



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Wellmark Advantage Health Plan, Inc.

NAIC Group Code 0572 0572 NAIC Company Code 17001 Employer's ID Number 86-1598618
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes No

Incorporated/Organized 01/12/2021 Commenced Business 02/08/2021

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

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

Mail Address 200 N. Grand Avenue, Lansing, MI, US 48933
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 N. Grand Avenue, 517-708-5285
(Street and Number) (Area Code) (Telephone Number)
Lansing, MI, US 48933, (City or Town, State, Country and Zip Code)

Internet Website Address www.WellmarkAdvantageHealthPlan.com

Statutory Statement Contact Jason Pisarik, 517-708-5285
(Name) (Area Code) (Telephone Number)
jpisarik@bcbsm.com, 517-346-2013
(E-mail Address) (FAX Number)

OFFICERS

President Michael Gary Manthey Treasurer Anthony George Phillips
Secretary Bobbi Jo Elliott

OTHER

DIRECTORS OR TRUSTEES

<u>Jason Richard Humphrey</u>	<u>Kyle Christopher Lattina</u>	<u>Michael Gary Manthey</u>
<u>Sean Joseph McTaggart</u>	<u>Anthony George Phillips</u>	<u>John Stephen Roberts</u>
<u>Krischa Kay Winright</u>		

State of Michigan SS: _____
County of Wayne

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.

Michael Gary Manthey
President

Anthony George Phillips
Treasurer

Bobbi Jo Elliott
Secretary

Subscribed and sworn to before me this
day of _____

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

Yes No

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	72,664,993		72,664,993	32,979,364
2. Stocks:				0
2.1 Preferred stocks			0	0
2.2 Common stocks	4,201,528		4,201,528	1,936,400
3. Mortgage loans on real estate:				0
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 12,671,217), cash equivalents (\$ 46,177,525) and short-term investments (\$)	58,848,742		58,848,742	84,800,007
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	135,715,263	0	135,715,263	119,715,771
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	16,158		16,158	7,611
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ 7,996,782) and contracts subject to redetermination (\$)	7,996,782		7,996,782	5,341,273
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	22,756,257		22,756,257	10,103,734
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	1,250,000	1,250,000	0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	826,921		826,921	46,202
24. Health care (\$ 45,894,127) and other amounts receivable	47,980,177	2,086,050	45,894,127	14,182,510
25. Aggregate write-ins for other-than-invested assets	5,829,903	5,829,903	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	222,371,461	9,165,953	213,205,508	149,397,101
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	222,371,461	9,165,953	213,205,508	149,397,101
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Assets	5,829,903	5,829,903	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	5,829,903	5,829,903	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	76,986,059		76,986,059	23,710,963
2. Accrued medical incentive pool and bonus amounts			0	1,079,149
3. Unpaid claims adjustment expenses	2,183,899		2,183,899	1,386,973
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	15,484,220		15,484,220	61,936,879
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	156,179		156,179	101,101
9. General expenses due or accrued	9,924,733		9,924,733	1,360,288
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	3,425		3,425	831
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,591,173		4,591,173	2,866,829
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	8,839,651		8,839,651	2,105,285
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	575,751
24. Total liabilities (Lines 1 to 23)	118,169,339	0	118,169,339	95,124,049
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	500,000	500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	341,089,000	249,089,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(246,552,831)	(195,315,948)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	95,036,169	54,273,052
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	213,205,508	149,397,101
DETAILS OF WRITE-INS				
2301. Payable Related to ITS Host Claims			0	575,751
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	575,751
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	....XXX.....	.....427,098	.....167,367	.....227,327
2. Net premium income (including \$ non-health premium income).....	....XXX.....	.....403,659,251	.....143,894,777	.....191,749,154
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....		.....277,640	.....1,775,931
4. Fee-for-service (net of \$ medical expenses).....	....XXX.....			
5. Risk revenue .....	....XXX.....			
6. Aggregate write-ins for other health care related revenues .....	....XXX.....	.....0	.....0	.....0
7. Aggregate write-ins for other non-health revenues .....	....XXX.....	.....0	.....0	.....0
8. Total revenues (Lines 2 to 7) .....	....XXX.....	.....403,659,251	.....144,172,417	.....193,525,085
Hospital and Medical:				
9. Hospital/medical benefits .....		.....409,407,647	.....131,335,835	.....183,970,421
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs .....		.....43,281,361	.....12,845,288	.....20,575,554
14. Aggregate write-ins for other hospital and medical .....	.....0	.....0	.....0	.....0
15. Incentive pool, withhold adjustments and bonus amounts .....		.....35,291	.....485,225	.....1,568,949
16. Subtotal (Lines 9 to 15) .....	.....0	.....452,724,299	.....144,666,348	.....206,114,924
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17) .....	.....0	.....452,724,299	.....144,666,348	.....206,114,924
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$11,433,015 cost containment expenses .....		.....15,438,791	.....10,390,080	.....11,916,000
21. General administrative expenses .....		.....34,064,040	.....21,107,362	.....28,761,470
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....		.....(46,452,659)	.....(26,827,924)	.....26,166,313
23. Total underwriting deductions (Lines 18 through 22).....	.....0	.....455,774,471	.....149,335,866	.....272,958,707
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	.....(52,115,220)	.....(5,163,449)	.....(79,433,622)
25. Net investment income earned .....		.....3,208,190	.....1,740,075	.....2,597,921
26. Net realized capital gains (losses) less capital gains tax of \$ .....			.....2,995	.....2,995
27. Net investment gains (losses) (Lines 25 plus 26) .....	.....0	.....3,208,190	.....1,743,070	.....2,600,916
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses .....	.....0	.....0	.....0	.....0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	....XXX.....	.....(48,907,030)	.....(3,420,379)	.....(76,832,706)
31. Federal and foreign income taxes incurred .....	....XXX.....			
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	.....(48,907,030)	.....(3,420,379)	.....(76,832,706)
DETAILS OF WRITE-INS				
0601. ....	....XXX.....			
0602. ....	....XXX.....			
0603. ....	....XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	....XXX.....	.....0	.....0	.....0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	....XXX.....	.....0	.....0	.....0
0701. ....	....XXX.....			
0702. ....	....XXX.....			
0703. ....	....XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	....XXX.....	.....0	.....0	.....0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	....XXX.....	.....0	.....0	.....0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.....0	.....0	.....0	.....0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	.....0	.....0	.....0	.....0
2901. Other Income .....			.....0	.....0
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.....0	.....0	.....0	.....0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	.....0	.....0	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	54,273,052	33,893,332	33,893,332
34. Net income or (loss) from Line 32	(48,907,030)	(3,420,379)	(76,832,706)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	2,500,286	1,232,361	(269,007)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(4,830,139)	(2,401,531)	(1,139,380)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	92,000,000	24,000,000	101,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	(2,379,187)	(2,379,187)
48. Net change in capital & surplus (Lines 34 to 47)	40,763,117	17,031,264	20,379,720
49. Capital and surplus end of reporting period (Line 33 plus 48)	95,036,169	50,924,596	54,273,052
DETAILS OF WRITE-INS			
4701. Correction of error		(2,379,187)	(2,379,187)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	(2,379,187)	(2,379,187)

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	401,050,273	140,703,721	187,091,355
2. Net investment income	3,208,190	1,740,075	2,597,921
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	404,258,463	142,443,796	189,689,276
5. Benefit and loss related payments	432,093,955	144,132,022	206,632,244
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	46,059,617	28,954,797	48,526,295
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	478,153,572	173,086,819	255,158,539
11. Net cash from operations (Line 4 minus Line 10)	(73,895,109)	(30,643,023)	(65,469,263)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	21,016	21,016
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	21,016	21,016
13. Cost of investments acquired (long-term only):			
13.1 Bonds	37,650,129	18,999,774	18,999,774
13.2 Stocks	1,800,342	950,181	950,180
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	39,450,471	19,949,955	19,949,954
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(39,450,471)	(19,928,939)	(19,928,938)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	1	0	0
16.2 Capital and paid in surplus, less treasury stock	92,000,000	24,000,000	101,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(4,605,685)	(2,685,014)	1,693,540
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	87,394,316	21,314,986	102,693,540
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(25,951,264)	(29,256,976)	17,295,339
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	84,800,007	67,504,668	67,504,668
19.2 End of period (Line 18 plus Line 19.1)	58,848,743	38,247,692	84,800,007

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

--	--	--	--

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	19,933	0	0	0	0	0	0	19,933	0	0	0	0	0	0
2. First Quarter	46,108	0	0	0	0	0	0	46,108	0	0	0	0	0	0
3. Second Quarter	47,164	0	0	0	0	0	0	47,164	0	0	0	0	0	0
4. Third Quarter	48,353							48,353						
5. Current Year	0													
6. Current Year Member Months	427,098							427,098						
Total Member Ambulatory Encounters for Period:														
7. Physician	93,733							93,733						
8. Non-Physician	32,770							32,770						
9. Total	126,503	0	0	0	0	0	0	126,503	0	0	0	0	0	0
10. Hospital Patient Days Incurred	61,477							61,477						
11. Number of Inpatient Admissions	6,442							6,442						
12. Health Premiums Written (a)	403,659,251							403,659,251						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	403,659,251							403,659,251						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	432,198,456							432,198,456						
18. Amount Incurred for Provision of Health Care Services	452,724,299							452,724,299						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 403,659,251

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	11,772,619	2,733,211				14,505,830
0499999 Subtotals	11,772,619	2,733,211	0	0	0	14,505,830
0599999 Unreported claims and other claim reserves						62,480,229
0699999 Total amounts withheld						
0799999 Total claims unpaid						76,986,059
0899999 Accrued medical incentive pool and bonus amounts						

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	21,356,341	409,727,674	1,101,995	75,884,064	22,458,336	23,710,963
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	21,356,341	409,727,674	1,101,995	75,884,064	22,458,336	23,710,963
14. Health care receivables (a)		47,980,177			0	16,310,074
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	1,114,440				1,114,440	1,079,149
17. Totals (Lines 13 - 14 + 15 + 16)	22,470,781	361,747,497	1,101,995	75,884,064	23,572,776	8,480,038

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

NOTES TO FINANCIAL STATEMENTS

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

The financial statements of Wellmark Advantage Health Plan, Inc. (WMA) are presented on the basis of accounting practices required by the Iowa Insurance Division (IID).

WMA was incorporated on January 12, 2021 to provide Blue Cross Blue Shield branded Medicare Advantage medical insurance products in the state of Iowa and South Dakota. WMA held the first Medicare Advantage medical enrollment period in the fourth quarter of 2021 and began to offer Medicare Advantage health plans with the plan year beginning January 2022.

The IID has adopted the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC) Accounting Practices and Procedures Manual and the related NAIC Annual Statement Instructions (NAIC SAP) for determining and reporting the financial condition and results of operations of an insurance company. The IID requires the use of NAIC SAP to the extent that practices, procedures, and reporting standards are not modified by the Iowa Insurance Code. As of September 30, 2025 and December 31, 2024, WMA prepared its statutory-basis financial statements in accordance with NAIC SAP and had no prescribed or permitted practices that differed from NAIC SAP.

A reconciliation of WMA's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Iowa is shown below:

	SSAP #	Page	Line #	2025		2024	
NET INCOME							
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$	(48,907,030)	\$	(76,832,706)
(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	\$	(48,907,030)	\$	(76,832,706)
SURPLUS							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	95,036,169	\$	54,273,052
(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	\$	95,036,169	\$	54,273,052

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

The preparation of statutory-basis financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the statutory-basis financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The most significant estimate includes liabilities for unpaid claims, specifically IBNR and the liability for premium deficiency reserves.

C. Accounting Policy

(2) Bonds not backed by other loans - that have a NAIC designation of one or two are stated at amortized cost using the scientific effective interest method. Bonds with a NAIC designation of three to six are carried at the lower of amortized cost or fair market value. WMA has not elected to use the Systematic approach for their SVO identified investments.

(6) Loan-backed securities

Not applicable

D. Going Concern

Management has evaluated WMA's ability to continue as a going concern and does not have any substantial doubt about WMA's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not applicable.

NOTE 4 Discontinued Operations

Not applicable.

NOTE 5 Investments

Note 5, including 5D, 5E(3)b, 5F, 5G, 5H, 5I, 5M(2), 5M(3), 5N and 5R are not applicable. WMA does not have any Loan-backed invested assets at this time.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

No significant changes.

NOTE 8 Derivative Instruments

Note 8, including note 8A(8), 8B(2)a, 8B(2)b and 8B(2)c are not applicable. WMA has no Derivative Instruments.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 Income Taxes

No significant changes.

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

B. Capital Contribution

WMA received capital contributions of \$38,000,000 during the 2nd quarter and \$54,000,000 during the 3rd quarter of 2025 to support future growth.

NOTE 11 Debt

Not applicable, including note 11B.

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

Not applicable, including note 12A(4).

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

No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

Not applicable.

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

Not applicable.

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

Note 17 including 17B(2), 17B(4)a, 17B(4)b and 17C are not applicable. WMA has no wash sales at this time.

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

No significant changes.

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

Not applicable.

NOTE 20 Fair Value Measurements

A. Inputs used for Assets and Liabilities Measured and Reported at Fair Value

(1) Items Measured and Reported at Fair Value by Levels 1, 2 and 3

The fair values of WMA's securities are based on quoted market prices, where available. These fair values are obtained primarily from either the custodian banks or third-party pricing services, which generally use Level 1 or Level 2 inputs for the determination of fair value in accordance with statutory accounting principles (SAP) guidance.

WMA obtains one quoted price for each security from either the custodian banks or third-party pricing services, which are derived through recently reported trades for identical or similar securities making adjustments through the reporting date based upon available market observable information. For securities not actively traded, the third-party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

In certain circumstances, it may not be possible to derive pricing model inputs from observable market activity, and therefore, such inputs are estimated internally. Such securities are designated Level 3.

The following techniques were used to estimate the fair value and determine the classification of assets pursuant to the valuation hierarchy:

Bonds – Exchange Traded Funds (ETFs)—Consist of ETFs that invest in corporate bonds. The Securities Valuation Office (SVO) maintains the list of ETFs that are eligible for classification as bonds. These securities are classified as Level 1.

Common Stocks - ETFs - Consist of ETFs that invest in publicly listed companies. The valuation for exchange-traded securities is based on unadjusted quoted prices for these securities, or funds in an active market. These securities are classified as Level 1.

Money Market Mutual Funds—Consist of money market funds that invest in one of the following: securities that are direct obligations of the U.S. government, securities that are backed by the full faith and credit of the U.S. government or collateralized repurchase agreements composed of such obligations. The SVO maintains the list of money market funds that are eligible for classification as Money Market Funds. These securities are classified as Level 1.

WMA's assets and liabilities measured and recorded at fair value as of September 30, 2025, are as follows:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Bonds					\$ -
Bonds - Exchange Traded Funds - As identified	\$ 72,664,993				\$ 72,664,993
Common Stock					\$ -
Common Stock - Industrial & Misc (Unaffiliated)	\$ 4,201,528				\$ 4,201,528
Cash Equivalents					\$ -
All Other Money Market Mutual Funds	\$ 46,177,525				\$ 46,177,525
Total assets at fair value/NAV	\$ 123,044,046	\$ -	\$ -	\$ -	\$ 123,044,046

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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

Not applicable

NOTES TO FINANCIAL STATEMENTS

(3) Transfers between levels
Not applicable

(4) Description of the valuation technique(s) and the inputs used in the fair value measurement of assets and liabilities categorized within Level 2 and Level 3
Not applicable

(5) Derivative assets and liabilities
Not applicable

B. Other Fair Value Information
Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds- Exchange Traded Funds - As identified by SVO	\$ 72,664,993	\$ 72,664,993	\$ 72,664,993				
Common Stock - Industrial	\$ 4,201,528	\$ 4,201,528	\$ 4,201,528				
Cash Equivalents - All Other	\$ 46,177,525	\$ 46,177,525	\$ 46,177,525				

D. Not Practicable to Estimate Fair Value

Not applicable

E. Investments using the NAV Practical Expedient

Not applicable

NOTE 21 Other Items

No significant changes.

NOTE 22 Events Subsequent

Management has evaluated all events subsequent to the 3rd Quarter statement date of September 30, 2025, through November 14, 2025, for the 3rd Quarter statement submitted on November 14, 2025.

Type I – Recognized Subsequent Events:

Management has determined that there are no Type I subsequent events that require disclosure under SSAP No. 9, Subsequent Events.

Type II – Nonrecognized Subsequent Events:

Management has determined that there are no Type II subsequent events that require disclosure under SSAP No. 9, Subsequent Events.

NOTE 23 Reinsurance

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [] No [X]

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Liabilities for unpaid claims and claims adjustment expenses as of December 31, 2024 were \$25,097,936. As of September 30, 2025 \$22,743,314 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Liabilities for unpaid claims and claims adjustment expenses remaining for prior years are now estimated to be \$1,101,995 as a result of a re-estimation of unpaid claims on Medicare lines of business. Therefore, there has been a \$1,252,627 favorable prior year development based on the analysis of recent loss development trends from December 31, 2024 to September 30, 2025.

B. Information about Significant Changes in Methodologies and Assumptions

Not applicable.

NOTE 26 Intercompany Pooling Arrangements

Not applicable.

NOTE 27 Structured Settlements

Not applicable.

NOTE 28 Health Care Receivables

No significant changes.

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

A liability for premium deficiency losses is an actuarial estimate that is recognized when it is probable that expected claim losses and allocable administrative expenses will exceed future premiums on existing health and other contracts, without consideration of investment income. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with WMA's method of acquiring, servicing, and measuring the profitability of such contracts. Premium deficiency losses are generally released over the period that the contract is in a loss position.

1. Liability carried for premium deficiency reserves	\$ 15,484,220
2. Date of the most recent evaluation of this liability	12/31/2024
3. Was anticipated investment income utilized in the calculation?	Yes [X] No []

NOTE 31 Anticipated Salvage and Subrogation

Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.
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? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
 _____

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

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? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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? Yes [X] No [] N/A []
 If yes, attach an explanation.
 The Administrative Services Agreement (ASA) between Emergent and Wellmark Advantage was approved by the Iowa Insurance Division on 12/31/2024.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

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. _____

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). _____

6.4 By what department or departments?
 _____

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

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? Yes [] No [X]

7.2 If yes, give full information:
 _____

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] 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 affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Bricktown Capital, LLC	Detroit, MI	NO.....	NO.....	NO.....	YES.....

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.
GENERAL 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 [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
 -

9.2 Has the code of ethics for senior managers been amended? Yes [] No []
 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? Yes [] 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? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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.) Yes [] 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? Yes [] No []
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$

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

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.	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.
GENERAL INTERROGATORIES

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? Yes [] No []

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

1 Name of Custodian(s)	2 Custodian Address
COMERICA BANK N.A.	411 West Lafayette Detroit MI, 48226

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 Name(s)	2 Location(s)	3 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? Yes [] No []

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 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. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Blue Cross Blue Shield of Michigan	A.....

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? Yes [] 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? Yes [] 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	Blue Cross Blue Shield of Michigan	549300NP72KD2PWNIF61 .....	- .....	.....

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

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? Yes [] 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? Yes [] 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? Yes [] No []

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	115.000 %
1.2 A&H cost containment percent	2.800 %
1.3 A&H expense percent excluding cost containment expenses	9.400 %

2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
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?	Yes [] No [X]
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?	Yes [X] 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?	Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

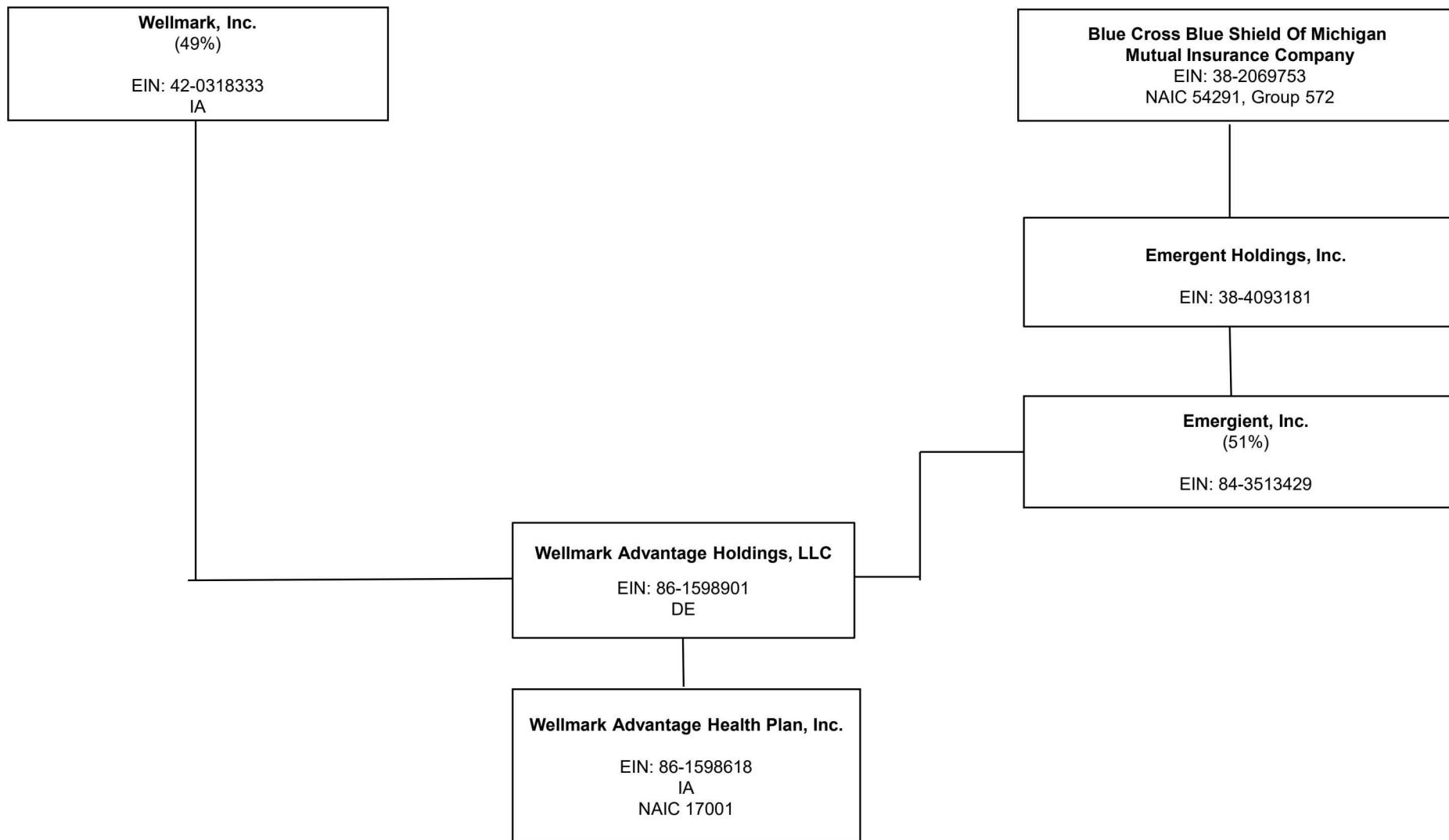
States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	L	286,857,748						286,857,748	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	L	116,801,503						116,801,503	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands ..	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	0	403,659,251	0	0	0	0	403,659,251	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								0
61. Totals (Direct Business)		XXX	0	403,659,251	0	0	0	0	403,659,251	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0. 5. N - None of the above - Not allowed to write business in the state..... 55
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

SUBSIDIARY & AFFILIATE ORGANIZATION CHART

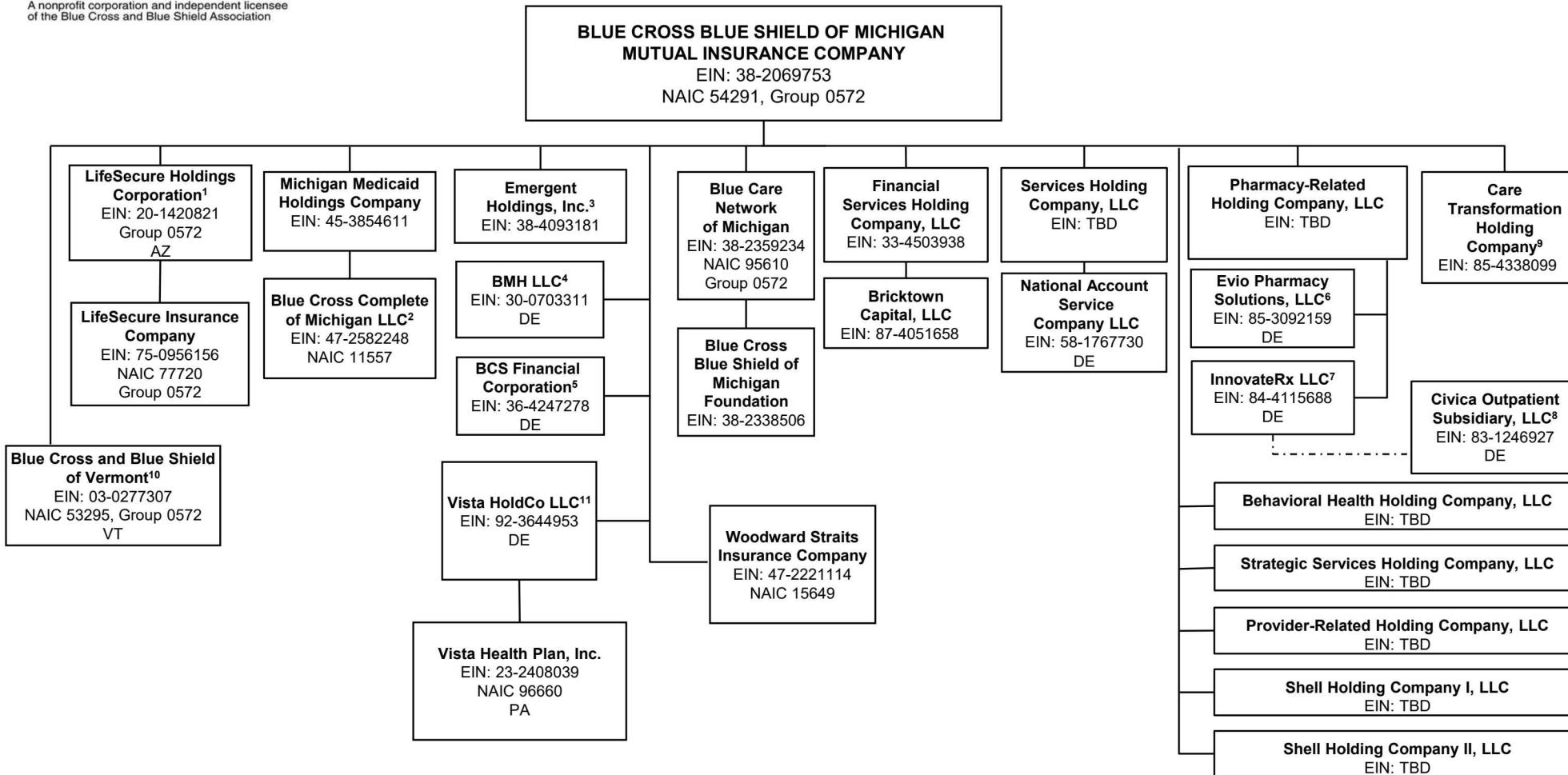
Wellmark Advantage Health Plan, Inc.





A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

SUBSIDIARY & AFFILIATE ORGANIZATION CHART



¹ BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.

² Michigan Medicaid Holdings Company owns a 69.37% stake of Blue Cross Complete of Michigan LLC.

³ See pg. 15.1 for additional subsidiaries.

⁴ See pg. 15.3 for additional affiliates.

⁵ See pg. 15.4 for affiliated companies.

⁶ Pharmacy-Related Holdings Company, LLC owns a 20% stake of Evio Pharmacy Solutions, LLC.

⁷ Pharmacy-Related Holdings Company, LLC owns a 9.99% stake of InnovateRx LLC.

⁸ Innovate Rx LLC does not have an equity ownership in Civica Outpatient Subsidiary, LLC, which is a non-profit company. However, Innovate Rx LLC does have the right to appoint five managers to Civica Outpatient Subsidiary, LLC's board of managers which can range from 6 to 10 managers.

⁹ See pg. 15.5 for additional subsidiaries.

¹⁰ See pg. 15.6 for additional subsidiaries.

¹¹ BCBSM owns a 38.74% stake in Vista HoldCo LLC.

Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust
EIN: 84-6869872

Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust
EIN: 84-6871980

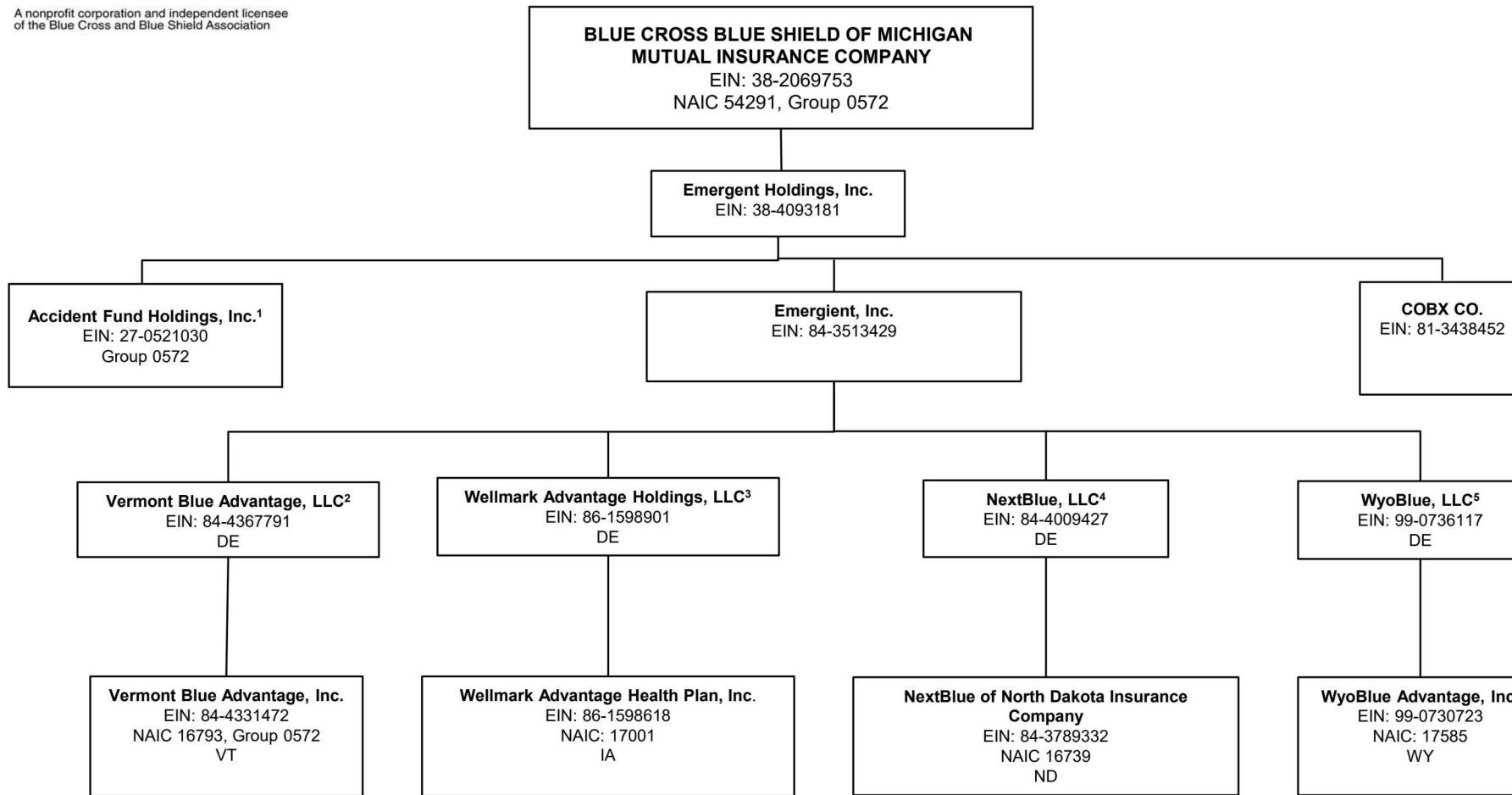
Blue Cross Blue Shield of Michigan Long-Term Disability Trust
EIN: 81-6482696

Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust
EIN: 30-1140600

Blue Cross Blue Shield of Michigan 401 (K) MASTER TRUST
EIN: 38-2069753-096



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



¹ See page 15.2 for additional subsidiaries and affiliates.

² Emergent, Inc. owns a 92.9% stake in Vermont Blue Advantage LLC with the remaining 7.1% owned by Blue Cross and Blue Shield of Vermont.

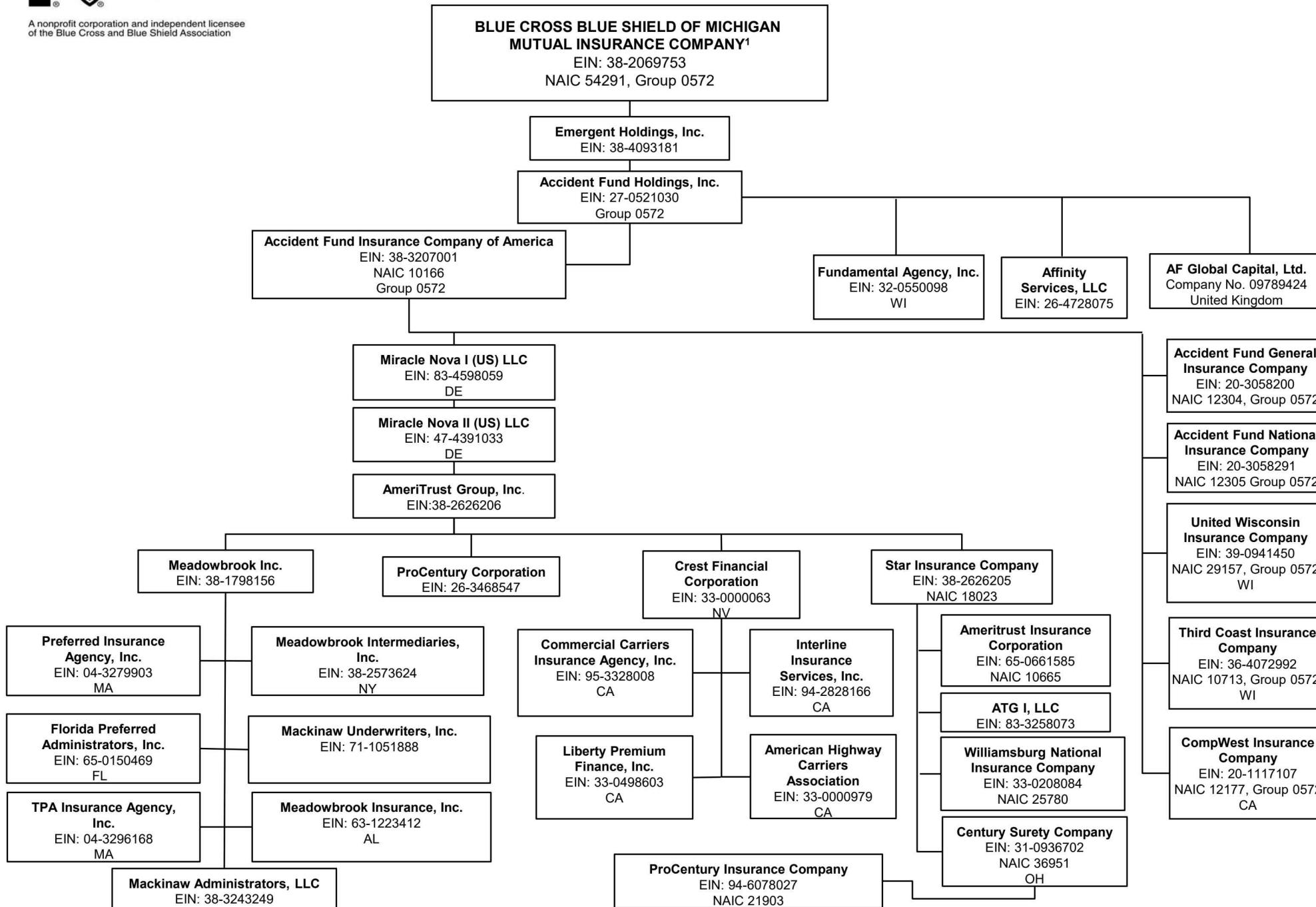
³ Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.

⁴ Emergent, Inc. owns a 51% stake in NextBlue, LLC.

⁵ Emergent, Inc. owns a 51% stake in WyoBlue, LLC.



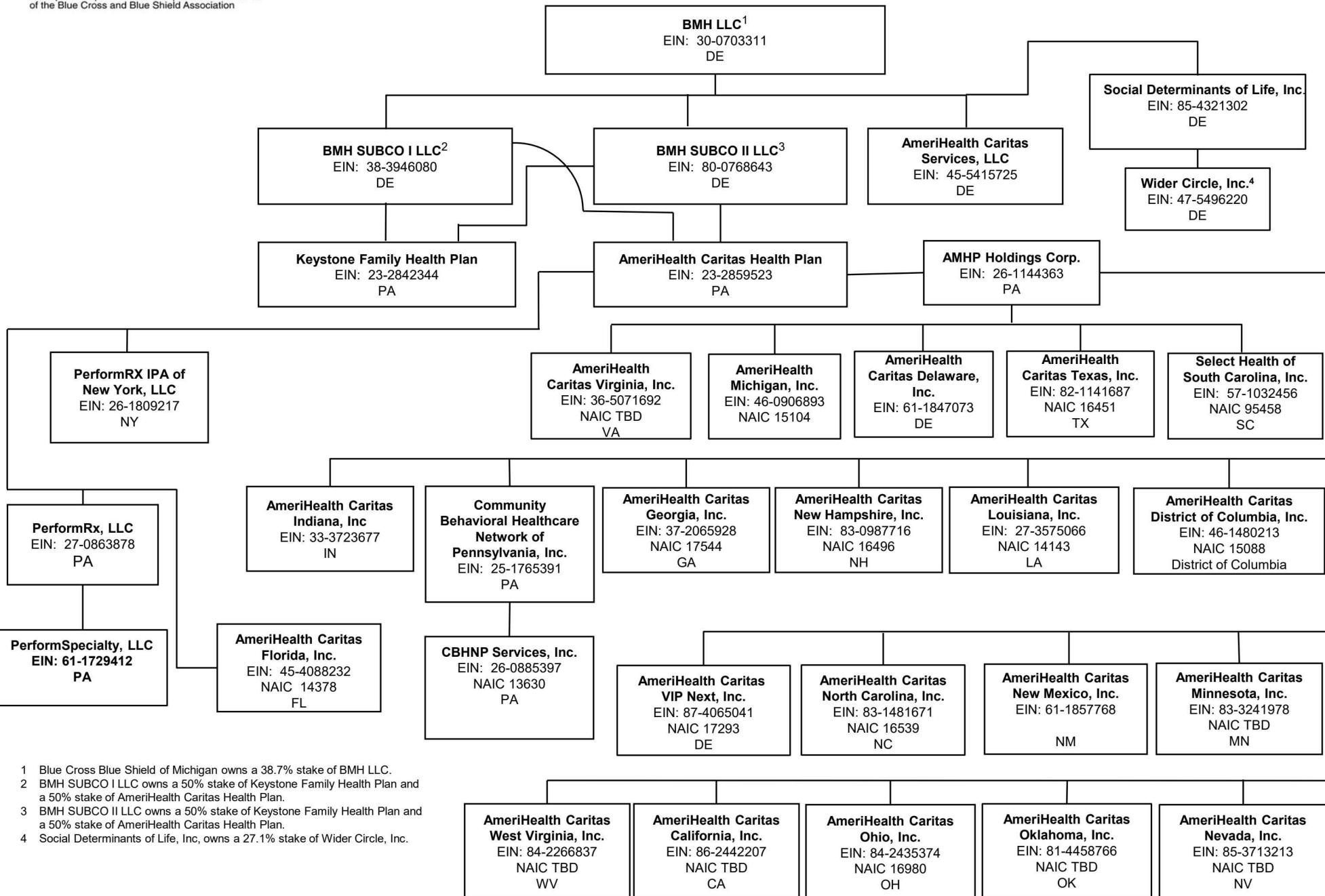
SUBSIDIARY & AFFILIATE ORGANIZATION CHART





A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

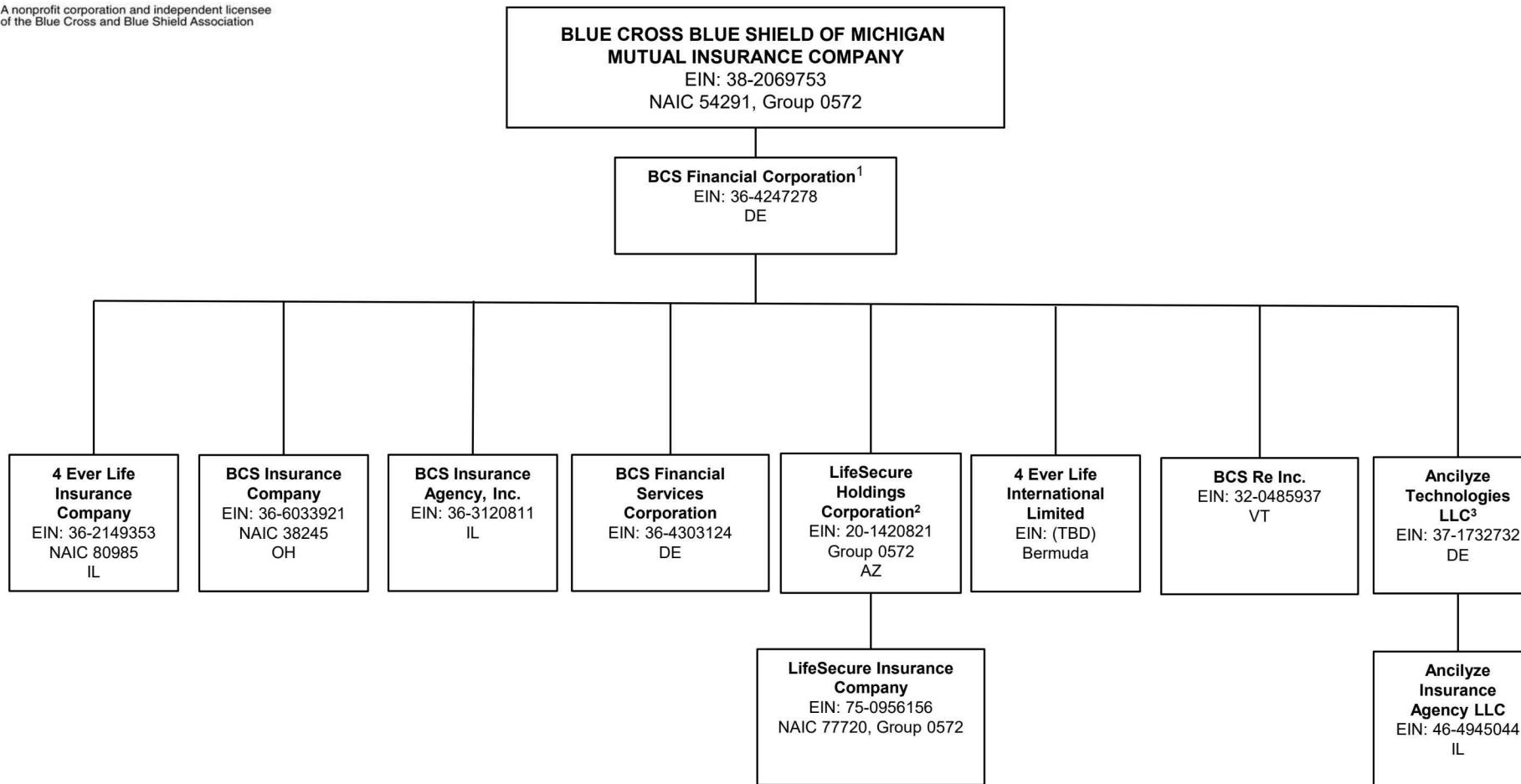
SUBSIDIARY & AFFILIATE ORGANIZATION CHART



All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



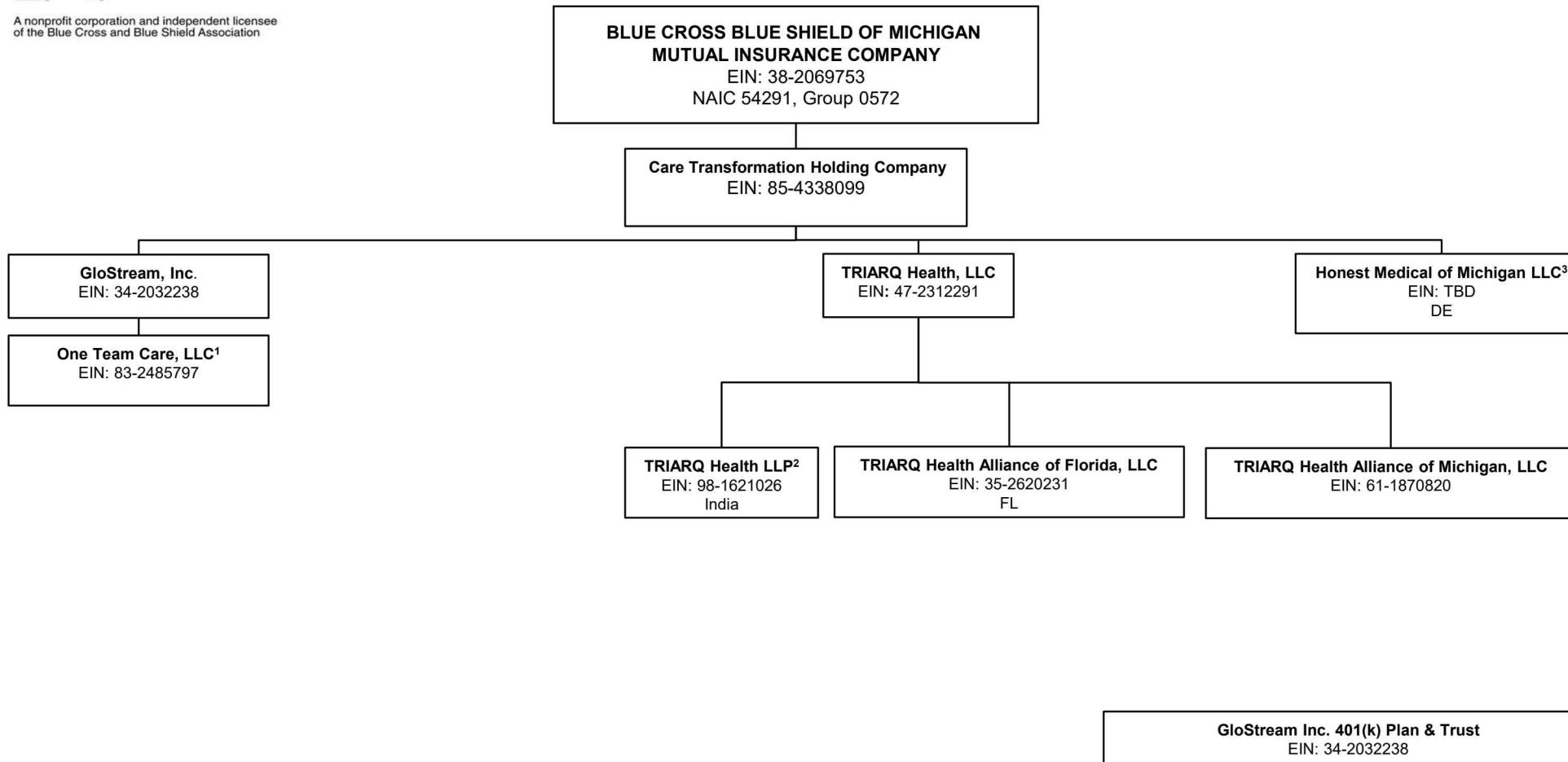
¹ Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.

² BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.

³ BCS Financial Corporation owns 50% of Ancilize Technologies LLC.



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



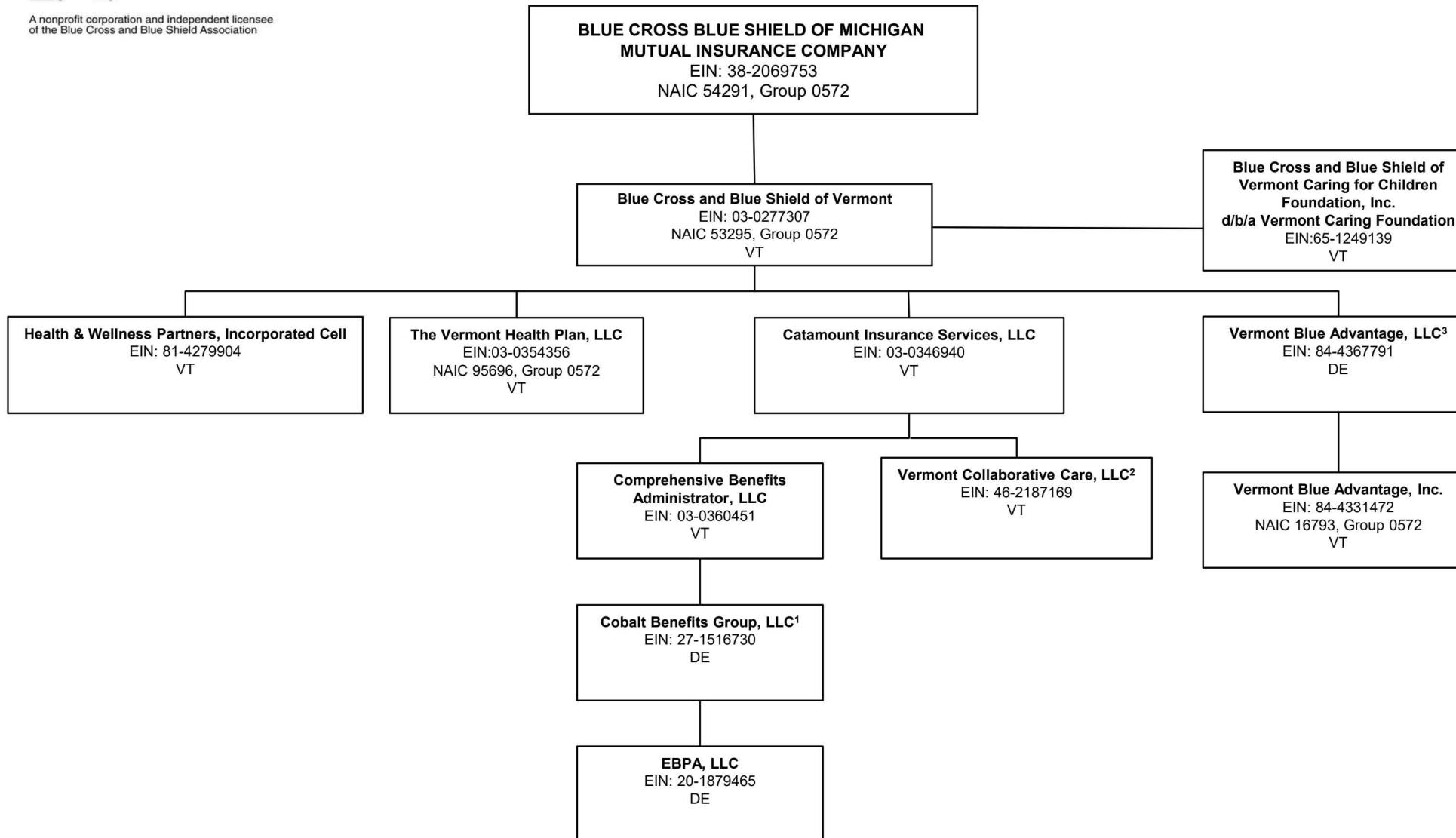
1 GloStream Inc. owns a 50% stake in One Team Care, LLC.

2 TRIARQ Health, LLC owns a 99.9999% stake in TRIARQ Health LLP and Glostream, Inc. owns 0.0001%.

3 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC



SUBSIDIARY & AFFILIATE ORGANIZATION CHART



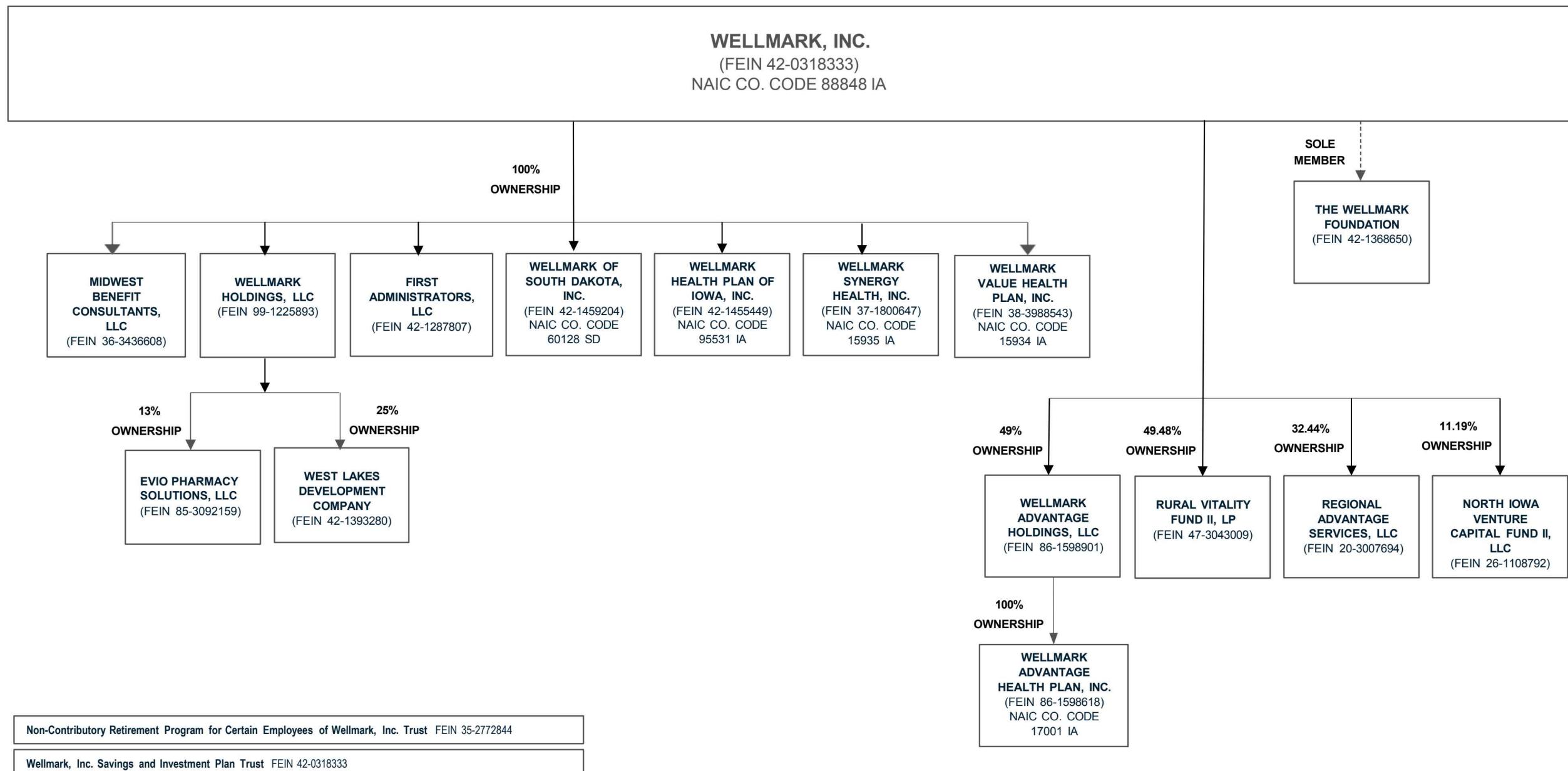
1 Comprehensive Benefits Administrator, LLC owns a 50% stake in Cobalt Benefits Group, LLC.

2 Catamount Insurance Services, LLC owns a 50% stake in Vermont Collaborative Care, LLC.

3 Blue Cross and Blue Shield of Vermont owns an 7.1% stake in Vermont Blue Advantage, LLC with the remaining 92.9% owned by Emergent, Inc.

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

PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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	Domi-ciliary Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	54291	38-2069753			Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	UIP	State of Michigan	Legal		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Behavioral Health Holding Company, LLC	Behavioral Health Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Strategic Services Holding Company, LLC	Strategic Services Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Pharmacy-Related Holding Company, LLC	Pharmacy-Related Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Provider-Related Holding Company, LLC	Provider-Related Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Shell Holding Company I, LLC	Shell Holding Company I, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000				Shell Holding Company II, LLC	Shell Holding Company II, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-4093181			Emergent Holdings, Inc.	Emergent Holdings, Inc.	MI	UIP	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-0521030			Accident Fund Holdings, Inc.	Accident Fund Holdings, Inc.	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	AA-0000000			AF Global Capital, Ltd.	AF Global Capital, Ltd.	GBR	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10166	38-3207001			Accident Fund Insurance Company of America	Accident Fund Insurance Company of America	MI	IA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	83-4598059			Miracle Nova I (US) LLC	Miracle Nova I (US) LLC	DE	NIA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-4391033			Miracle Nova II (US) LLC	Miracle Nova II (US) LLC	DE	NIA	Miracle Nova I (US) LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-2626206			AmeriTrust Group, Inc.	AmeriTrust Group, Inc.	MI	NIA	Miracle Nova II (US) LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-3468547			ProCentury Corporation	ProCentury Corporation	MI	NIA	AmeriTrust Group, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-1798156			Meadowbrook Inc.	Meadowbrook Inc.	MI	NIA	AmeriTrust Group, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	04-3279903			Preferred Insurance Agency, Inc.	Preferred Insurance Agency, Inc.	MA	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	65-0150469			Florida Preferred Administrators, Inc.	Florida Preferred Administrators, Inc.	FL	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	04-3296168			TPA Insurance Agency, Inc.	TPA Insurance Agency, Inc.	MA	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-2573624			Meadowbrook Intermediaries, Inc.	Meadowbrook Intermediaries, Inc.	NY	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	71-1051888			Mackinaw Underwriters, Inc.	Mackinaw Underwriters, Inc.	MI	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	63-1223412			Meadowbrook Insurance, Inc.	Meadowbrook Insurance, Inc.	AL	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-3243249			Mackinaw Administrators, LLC	Mackinaw Administrators, LLC	MI	NIA	Meadowbrook, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	33-0000063			Crest Financial Corporation	Crest Financial Corporation	NV	NIA	AmeriTrust Group, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	95-3328008			Commerical Carriers Insurance Agency, Inc.	Commerical Carriers Insurance Agency, Inc.	CA	NIA	Crest Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	33-0498603			Liberty Premium Finance, Inc.	Liberty Premium Finance, Inc.	CA	NIA	Crest Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- iliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	94-2828166				Interline Insurance Services, Inc	CA	NIA	Crest Financial Corporation	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	33-0000979				American Highway Carriers Association	CA	NIA	Crest Financial Corporation	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	18023	38-2626205				Star Insurance Company	MI	IA	AmeriTrust Group, Inc.	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10665	65-0661585				Ameritrust Insurance Corporation	MI	IA	Star Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	83-3258073				ATG I, LLC	MI	NIA	Star Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	25780	33-0208084				Williamsburg National Insurance Company	MI	IA	Star Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	36951	31-0936702				Century Surety Company	OH	IA	Star Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	21903	94-6078027				ProCentury Insurance Company	MI	IA	Century Surety Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-4728075				Affinity Services, LLC	MI	NIA	Accident Fund Holdings, Inc.	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	32-0550098				Fundamental Agency, Inc	WI	NIA	Accident Fund Holdings, Inc.	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	29157	39-0941450				United Wisconsin Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12304	20-3058200				Accident Fund General Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12305	20-3058291				Accident Fund National Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10713	36-4072992				Third Coast Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12177	20-1117107				Complwest Insurance Company	CA	IA	Accident Fund Insurance Company of America	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	80.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	7
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	77720	75-0956156				LifeSecure Insurance Company	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	7
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95610	38-2359234				Blue Care Network of Michigan	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care Network of Michigan	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	92-3644953				Vista HoldCo, LLC	DE	NIA	BCBSM and Independence Health Group, Inc.	Ownership.....	38.740	BCBSM and Independence Health Group, Inc.	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	96660	23-2408039				Vista Health Plan, Inc	PA	IA	Vista HoldCo, LLC	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-3854611				Michigan Medicaid Holdings Company	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	Ownership.....	69.370	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	5
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	85-4338099				Care Transformation Holding Company	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-2312291				Honest Medical of Michigan LLC	DE	NIA	Care Transformation Holding Company	Ownership.....	19.900	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	

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	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	98-1621026				TRIARQ Health, LLP	IND.	NIA	TRIARQ Health, LLC	Ownership	99.990	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	14
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	16
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	34-2032238				GloStream, Inc	MI	NIA	Care Transformation Holding Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI	OTH	Care Transformation Holding Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	15649	47-2221114				Woodward Straits Insurance Company	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-3438452				COBX Co	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-3513429				Emergent, Inc.	MI	UIP	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	99-0736117				WyoBlue, LLC	DE	NIA	Emergent, Inc.	Ownership	51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	17585	99-0730723				WyoBlue Advantage, Inc.	WY	IA	WyoBlue, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-4009427				NextBlue, LLC	DE	NIA	Emergent, Inc.	Ownership	51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	16739	84-3789332				NextBlue of North Dakota Insurance Company	ND	IA	NextBlue, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Emergent, Inc.	Ownership	92.900	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	19
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	16793	84-4331472				Vermont Blue Advantage, Inc	VT	IA	Vermont Blue Advantage, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	19
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	86-1598901				Wellmark Advantage Holdings, LLC	DE	UDP	Emergent, Inc.	Ownership	51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	17001	86-1598618				Wellmark Advantage Health Plan, Inc.	IA	RE	Wellmark Advantage Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					Services Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	58-1767730				NASCO Corporation	DE	NIA	Services Holding Company, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-4115688				InnovateRX LLC	DE	NIA	Pharmacy-Related Holding Company, LLC	Ownership	9.990	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	1
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	83-1246927				Civica Outpatient Subsidiary, LLC	DE	NIA	InnovateRX LLC	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Pharmacy-Related Holding Company, LLC	Ownership	20.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	18
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					Financial Services Holding Company, LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	87-4051658				Bricktown Capital, LLC	MI	NIA	Financial Services Holding Company, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16
															*
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-6482696					MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	30-1140600					MI	OTH	Blue Cross Blue Shield of Michigan Mutual Retirement Master Trust	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000						MI	OTH	Blue Cross Blue Shield of Michigan Mutual Master Trust	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	53295	03-0277307					VT	IA	Blue Cross and Blue Shield of Vermont Health & Wellness Partners, Incorporated Cell	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-4279904					VT	NIA	Blue Cross and Blue Shield of Vermont	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95696	03-0354356					VT	IA	The Vermont Health Plan, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	65-1249139					VT	NIA	Blue Cross Blue Shield of Vermont Caring for Children Foundation, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-4367791					DE	NIA	Vermont Blue Advantage, LLC	Ownership	7.100	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	19
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	03-0346940					VT	NIA	Catamount Insurance Sevices, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	03-0360451					VT	NIA	Comprehensive Benefits Administrator, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	46-2187169					VT	NIA	Vermont Collaborative Care, LLC	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-1516730					DE	NIA	Cobalt Benefits Group, LLC	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	20-1879465					DE	NIA	EBPA, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	30-0703311					DE	NIA	BMH LLC	Ownership	38.740	BCBSM and Independence Health Group, Inc.	NO	
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-3946080					DE	NIA	BMH SUBCO I LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	80-0768643					DE	NIA	BMH SUBCO II LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-5415725					DE	NIA	AmeriHealth Caritas Services, LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	23-2859523					PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	3
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	14378	45-4088232					FL	IA	AmeriHealth Caritas Florida, Inc.	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-1809217					NY	NIA	Perform RX IPA of New York, LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-0863878					PA	NIA	PerformRx, LLC	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- iliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	61-1729412	.....	.....	PerformSpecialty, LLC	PA.....	NIA.....	PerformRx, LLC	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	23-2842344	.....	.....	Keystone Family Health Plan	PA.....	NIA.....	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	3
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-1144363	.....	.....	AMHP Holdings Corp	PA.....	NIA.....	AmeriHealth Caritas Health Plan	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	33-3723677	.....	.....	AmeriHealth Caritas Indiana, Inc.	IN.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	14143	27-3575066	.....	.....	AmeriHealth Caritas Louisiana, Inc.	LA.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	95458	57-1032456	.....	.....	Select Health of South Carolina, Inc.	SC.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	25-1765391	.....	.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	13630	26-0885397	.....	.....	CBHP Services, Inc.	PA.....	IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	15088	46-1482013	.....	.....	AmeriHealth District of Columbia, Inc.	DC.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	15104	46-0906893	.....	.....	AmeriHealth Michigan, Inc.	MI.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	16496	83-0987716	.....	.....	AmeriHealth Caritas New Hampshire, Inc	NH.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	16980	84-2435374	.....	.....	AmeriHealth Caritas Ohio, Inc.	OH.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	16451	82-1141687	.....	.....	AmeriHealth Caritas Texas, Inc.	TX.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	16539	83-1481671	.....	.....	AmeriHealth Caritas North Carolina, Inc.	NC.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	61-1857768	.....	.....	AmeriHealth Caritas New Mexico, Inc	NM.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	61-1847073	.....	.....	AmeriHealth Caritas Delaware, Inc.	DE.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	83-3241978	.....	.....	AmeriHealth Caritas Minnesota, Inc	MN.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000	BCBSM and Independence Health Group, Inc.	NO.....	2

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	Domi-ciliary Location	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	86-2442207				AmeriHealth Caritas California, Inc.	CA.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	85-3713213				AmeriHealth Caritas Nevada, Inc	NV.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	84-2266837				AmeriHealth Caritas West Virginia, Inc	WV.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	36-5071692				AmeriHealth Caritas Virginia, Inc	VA.....	NIA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	17544	37-2065928				AmeriHealth Caritas Georgia	GA.....	IA.....	AMHP Holdings Corp	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	85-4321302				Social Determinants of Life, Inc	DE.....	NIA.....	BMH LLC	Ownership.....	100.000 ...	BCBSM and Independence Health Group, Inc.	NO.....	2
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-5496220				Wider Circle Inc.	DE.....	NIA.....	Social Determinants of Life, Inc	Ownership.....	27.100 ...	BCBSM and Independence Health Group, Inc.	NO.....	13
	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	36-4247278				BCS Financial Corporation	DE.....	NIA.....	BCS Financial Corporation	Ownership.....	13.660 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	
		80985	36-2149353				4 Ever Life Insurance Company	IL.....	IA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		38245	36-6033921				BCS Insurance Company	OH.....	IA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		00000	36-3120811				BCS Insurance Agency, Inc.	IL.....	NIA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		00000	36-4303124				BCS Financial Services Corporation	DE.....	NIA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	20-1420821				LifeSecure Holdings Corporation	AZ.....	NIA.....	BCS Financial Corporation	Ownership.....	20.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES.....	7
		00000	AA-0000000				4 Ever Life International Limited	BMU.....	NIA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		00000	32-0485937				BCS Re Inc.	VT.....	NIA.....	BCS Financial Corporation	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		00000	37-1732732				Ancilize Technologies LLC	DE.....	NIA.....	BCS Financial Corporation	Ownership.....	50.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	6
		00000	46-4945044				Ancilize Insurance Agency LLC	IL.....	NIA.....	Ancilize Technologies LLC	Ownership.....	100.000 ...	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO.....	8
	Wellmark Group	88848	42-0318333				Wellmark, Inc.	IA.....	UIP.....				Wellmark, Inc.	NO.....	
	Wellmark Group	60128	42-1459204				Wellmark of South Dakota, Inc.	SD.....	IA.....	Wellmark, Inc.	Ownership.....	100.000 ...	Wellmark, Inc.	NO.....	
	Wellmark Group	95531	42-1455449				Wellmark Health Plan of Iowa, Inc.	IA.....	IA.....	Wellmark, Inc.	Ownership.....	100.000 ...	Wellmark, Inc.	NO.....	
	Wellmark Group	15935	37-1800647				Wellmark Synergy Health, Inc.	IA.....	IA.....	Wellmark, Inc.	Ownership.....	100.000 ...	Wellmark, Inc.	NO.....	
	Wellmark Group	15934	38-3988543				Wellmark Value Health Plan, Inc.	IA.....	IA.....	Wellmark, Inc.	Ownership.....	100.000 ...	Wellmark, Inc.	NO.....	
		00000	36-3436608				Midwest Benefit Consultants, LLC	IA.....	NIA.....	Wellmark, Inc.	Ownership.....	100.000 ...	Wellmark, Inc.	YES.....	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	42-1287807			First Administrators, LLC		.. IA...	.. NIA...	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	YES	
		00000	99-1225893			Wellmark Holdings, LLC		.. IA...	.. NIA...	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	YES	
		00000	85-3092159			Evio Pharmacy Solutions, LLC		.. IA...	.. NIA...	Wellmark Holdings, LLC	Ownership	13.000	Wellmark, Inc.	NO	
		00000	42-1393280			West Lakes Development Company		.. IA...	.. NIA...	Wellmark Holdings, LLC	Ownership	25.000	Wellmark, Inc.	NO	
		00000	86-1598901			Wellmark Advantage Holdings, LLC		.. DE...	.. UDP...	Wellmark, Inc.	Ownership	49.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	17001	86-1598618			Wellmark Advantage Health Plan, Inc.		.. IA...	.. RE...	Wellmark Advantage Holdings, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
		00000	47-3043009			Rural Vitality Fund II, LP		.. IA...	.. NIA...	Wellmark, Inc.	Ownership	49.480	Wellmark, Inc.	NO	
		00000	20-3007694			Regional Advantage Services, LLC		.. DE...	.. NIA...	Wellmark, Inc.	Ownership	32.440	Wellmark, Inc.	NO	
		00000	26-1108792			North Iowa Venture Capital Fund II, LLC		.. IA...	.. NIA...	Wellmark, Inc.	Ownership	11.190	Wellmark, Inc.	NO	
		00000	42-1368650			The Wellmark Foundation		.. IA...	.. OTH...	Wellmark, Inc.	Management		Wellmark, Inc.	NO	21
		00000	35-2772844			Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust		.. IA...	.. OTH...	Wellmark, Inc.	Management		Wellmark, Inc.	NO	22
		00000	42-0318333			Wellmark, Inc. Savings and Investment Plan Trust		.. IA...	.. OTH...	Wellmark, Inc.	Management		Wellmark, Inc.	NO	23

Asterisk	Explanation
1	BCBSM owns 9.9% of the entity in column 8
2	BCBSM owns 38.74% of the entity in column 8
3	BMH SUBCO I LLC and BMH SUBCO II LLC each own 50% of the entity in column 8; BCBSM owns 38.74% of the entity in column 8
4	Footnote - No longer applicable
5	Michigan Medicaid Holding Company owns 69.37% of the entity in column 8
6	BCBSM owns 13.66% of the entity in column 8
7	BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively
8	BCBSM owns 6.83% of the entity in column 8
9	BCBSM owns 51% of the entity in column 8
10	OTH - Employee Benefit Trusts established in 2019
11	OTH - Employee Benefit Trust established in 2016
12	OTH - Employee Benefit Trust established in 1997
13	BCBSM owns 10.5% of the entity in column 8
14	BCBSM owns 99.99% of the entity in column 8
15	Footnote - No longer applicable
16	BCBSM owns 68% of the entity in column 8
17	BCBSM owns 50% of the entity in column 8
18	BCBSM owns 20% of the entity in column 8
19	BCBSM owns 92.9% of the entity in column 8
20	BCBSM owns 50% of the entity in column 8
21	Wellmark, Inc. is the sole member of The Wellmark Foundation.
22	The Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust was established in 2014.
23	The Wellmark, Inc. Savings and Investment Plan Trust was established in 2014.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

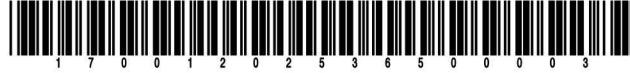
	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically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

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	34,915,764	15,252,838
2. Cost of bonds and stocks acquired	39,450,471	19,949,954
3. Accrual of discount	0	
4. Unrealized valuation increase/(decrease)	2,500,286	(269,007)
5. Total gain (loss) on disposals	0	2,995
6. Deduct consideration for bonds and stocks disposed of	0	21,016
7. Deduct amortization of premium	0	
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	76,866,521	34,915,764
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	76,866,521	34,915,764

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	33,768,191	37,650,129	0	1,246,673	33,685,639	33,768,191	72,664,993	32,979,364
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	33,768,191	37,650,129	0	1,246,673	33,685,639	33,768,191	72,664,993	32,979,364
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	33,768,191	37,650,129	0	1,246,673	33,685,639	33,768,191	72,664,993	32,979,364

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	76,619,807	950,824
2. Cost of cash equivalents acquired	124,035,571	197,646,803
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	154,477,852	121,977,820
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	46,177,525	76,619,807
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	46,177,525	76,619,807

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

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

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
921937-83-5	VANGUARD TOT BD ETF	07/15/2025	Various	0.000	37,650,129	0	0	1.F
0149999999. Subtotal - Issuer Credit Obligations - SVO-Identified Bond Exchange Traded Funds - Fair Value					37,650,129	0	0	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					37,650,129	0	0	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					37,650,129	0	0	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					37,650,129	0	0	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					0	0	0	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					37,650,129	0	0	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
464288-25-7	ISHARES:MSCI ACWI	07/14/2025	J.P. Morgan Securities LLC	13,913.000	1,800,342	0	0	0
5019999999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded					1,800,342	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					1,800,342	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					1,800,342	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					1,800,342	XXX	0	XXX
6009999999 - Totals					39,450,471	XXX	0	XXX

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

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

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

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Comerica Bank PO Box 75000 Detroit, MI 48275					20,508,306	62,970,808	14,541,761	XXX
Comerica Bank PO Box 75000 Detroit, MI 48275					(17,508,575)	(18,027,906)	(838,038)	XXX
Comerica Bank PO Box 75000 Detroit, MI 48275					15,752,584	6,869,149	(1,032,506)	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	18,752,315	51,812,051	12,671,217	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	18,752,315	51,812,051	12,671,217	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	18,752,315	51,812,051	12,671,217	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellmark Advantage Health Plan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter