND II, LP  | IA                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 49.5                                       | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 20-3007694 |              |     |  | REGIONAL ADVANTAGE SERVICES, LLC  | DE                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 32.4                                       | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 26-1108792 |              |     |  | NORTH IOWA VENTURE CAPITAL FUND II, LLC   | IA                   | NIA                              | WELLMARK, INC.                                 | OWNERSHIP  | 11.2                                       | WELLMARK, INC.  | NO                                  |    |
|            |  | 00000             | 42-1368650 |              |     |  | THE WELLMARK FOUNDATION   | IA                   | OTH                              | WELLMARK, INC.                                 | MANAGEMENT   | —  | WELLMARK, INC.  | NO                                  | 1  |
|            |  | 00000             | 35-2772844 |              |     |  | NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF WELLMARK, INC. TRUST | IA                   | OTH                              | WELLMARK, INC.                                 | MANAGEMENT   | —  | WELLMARK, INC.  | NO                                  | 2  |
|            |  | 00000             | 42-0318333 |              |     |  | WELLMARK, INC. SAVINGS AND INVESTMENT PLAN TRUST                                  | IA                   | OTH                              | WELLMARK, INC.                                 | MANAGEMENT   | —  | WELLMARK, INC.  | NO                                  | 3  |
| Asterisk   | Explanation  |                   |            |              |     |  |   |                      |                                  |  |  |  |   |                                     |    |
| 1          | WELLMARK, INC. IS THE SOLE MEMBER OF THE WELLMARK FOUNDATION.  |                   |            |              |     |  |   |                      |                                  |  |  |  |   |                                     |    |
| 2          | THE NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF WELLMARK, INC. TRUST WAS ESTABLISHED IN 2014. |                   |            |              |     |  |   |                      |                                  |  |  |  |   |                                     |    |
| 3          | THE WELLMARK, INC. SAVINGS AND INVESTMENT PLAN TRUST WAS ESTABLISHED IN 2014.                                  |                   |            |              |     |  |   |                      |                                  |  |  |  |   |                                     |    |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

|  | Response |
|--|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?..... | NO.....  |


August Filing

|  |         |
|--|---------|
| 2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. .... | NO..... |
|--|---------|

EXPLANATION:

1. WELLMARK SYNERGY HEALTH, INC. DOES NOT SELL MEDICARE PART D COVERAGE, THEREFORE THIS SUPPLEMENT IS NOT APPLICABLE.....
2. THE COMPANY HAS \$0 IN WRITTEN PREMIUMS AND IS IN RUN-OFF.....

BARCODES:

1.   
1 5 9 3 5 2 0 2 5 3 6 5 0 0 0 0 2
2.   
1 5 9 3 5 2 0 2 4 2 2 2 0 0 0 0 0



**OVERFLOW PAGE FOR WRITE-INS**

(SI-01) Schedule A - Verification - Real Estate

NONE

(SI-01) Schedule B - Verification - Mortgage Loans

NONE

(SI-01) Schedule BA - Verification - Other Long-Term Invested Assets

NONE

(SI-01) Schedule D - Verification - Bonds and Stocks

NONE

(SI-02) Schedule D - Part 1B

NONE

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents

NONE

(E-01) Schedule A - Part 2  
**NONE**

(E-01) Schedule A - Part 3  
**NONE**

(E-02) Schedule B - Part 2  
**NONE**

(E-02) Schedule B - Part 3  
**NONE**

(E-03) Schedule BA - Part 2  
**NONE**

(E-03) Schedule BA - Part 3  
**NONE**

(E-04) Schedule D - Part 3  
**NONE**

(E-05) Schedule D - Part 4  
**NONE**

(E-06) Schedule DB - Part A - Section 1  
**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)  
**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period  
**NONE**

(E-07) Schedule DB - Part B - Section 1  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period  
**NONE**

(E-08) Schedule DB - Part D - Section 1  
**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity  
**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity  
**NONE**

(E-10) Schedule DB - Part E  
**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

SCHEDULE E - PART 1 - CASH  
Month End Depository Balances

| 1<br><br>Depository  | 2<br><br>Restricted<br>Asset<br>Code | 3<br><br>Rate of<br>Interest | 4<br><br>Amount of<br>Interest<br>Received During<br>Current Quarter | 5<br><br>Amount of<br>Interest<br>Accrued at<br>Current<br>Statement Date | Book Balance at End of Each Month During Current<br>Quarter |              |             | 9<br><br>* |
|--|--------------------------------------|------------------------------|--|---|---|--------------|-------------|------------|
|  |                                      |                              |  |   | 6   | 7            | 8           |            |
|  |                                      |                              |  |   | First Month   | Second Month | Third Month |            |
| BANKERS TRUST - SAVINGS – DES MOINES, IA   |                                      | 4.357                        | 30,287   |   | 2,749,756   | 2,759,716    | 2,769,364   | XXX        |
| 0199998 – Deposits in depositories that do not exceed the allowable limit in<br>any one depository (see Instructions) - Open Depositories      |                                      |                              |  |   |   |              |             | XXX        |
| 0199999 – Total Open Depositories  |                                      |                              | 30,287   |   | 2,749,756   | 2,759,716    | 2,769,364   | XXX        |
| 0299998 – Deposits in depositories that do not exceed the allowable limit in<br>any one depository (see Instructions) - Suspended Depositories |                                      |                              |  |   |   |              |             | XXX        |
| 0299999 – Total Suspended Depositories   |                                      |                              |  |   |   |              |             | XXX        |
| 0399999 – Total Cash on Deposit  |                                      |                              | 30,287   |   | 2,749,756   | 2,759,716    | 2,769,364   | XXX        |
| 0499999 – Cash in Company's Office   |                                      |                              | XXX  | XXX   |   |              |             | XXX        |
| 0599999 – Total  |                                      |                              | 30,287   |   | 2,749,756   | 2,759,716    | 2,769,364   | XXX        |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1  | 2           | 3                        | 4             | 5                          | 6             | 7                                 | 8                                     | 9                              |
|--|-------------|--------------------------|---------------|----------------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| CUSIP                                    | Description | Restricted Asset<br>Code | Date Acquired | Stated Rate of<br>Interest | Maturity Date | Book / Adjusted<br>Carrying Value | Amount of Interest<br>Due and Accrued | Amount Received<br>During Year |
| 8609999999 – Total Cash Equivalents..... |             |                          |               |                            |               |                                   |                                       |                                |

NONE